

Annual Water Quality Report

2004

Morewood Rec.

Drinking-Water Systems Regulation O. Reg. 170/03

Part III Form 2

Section 11. ANNUAL REPORT.

Drinking-Water System Number:	260031668
Drinking-Water System Name:	Morewood Community Hall
Drinking-Water System Owner:	Township of North Dundas
Drinking-Water System Category:	Small Municipal/ Non Residential
Period being reported:	Jan.01/04-Dec.31/04

Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes ☐ No ☐

Is your annual report available to the public at no charge on a web site on the Internet? Yes ☐ No ☐

Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.

Complete for all other Categories.

Number of Designated Facilities served:

0

Did you provide a copy of your annual report to all Designated Facilities you serve?

Yes ☐ No ☐

Number of Interested Authorities you report to:

0

Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?

Yes ☐ No ☐

List Drinking-Water Systems, which receive all of their drinking water from your system:

None

Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water?

Yes ☐ No ☐ N/A ☒

Indicate how you notified system users that your annual report is available, and is free of charge.

- ☐ Public access/notice via the web
☒ Public access/notice via Government Office
☐ Public access/notice via a newspaper
☐ Public access/notice via Public Request
☐ Public access/notice via a Public Library
☐ Public access/notice via other method _____

Drinking-Water Systems Regulation O. Reg. 170/03

Describe your Drinking-Water System

Groundwater is pumped from the source well to a pressure tank. As water is used it passes through an Ultra Violet Disinfection Unit. When the water pressure in the tank falls to a preset limit the well pump starts to recharge it. Sodium Hypochlorite is added to discourage the growth of nuisance bacteria.

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite is added to discourage the growth of nuisance bacteria.

Were any significant expenses incurred to?

- ☒ Install required equipment
☐ Repair required equipment
☐ Replace required equipment

Describe

Installed Ultra Violet disinfection June 2004.
 Installed chlorine solution pump for maintenance chlorination October 2004.
 As per recommendation of a Licensed Well Contractor, the existing well was properly abandoned and a new well was installed.

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
Feb.05/04	HPC	>500	Cts/1ml	Resample	Feb.05/04
Feb.18/04	HPC	>500	Cts/1ml	Shock plumbing with chlorine, flush and Resample	Feb.19/04
Feb.25/04	HPC	>500	Cts/1ml	Shock plumbing with chlorine, flush and Resample	Feb.16/04
Mar.09/04	E.coli	4	Cts/100ml	Shut off water and contact Well Contractor for inspection	Mar.09/04
Mar.09/04	Total Coliforms	5	Cts/100ml	Shut off water and contact Well Contractor for inspection	Mar.09/04
Mar.11/04	Total Coliforms	1	Cts/100ml	Shut off water and contact Well Contractor for inspection	Mar.09/04
Mar.12/04	HPC	>500	Cts/1ml	Shut off water and contact Well Contractor for inspection	Mar.09/04

Drinking-Water Systems Regulation O. Reg. 170/03

July12/04	HPC	>500	Cts/1ml	Resample	July12/04
July21/04	HPC	>500	Cts/1ml	Resample	July22/04
July28/04	HPC	>500	Cts/1ml	Shock plumbing with chlorine, flush and Resample	July29/04
Aug.10/04	HPC	>500	Cts/1ml	Resample	Aug.10/04
Sept.30/04	HPC	502	Cts/1ml	Resample	Sept.30/04

Microbiological testing done under section 8 (2) during this reporting period

	Number of Samples	Range of E.Coli or Fecal Results (#-#)	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)	Number of Background Samples	Range of Background Samples (#-#)
Raw	80	0-4	0-5	18	0->500	10	0-1340
Treated	69	0-0	0-0	23	0->500		

Operational testing done under Schedule 7, 8 or 9 during the period covered by this Annual Report.

	Number of Grab Samples	Range of Results (#-#)
Turbidity	8	0.21-1.76 NTU's
Chlorine	10	.20-2.20
Fluoride (If the DWS provides fluoridation)		

NOTE: For continuous monitors use 8760 as the number of samples.

Summary of Inorganic parameters tested during this reporting period or most recent

Parameter	Minimum Sample Date	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
Nitrite	Oct.12/04	Aug.16/04	<0.1	<0.1	mg / L	No
Nitrate	Oct.12/04	Aug.16/04	8.62	8.9	mg / L	No
Lead	Dec.20/04	Dec.20/04	<0.001	<0.001	mg / L	No
THM	Nov.08/04	Nov.08/04	<2.0	<2.0	mg / L	No

Doc.

Low 1402 18 0-7500

PIERRE RICHER PLUMBING INC

C.F. 330
CHATELAIN, ONTARIO
K0A 1R0
TEL: (613) 987-2963
FAX: (613) 987-2572

FAX MESSAGEDESTINATION: O. C. W. ADATE: 9 March 04TOTAL NO. OF PAGES: 5 incl CoverATTENTION: DaveMESSAGE: With Report For
Manurewood Fire-Hall
& HallSENDER: 

PO BOX 339
CRYSLER, ONT. CANADA
NOA-1R0

- 8 March 04 1-4

Well System Checklist

Monwood Fire Hall
& Hall

Know where your well is located - consult with a licensed well contractor about relocating if present site is poor

- ☐ Wells should be located at a site where the elevation is higher than the immediate surrounding area
- ☐ Wells should be located at a site where the well is accessible for cleaning, treatment repair, testing, inspection and visual examination
- ☐ Wells should not be located inside well pits or in other locations that are prone to flooding or surface water contamination
- ☐ Wells that are not drilled wells with watertight casings extending to a depth of more than six metres below ground level should be located at least 30 metres from septic systems and other pollution sources
- ☐ Wells that are drilled wells with watertight casings extending to a depth of more than six metres below ground level should be located at least 15 metres from septic systems and other pollution sources

Comments: Well under Building in Well Pit

& Maybe Closer than 15 meter
From Septic System

Extend the casing above grade, if buried - consult with a licensed well contractor.

- ☐ The casing of a properly constructed well should extend a minimum of 40 cm above grade.

Comments: Well will be Extended only if

More than 15 Meter From
Septic System

Inspect the cover or sanitary seal for cracks and holes

- ☐ All seals should be watertight and in good condition
- ☐ The cover should be commercially manufactured, vermin-proof, and should be able to prevent the entry of surface water and foreign materials

Comments: 5" Well Seal with Vent

Inside Pit

Contact a licensed well contractor to inspect the inside of the well

- ☐ The casing should be clean, free of contamination and watertight -look for signs of surface water seeping or running freely into the well, and look for seepage through cracks or stains on the inside of the casing;
- ☐ Check the seal around the plumbing inlets -replace the sealing material if it is in poor condition or if water is seeping in from outside the well;
- ☐ Remove any debris floating in the well and prevent further debris from entering the well;
- ☐ Compare your well construction to diagrams that show proper design and maintenance techniques -correct any problems you discover;

Comments: _____

Check the condition of the air vents:

- ☐ Air vents should extend above the land surface to a height that would prevent the entry of flood water from any anticipated flooding in the area;
- ☐ The open end of the air vent should be shielded and screened to prevent the entry of foreign materials into the well;
- ☐ The air vent should be kept free of obstructions and blocks at all times;

Comments: Air Vent in Well Pit

2-4

Inspect the area around the well:

- ☐ Make sure this area is in a neat and sanitary condition;
- ☐ Ensure all potential contamination sources, such as animals, fuel, and equipment, are away from the top of the well;
- ☐ Look for settling of the ground around the outside of the well casing;
- ☐ If there is no slope or if some of the area has settled, mound the earth around the outside of the well casing so that it is tight, and so that water runs away from the well.
- ☐ Maintain a permanent buffer of grass or other vegetation extending at least 150 centimetres from the well casing in all directions

Comments:

inside Building*Ensure that all wells that are no longer in use are properly plugged and sealed by a licensed well contractor:*

- ☐ All legal requirements under Regulation 903 must be adhered to, including the use of a suitable sealant that precludes the vertical movement of any water, contaminant, or other material between aquifers or between an aquifer and the ground surface.

Comments:

4-4

Check your distribution and plumbing lines -contact a plumber or licensed well contractor if repairs are needed:

- ☐ Monitor for leaks, corrosion and scaling in pipes, decreases in water pressure, dead-ends, and unexplained increases in water usage;
- ☐ Look for wet areas, greener vegetation, or melted snow along distribution lines to locate potential leaks;
- ☐ Ensure that any leaks, dead-ends, or other mechanical difficulties and equipment failures have been fixed;
- ☐ Eliminate any cross-connections through the use of gauges, breakers or other backflow prevention strategies or devices.

Comments: _____

PIERRE RICHER, PLBB INC.
PO-BOX 338
CRYSLER, ONT. CANADA
K0A-1R0

Inspectors Name: Pierre Richer

Well Contractor License #: 6286

Drinking-Water Systems Regulation O. Reg. 170/03

Part III Form 2

Section 11. ANNUAL REPORT.

Drinking-Water System Number:

260031668

Drinking-Water System Name:

Morewood Community Hall

Drinking-Water System Owner:

Township of North Dundas

Drinking-Water System Category:

Small Municipal/ Non Residential

Period being reported:

Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes [] No []

Is your annual report available to the public at no charge on a web site on the Internet? Yes [] No []

Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.

Complete for all other Categories.

Number of Designated Facilities served:

1

Did you provide a copy of your annual report to all Designated Facilities you serve?

Yes [x] No []

Number of Interested Authorities you report to:

1

Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?

Yes [x] No []

List Drinking-Water Systems, which receive all of their drinking water from your system:

None

Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water?

Yes [] No [] N/A [x]

Indicate how you notified system users that your annual report is available, and is free of charge.

[] Public access/notice via the web

[x] Public access/notice via Government Office

[] Public access/notice via a newspaper

Drinking-Water Systems Regulation O. Reg. 170/03

- ☐ Public access/notice via Public Request
☐ Public access/notice via a Public Library
☐ Public access/notice via other method _____

Describe your Drinking-Water System

Groundwater is pumped from the source well to a pressure tank. As water is used, the pressure in the tank falls to a preset limit and the well pump starts to recharge it. No disinfection is provided.

List all water treatment chemicals used over this reporting period

The plumbing in the building was periodically shocked with Sodium Hypochlorite to discourage the growth of nuisance bacteria.

Were any significant expenses incurred to?

- ☒ Install required equipment
☐ Repair required equipment
☐ Replace required equipment

Describe

~~No significant expenses were incurred.~~

UV & chlorine

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
Feb 15	HPL	>500		Resample	Feb 15
Feb 18	HPL	"		Shock - Resample	Feb 19
Feb 25	HPL	"		"	Feb 26
Mar	E coli			New Well	
July 12	HPL	>200		Resample	July 12
July 21	HPL	"		"	July 22
July 28	HPL	"		Shock & Resample	July 29
Aug. 10	HPL	>500		Resample	Aug. 10
Sept. 30	HPL	502		" "	Sept. 30

Need →

Microbiological testing done under section 8 (2) during this reporting period

	Number of	Range of E.Coli or Fecal	Range of Total Coliform	Number of HPC	Range of HPC Results
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Drinking-Water Systems Regulation O. Reg. 170/03

	Samples	Results (#-#)	Results (#-#)	Samples	(#-#)	# B	Range B
Raw	84	0-4	0-5	15	0-7500	12	0-7200
	84	0-0	0-0	27	0-502		

A
2000

NO_2 < 0.1 - < 0.1 Aug. 16 - Oct 12
 NO_3 8.62 - 8.09 Aug 16 - Oct 12
 THM < 2.0 Nov 11
 Lead < 0.001 mg/L Dec 20

15
12

Morewood Rec.**2004**

	Treated NO2	Treated NO3	Distribution THM
January			
February			
March			
April	off line		
May			
June			
July	<0.10	8.9	no chlorine
August			
September			
October	<0.10	8.62	<2.0
November			
December			

Schedule 23	Treated Water	last collected				5years
Schedule 24	Treated Water	last collected				5years
Fluoride	Treated Water	last collected				5years
Lead	Distribution	last collected	Dec. 2004	<0.001	2009	5years
Sodium	Treated Water	last collected				5years

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY
1919 County Rd. 7
Morewood, ON
K0A 2R0
Attention: Mr. Howard Smith

Report Number: 2424434
Date: 2004-12-22
Date Submitted: 2004-12-20
MOE DWIS UPLOAD: 2407863
Project: [REDACTED]

INVOICE: OCWA Chesterville

P.O. Number:
Matrix: Supply Water

			LAB ID:	361864						GUIDELINE		
			Sample Date:	2004-12-20						MOE REG. 170/03		
			Sample ID:	[REDACTED]								
PARAMETER	UNITS	MDL	DISTRIBUTION							TYPE	LIMIT	UNITS
[REDACTED]	mg/L	0.001	[REDACTED]							MAC	0.01	mg/L
Dec 23/04												

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL: _____
Ewan McRobbie
Inorganic Lab Supervisor

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY
1919 County Rd. 7
Morewood, ON
K0A 2R0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number: 2415383
Date: 2004-08-18
Date Submitted: 2004-08-16
MOE DWIS UPLOAD: 2405068
Project: Morewood Community Hall

P.O. Number:

Matrix: Supply Water

LAB ID:				335927		GUIDELINE	
Sample Date:				2004-08-16		MOE REG 170/03	
Sample ID:				Morewood Rec Hall			
PARAMETER	UNITS	MDL	DISTRIBUTION	TYPE	LIMIT	UNITS	
N-NO2 (Nitrite)	mg/L	0.10	<div><div><0.10</div><div>8.90</div></div>	MAC	1.0	mg/L	
N-NO3 (Nitrate)	mg/L	0.10		MAC	10.0	mg/L	

10 is MAC

DWIS 2405068

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

APPROVAL:

Ewan McRobbie
Inorganic Lab Supervisor

ACCHTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY
1919 County Rd. 7
Morewood, ON
K0A 2R0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number: 2419528
Date: 2004-10-19
Date Submitted: 2004-10-13
MOE DWIS UPLOAD: 2406464
Project: Morewood Comm Hall

P.O. Number:
Matrix: Supply Water

LAB ID: 347518								GUIDELINE		
Sample Date: 2004-10-12								MOE REG 170/03		
Sample ID: MC/04 Morewood Community										
PARAMETER	UNITS	MDL	DISTRIBUTION					TYPE	LIMIT	UNITS
N-NO2 (Nitrite)	mg/L	0.10	<0.10					MAC	1.0	mg/L
N-NO3 (Nitrate)	mg/L	0.10	8.62					MAC	10.0	mg/L
Dave Oct 22/04										

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL: _____
Ewan McRobbie
Inorganic Lab Supervisor

Client: [REDACTED]

1919 County Rd. 7

Morewood, ON

K0A 2R0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number: 2421613
Date: 2004-11-11
Date Submitted: 2004-11-08
MOE DWIS UPLOAD: 2407001
Project: Morewood Rec Centre

P.O. Number:
Matrix: Supply Water

LAB ID: 353672 Sample Date: <div></div> Sample ID: Morewood Rec Hall								GUIDELINE			
				MOE REG 170/03							
PARAMETER		UNITS	MDL	DISTRIBUTION					TYPE	LIMIT	UNITS
VOLATILE ORGANIC COMPOUNDS - VOCs											
Bromodichloromethane		ug/L	0.3	<0.3					MAC	100	ug/L
Bromoform		ug/L	0.4	0.8							
Chloroform		ug/L	0.5	<0.5							
Dibromochloromethane		ug/L	0.3	0.4							
Trihalomethanes (total)		ug/L	2.0	<div></div>							
VOC SURROGATES											
Toluene-d8		%		99							

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL: _____
Mina Nasirai
Organic Lab Supervisor

C.O.C.: 42140

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-349

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 07-Jan-04

JOB/PROJECT NO.:

DATE REPORTED: 12-Jan-04

P.O. NUMBER: Morewood Rec

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	07-Jan-2004	07-Jan-2004	07-Jan-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Rec	B04-349-1	06-Jan-04	< 1 ✓	< 1 ✓	36 ✓

*Dave Jan 12/04
faxed*

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: -00299

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-891

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 14-Jan-04

DATE REPORTED: 16-Jan-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Morewood Community Hall

WATERWORKS NO.

Parameter Name:		Total Coliform	E coli	Heterotrophic Plate Count		
Units:		cts/100mL	cts/100mL	cts/1mL		
M.D.L.:		1	1	2		
Reference Method:		MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:		14-Jan-2004	14-Jan-2004	14-Jan-2004		
Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall	B04-891-1	13-Jan-04	< 1 ✓	< 1 ✓	434 ✓	

*Jan 16/04
BH*

*Faxed
Dave*

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00301

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-1188

Rev. 1

Report To:

Ontario Clean Water Agency - Chesterville

5 Industrial Dr.

Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123

Fax 526-1244

DATE SUBMITTED: 19-Jan-04

JOB/PROJECT NO.:

DATE REPORTED: 21-Jan-04

P.O. NUMBER: Morewood Community Hall

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	19-Jan-2004	19-Jan-2004	19-Jan-2004		

Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall	B04-1188-1	19-Jan-04	< 1	< 1	460	

Dave
Jan 21/04Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00300

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-1703

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: ~~26-Jan-04~~

JOB/PROJECT NO.:

DATE REPORTED: 28-Jan-04

P.O. NUMBER: **Morewood Community Hall**

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:			26-Jan-2004	26-Jan-2004	26-Jan-2004		
Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall	B04-1703-1	26-Jan-04	< 1 ✓	< 1 ✓	< 2 ✓		

Jan 28/04
Dave

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: 42495

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-2371

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 03-Feb-04

JOB/PROJECT NO.:

DATE REPORTED: 05-Feb-04

P.O. NUMBER: Morewood Community Hall

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:			03-Feb-2004	03-Feb-2004	03-Feb-2004		
Client I.D.	Sample I.D.	Date Collected					
Community Hall	B04-2371-1	03-Feb-04	< 1	< 1	> 500		

adverse.
resamples collected
Feb 5/04
Sean.

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00302

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-2683

Report To:Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 06-Feb-04

DATE REPORTED: 09-Feb-04

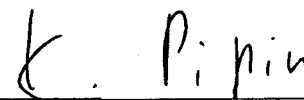
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Morewood Community Hall

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:			06-Feb-2004	06-Feb-2004	06-Feb-2004		
Client I.D.	Sample I.D.	Date Collected					
Morewood Communit Hall - Resample	B04-2683-1	05-Feb-04	< 1	< 1	< 2		

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00303

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-2796

Report To:Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 09-Feb-04

JOB/PROJECT NO.:

DATE REPORTED: 11-Feb-04

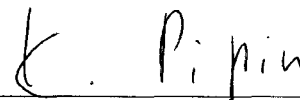
P.O. NUMBER: Morewood Community Hall

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	09-Feb-2004	09-Feb-2004	09-Feb-2004		

Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall	B04-2796-1	09-Feb-04	< 1 ✓	< 1 ✓	152 ✓	

*Dave
Fayee
Feb 13/04*Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00304

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-3323

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 16-Feb-04

JOB/PROJECT NO.:

DATE REPORTED: 18-Feb-04

P.O. NUMBER: Morewood Community Hall

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	17-Feb-2004	17-Feb-2004	17-Feb-2004		

Client I.D.	Sample I.D.	Date Collected				
Morewood Communit Hall-Kitchen Tap	B04-3323-1	16-Feb-04	< 1 ✓	< 1 ✓	> 500	

Adverse
Resampled
Feb 19/04

Dave
Feb 19/04
Faxed.

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00440

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-3756

Report To:**Ontario Clean Water Agency - Chesterville**
5 Industrial Dr.
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 20-Feb-04

JOB/PROJECT NO.:

DATE REPORTED: 23-Feb-04

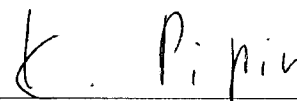
P.O. NUMBER: Morewood Community Hall

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:			20-Feb-2004	20-Feb-2004	20-Feb-2004		
Client I.D.	Sample I.D.	Date Collected					
Morewood Communit Hall - 3 Sink Kitchen Tap	B04-3756-1	19-Feb-04	< 1	< 1	< 2		

Resample
from Adverse
Dave Feb 26/04

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00442

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-3883

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 23-Feb-04

DATE REPORTED: 25-Feb-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER: Morewood Community Hall

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:			23-Feb-2004	23-Feb-2004	23-Feb-2004		
Client I.D.	Sample I.D.	Date Collected					
Morewood Communit Hall -3 Sink Kitchen Tap	B04-3883-1	23-Feb-04	< 1	< 1	> 500		

Adverse
Reported Feb 25/04
Shocked System
Collected Resample
Feb 26/04

Dave
Feb 26/04

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00443

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-4303

Report To:Ontario Clean Water Agency - Chesterville
5 Industrial Dr.

Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123

Fax 526-1244

DATE SUBMITTED: 27-Feb-04

DATE REPORTED: 01-Mar-04

SAMPLE MATRIX: Drinking Water

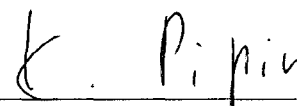
JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER: OCWA

WATERWORKS NO. 260031668

Parameter Name:		Total Coliform	E coli	Heterotrophic Plate Count		
Units:		cts/100mL	cts/100mL	cts/1mL		
M.D.L.:		1	1	2		
Reference Method:		MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:		27-Feb-2004	27-Feb-2004	27-Feb-2004		
Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - Kitchen Tap	B04-4303-1	26-Feb-04	< 1	< 1	< 2	

Resample for
adverse. Dave
Mar 1/04
Faxed.

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: 00444

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-4408

Report To:Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0**Attention:** Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 01-Mar-04

DATE REPORTED: 03-Mar-04

SAMPLE MATRIX: Drinking Water

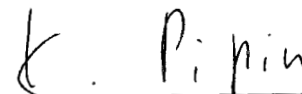
JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER: —

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	01-Mar-2004	01-Mar-2004	01-Mar-2004		

Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall - 3 sink kitchen tap	B04-4408-1	01-Mar-04	< 1	< 1	170		

Dave
mar 3/04Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00445

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-4995
Rev. 1

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 08-Mar-04

DATE REPORTED: 10-Mar-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER: —

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	08-Mar-2004	08-Mar-2004	08-Mar-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall - Kitchen Tap	B04-4995-1	08-Mar-04	5	4	500

*Faxed
Dave
Mar 12/04*

- All adverse*
- Well inspection done*
 - Resamples collected*
 - Boil water issued.*
 - all tap handles off.*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00446

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-5246

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 10-Mar-04
DATE REPORTED: 12-Mar-04
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall
P.O. NUMBER: OCWA
WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	10-Mar-2004	10-Mar-2004	10-Mar-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall - Resample	B04-5246-1	09-Mar-04	1	< 1	> 500

*Dave
Mar 12/04
Adverse Resample*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00460

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-16689

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 09-Jul-04

DATE REPORTED: 14-Jul-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Background	Heterotrophic Plate Count
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL
M.D.L.:	1	1	1	2
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371
Date Analyzed:	09-Jul-2004	09-Jul-2004	09-Jul-2004	09-Jul-2004

Client I.D.	Sample I.D.	Date Collected				
3 Sink Kitchen tap	B04-16689-1	08-Jul-04	< 1	< 1	--	> 500
Raw Hose Bib	B04-16689-2	08-Jul-04	< 10	< 1	> 2000	

1 diluted due to high background level

*Adverse.
Still posted.
Resample.*

K. Pipin

Krystyna Pipin, M. Sc.

Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00945

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-16798

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 12-Jul-04

DATE REPORTED: 14-Jul-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	12-Jul-2004	12-Jul-2004	12-Jul-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall	B04-16798-1	12-Jul-04	<1 ✓	<1 ✓	<2 ✓

*New Treatment system
New well
1st sample with new system
Dave July 15/04*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00946

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-17107

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 14-Jul-04

DATE REPORTED: 16-Jul-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	14-Jul-2004	14-Jul-2004	14-Jul-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall	B04-17107-1	13-Jul-04	< 1 ✓	< 1 ✓	< 2 ✓

*Dave
July 19/04
2nd sample good
signs still up*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00947

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-17447

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 19-Jul-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 21-Jul-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Background	Total Coliform	E coli
Units:	cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/100mL
M.D.L.:	1	1	1	1	1
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3407	MOE E3407
Date Analyzed:	19-Jul-2004	19-Jul-2004	19-Jul-2004	19-Jul-2004	19-Jul-2004

Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall - Treated	B04-17447-1	19-Jul-04	--	--	--	< 1	< 1
Raw Well Water	B04-17447-2	19-Jul-04	< 1	< 1	> 200	--	--

Dave
July 22
Adverse
Resampled
July 22

K. Pipin

Chlorine results provided by client
M.D.L. = Method Detection Limit

Krystyna Pipin, M. Sc.
Lab Supervisor

Accredited by the Standards Council of Canada and CAEL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00947

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-17447

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 19-Jul-04

DATE REPORTED: 21-Jul-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

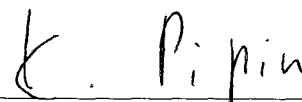
P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Heterotrophic Plate Count				
Units:	cts/1mL				
M.D.L.:	2				
Reference Method:	MOE E3371				
Date Analyzed:	19-Jul-2004				

Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - Treated	B04-17447-1	19-Jul-04	> 500			
Raw Well Water	B04-17447-2	19-Jul-04	--			

Chlorine results provided by client
M.D.L. = Method Detection Limit



Krystyna Pipin, M. Sc.
Lab Supervisor

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00949

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-17923

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 22-Jul-04

DATE REPORTED: 26-Jul-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Total Coliform	E coli	Heterotrophic Plate Count
Units:			cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/1mL
M.D.L.:			1	1	1	1	2
Reference Method:			MOE E3371	MOE E3371	MOE E3407	MOE E3407	MOE E3371
Date Analyzed:			22-Jul-2004	22-Jul-2004	22-Jul-2004	22-Jul-2004	22-Jul-2004
Client I.D.	Sample I.D.	Date Collected					
Treated -3 Sink Kitchen Tap	B04-17923-1	22-Jul-04	--	--	< 1 ✓	< 1 ✓	< 2 ✓
Raw Hose Bib	B04-17923-2	22-Jul-04	< 1 ✓	< 1 ✓	--	--	> 500 ✓

Resample Results

*Dave
July 26/04*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00447

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18090

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 26-Jul-04

DATE REPORTED: 28-Jul-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Background	Heterotrophic Plate Count	Total Coliform
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	cts/100mL
M.D.L.:	1	1	1	2	1
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	MOE E3407
Date Analyzed:	26-Jul-2004	26-Jul-2004	26-Jul-2004	26-Jul-2004	26-Jul-2004

Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall - Raw	B04-18090-1	26-Jul-04	< 1 ✓	< 1 ✓	< 1 ✓	--	--
Morewood Community Hall - Treated	B04-18090-2	26-Jul-04	--	--	--	> 500 ✓	< 1 ✓

Dave July 28/04
Adverse.
Chlorinated July 28
plumbing &
resampled July 29.

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00447

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-18090

Report To:**Ontario Clean Water Agency - Morewood Communi**
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 26-Jul-04

JOB/PROJECT NO.: Morewood Community Hall

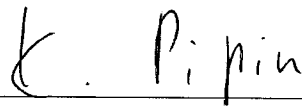
DATE REPORTED: 28-Jul-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

			Parameter Name:	E coli	Background			
			Units:	cts/100mL	cts/100mL			
			M.D.L.:	1	1			
			Reference Method:	MOE E3407	MOE E3407			
			Date Analyzed:	26-Jul-2004	26-Jul-2004			
Client I.D.	Sample I.D.	Date Collected						
Morewood Community Hall - Raw	B04-18090-1	26-Jul-04	--	--				
Morewood Community Hall - Treated	B04-18090-2	26-Jul-04	< 1 ✓	< 1 ✓				


Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00950

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18633

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Background	Total Coliform	E coli
Units:			cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/100mL
M.D.L.:			1	1	1	1	1
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3407	MOE E3407
Date Analyzed:			30-Jul-2004	30-Jul-2004	30-Jul-2004	30-Jul-2004	30-Jul-2004
Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall - 3 Sink Kitchen Tap	B04-18633-1	29-Jul-04	--	--	--	<1 ✓	<1 ✓
Raw Rose Bib	B04-18633-2	29-Jul-04	<1 ✓	<1 ✓	>200 ✓	--	--

*Over
Aug 3
Resample Results*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00950

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18633

Report To:

Ontario Clean Water Agency - Morewood Communi

5 Industrial Drive P.O Box 460

Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123

Fax (613)526-1244

DATE RECEIVED: 30-Jul-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 03-Aug-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Heterotrophic Plate Count				
Units:	cts/1mL				
M.D.L.:	2				
Reference Method:	MOE E3371				
Date Analyzed:	30-Jul-2004				

Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - 3 Sink Kitchen Tap	B04-18633-1	29-Jul-04	10			
Raw Hose Bib	B04-18633-2	29-Jul-04	--			

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00*951

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18733

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: [REDACTED]

JOB/PROJECT NO.: [REDACTED] Community Hall

DATE REPORTED: 05-Aug-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Background	Total Coliform	E coli
Units:			cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/100mL
M.D.L.:			1	1	1	1	1
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3407	MOE E3407
Date Analyzed:			03-Aug-2004	03-Aug-2004	03-Aug-2004	03-Aug-2004	03-Aug-2004
Client I.D.	Sample I.D.	Date Collected					
3 Sink Kitchen Tap	B04-18733-1	03-Aug-04	--	--	--	<1 ✓	<1 ✓
Raw Hose Bib	B04-18733-2	03-Aug-04	<1 ✓	<1 ✓	147 ✓	--	--

Aug 6/04
BA

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00*951

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18733

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 03-Aug-04

DATE REPORTED: 05-Aug-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: [Redacted] Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:		Heterotrophic Plate Count				
Units:		cts/1mL				
M.D.L.:		2				
Reference Method:		MOE E3371				
Date Analyzed:		03-Aug-2004				
Client I.D.	Sample I.D.	Date Collected				
3 Sink Kitchen Tap	B04-18733-1	03-Aug-04	2 ✓			
Raw Hose Bib	B04-18733-2	03-Aug-04	--			

Aug 6/04
BHK

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00952

REPORT No. B04-19309

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE RECEIVED: 09-Aug-04

DATE REPORTED: 11-Aug-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Background	Total Coliform	E coli
Units:	cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/100mL
M.D.L.:	1	1	1	1	1
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3407	MOE E3407
Date Analyzed:	09-Aug-2004	09-Aug-2004	09-Aug-2004	09-Aug-2004	09-Aug-2004
Client I.D.	Sample I.D.	Date Collected			
3 Kitchen Sink Tap	B04-19309-1	09-Aug-04	--	--	--
Raw Hose Bib	B04-19309-2	09-Aug-04	<1 ✓	<1 ✓	1 ✓

Adverse
7500 HPC.
Aque Aug. 12
Resampled. Aug. 10
pump ordered.
Report Pending
pump electrical down.

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00952

REPORT No. B04-19309

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

Attention: Dave Markell

DATE RECEIVED: 09-Aug-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 11-Aug-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:		Heterotrophic Plate Count				
Units:		cts/1mL				
M.D.L.:		2				
Reference Method:		MOE E3371				
Date Analyzed:		09-Aug-2004				
Client I.D.	Sample I.D.	Date Collected				
3 Kitchen Sink Tap	B04-19309-1	09-Aug-04	> 500			
Raw Hose Bib	B04-19309-2	09-Aug-04	--			

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00954

REPORT No. B04-19613

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE RECEIVED: 11-Aug-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 13-Aug-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	11-Aug-2004	11-Aug-2004	11-Aug-2004		

Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - Treated	B04-19613-1	10-Aug-04	< 1 ✓	< 1 ✓	< 2 ✓	

*Dave
AUG. 13/04
Resample*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00953

REPORT No. B04-19980

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE RECEIVED: 16-Aug-04

DATE REPORTED: 18-Aug-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

			Client I.D.:	Morewood Community Hall - Treated	Raw Well Water		
			Sample I.D.:	B04-19980-1	B04-19980-2		
			Date Collected:	16-Aug-2004	16-Aug-2004		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	16-Aug-04	--	< 1	BAH
E coli	cts/100mL	1	MOE E3371	16-Aug-04	--	< 1	BAH
Background	cts/100mL	1	MOE E3371	16-Aug-04	--	< 1	BAH
Total Coliform	cts/100mL	1	MOE E3407	16-Aug-04	< 1 ✓	--	
E coli	cts/100mL	1	MOE E3407	16-Aug-04	< 1 ✓	--	
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	16-Aug-04	210 ✓	--	

Aug 19/04
BAH

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C- 00448

REPORT No. B04-20581

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax 613-526-1244

DATE RECEIVED: 23-Aug-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 25-Aug-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	23-Aug-2004	23-Aug-2004	23-Aug-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall - Treated	B04-20581-1	23-Aug-04	< 1 ✓	< 1 ✓	194 ✓

*Dave
Aug-26/04*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00449

REPORT No. B04-21247

Report To:**Ontario Clean Water Agency - Morewood Communi**

5 Industrial Drive P.O Box 460

Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 613-526-0123

Fax 613-526-1244

DATE RECEIVED: 30-Aug-04

DATE REPORTED: 01-Sep-04

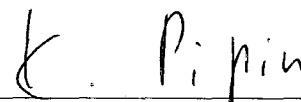
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:		Total Coliform	E coli	Heterotrophic Plate Count		
Units:		cts/100mL	cts/100mL	cts/1mL		
M.D.L.:		1	1	2		
Reference Method:		MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:		30-Aug-2004	30-Aug-2004	30-Aug-2004		
Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - Treated	B04-21247-1	30-Aug-04	< 1	< 1	2	

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: C-00449

REPORT No. B04-21247

Report To:

Ontario Clean Water Agency - Morewood Communi

5 Industrial Drive P.O Box 460

Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 613-526-0123

Fax 613-526-1244

DATE RECEIVED: 30-Aug-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 01-Sep-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	30-Aug-2004	30-Aug-2004	30-Aug-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall - Treated	B04-21247-1	30-Aug-04	< 1 ✓	< 1 ✓	2 ✓

*Dave
Sept 1/04*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: c-00450

REPORT No. B04-21925

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax 613-526-1244

DATE RECEIVED: 07-Sep-04

DATE REPORTED: 09-Sep-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Background	Total Coliform	E coli
Units:	cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/100mL
M.D.L.:	1	1	1	1	1
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3407	MOE E3407
Date Analyzed:	07-Sep-2004	07-Sep-2004	07-Sep-2004	07-Sep-2004	07-Sep-2004

Client I.D.	Sample I.D.	Date Collected					
Raw Water	B04-21925-1	07-Sep-04	< 1 ✓	< 1 ✓	< 1 ✓	--	--
Morewood Hall Treated	B04-21925-2	07-Sep-04	--	--	--	< 1 ✓	< 1 ✓

*Done
Sept. 10/04*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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C.O.C.: c-00450

REPORT No. B04-21925

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax 613-526-1244

DATE RECEIVED: 07-Sep-04

DATE REPORTED: 09-Sep-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:		Heterotrophic Plate Count				
Units:		cts/1mL				
M.D.L.:		2				
Reference Method:		MOE E3371				
Date Analyzed:		07-Sep-2004				
Client I.D.	Sample I.D.	Date Collected				
Raw Water	B04-21925-1	07-Sep-04	--			
Morewood Hall Treated	B04-21925-2	07-Sep-04	6 ✓			

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-04451

REPORT No. B04-22543

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax 613-526-1244

DATE RECEIVED: 13-Sep-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 15-Sep-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	13-Sep-2004	13-Sep-2004	13-Sep-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall - Treated	B04-22543-1	13-Sep-04	< 1 ✓	< 1 ✓	474 ✓

Dave
Sept 16/04

K. Pipin

Krystyna Pipin, M. Sc.

Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00452

REPORT No. B04-23247

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 613-526-0123
Fax 613-526-1244

DATE RECEIVED: 20-Sep-04

JOB/PROJECT NO.: [REDACTED]

DATE REPORTED: 22-Sep-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:	20-Sep-2004	20-Sep-2004	20-Sep-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Community Hall - Treated	B04-23247-1	20-Sep-04	< 1 ✓	< 1 ✓	47 ✓

Sept 23/04
BA

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.



Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Friday, October 01, 2004

Date Rec. : 28 September 2004
LR Report: CA18318-SEP04

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS


Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	28-Sep-04	28-Sep-04	28-Sep-04
2: *Approved Time		--	16:20	16:20	15:50
3: MAC		--	0	0	500
4: DW Morewood Community Hall Treated	27-Sep-04 12:35	19.2	0	0	502 ODWS

ODWS - Above Drinking Water Standard

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time", as required under the SDWA, 2002.

Oct 1/04
DML


Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical

Adverse Reported
& Resampled
Sept. 30/04
Sent Resample
to Acutest.



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Morewood Community
Works #: 260031668

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Thursday, October 07, 2004

Date Rec. : 05 October 2004
LR Report: CA17084-OCT04

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

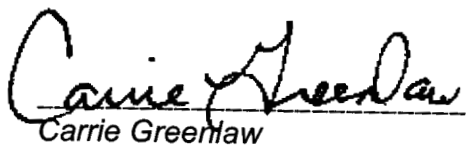
Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL	Background CFU/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	05-Oct-04	05-Oct-04	05-Oct-04	05-Oct-04
2: *Approved Time		--	11:40	11:40	11:40	10:50
3: MAC		--	0	0	200	500
4: RW Morewood Community Hall Raw	04-Oct-04 11:30	8.6	0 A2C A3C	0 A2C A3C	1340 A2C A3C	---
5: DW Morewood Community Hall Treated	04-Oct-04 11:35	8.6	0	0	---	0

A2C - Approximate Result: Background Counts >200

A3C - Approximate Result: Total Colony Count exceeds 300 colonies

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave Oct 7/04


Carrie Greenlaw

Project Coordinator
Environmental Services, Analytical

Raw for Oct.
High Background
makes E. coli & T. coli
hard to count



Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Friday, October 15, 2004

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

Date Rec. : 13 October 2004
LR Report: CA17462-OCT04

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	13-Oct-04	13-Oct-04	13-Oct-04
2: *Approved Time		--	11:30	11:30	10:50
3: MAC		--	0	0	500
4: DW Morewood Community Hall Treated Kitchen Sink	12-Oct-04 11:15	14.6	0 ✓	0 ✓	186 ✓

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

*Dave
Oct 15/04*

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Morewood Community Hall
Works #: 260031668

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Thursday, October 21, 2004

Date Rec. : 19 October 2004
LR Report: CA17827-OCT04

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Temperature		Total Coliform cfu/100mL	E.Coli Hetero. Plate cfu/100mL	Plate Count CFU/1mL
	Time	Upon Receipt °C			
1: *Approved Date		--	19-Oct-04	19-Oct-04	19-Oct-04
2: *Approved Time		--	11:45	11:45	10:45
3: MAC		--	0	0	500
4: DW Morewood Community Hall Treated	18-Oct-04 11:00	11.8	0 ✓	0 ✓	1 ✓

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave
Oct 21/04

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Thursday, October 28, 2004

Date Rec. : 26 October 2004

LR Report: CA18150-OCT04

Copy: #1

Phone: 613-448-3098

Fax: pdf format


CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Temperature Time Upon Receipt °C	Total Coliform cfu/100mL	E.Coli Hetero. cfu/100mL	Plate Count CFU/1mL
1: *Approved Date	--	26-Oct-04	26-Oct-04	26-Oct-04
2: *Approved Time	--	11:30	11:30	10:10
3: MAC	--	0	0	500
4: DW Morewood Community Hall Treated	25-Oct-04 14:30 16.0	0 ✓	0 ✓	217 ✓

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave
Oct. 27/04


Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Thursday, November 04, 2004

Date Rec. : 02 November 2004

LR Report: CA17042-NOV04

Copy: #1

Phone: 613-448-3098

Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli cfu/100mL	Background CFU/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	--	02-Nov-04	02-Nov-04	02-Nov-04	02-Nov-04
2: *Approved Time		--	--	11:15	11:15	11:15	09:30
3: MAC		--	--	0	0	200	500
4: RW Morewood Community Hall Raw	01-Nov-04 13:05	13.4	---	0 ✓	0 ✓	20 ✓	---
5: DW Morewood Community Hall Treated	01-Nov-04 13:00	13.4	1.8 ✓	0 ✓	0 ✓	---	2 ✓

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time", as required under the SDWA, 2002.

*Done
Nov 4/04*

Carrie Greenlaw

Project Coordinator

Environmental Services, Analytical



Morewood Community Ctr
Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Thursday, November 11, 2004

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

Date Rec. : 09 November 2004
LR Report: CA17418-NOV04

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Temperature Time Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli Hetero. cfu/100mL	Plate Count CFU/1mL
1: *Approved Date	--	--	09-Nov-04	09-Nov-04	09-Nov-04
2: *Approved Time	--	--	12:10	12:10	10:30
3: MAC	--	--	0	0	500
4: DW Morewood Community Hall Treated	08-Nov-04 14:30	8.8	1.1 ✓	0 ✓	0 ✓

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave
Nov 12/04

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



Moorewood Community Hall
Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kbaker@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Thursday, November 18, 2004

Date Rec. : 16 November 2004
LR Report: CA17749-NOV04

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli cfu/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	--	16-Nov-04	16-Nov-04	16-Nov-04
2: *Approved Time		--	--	11:00	11:00	10:15
3: MAC		--	--	0	0	500
4: DW Morewood Community Hall Treated	15-Nov-04 10:45	12.2	0.20	0	0	1

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave
NOV. 18/04


Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Morewood Community Hall
Works #: 260031668

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kball@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

November 25, 2004

Date Rec. : 23 November 2004
LR Report: CA18090-NOV04

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli cfu/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	--	23-Nov-04	23-Nov-04	23-Nov-04
2: *Approved Time		--	--	11:40	11:40	10:10
3: MAC		--	--	0	0	500
4: DW Morewood Community Hall Treated	22-Nov-04 09:00	12.6	1.24 ✓	0 ✓	0 ✓	12 ✓

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave
Nov 25/04

Kimberley Didsbury
Project Coordinator
Environmental Services, Analytical



Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Thursday, December 02, 2004

Attn : Dave Markell bhenderson@ocwa.com; kball@ocwa.com; dmarkell@ocwa.com

Date Rec. : 30 November 2004
LR Report: CA18437-NOV04

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli cfu/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	--	30-Nov-04	30-Nov-04	30-Nov-04
2: *Approved Time		--	--	12:25	12:25	11:35
3: MAC		--	--	0	0	500
4: DW Morewood Community Hall Treated	29-Nov-04 11:00	11.2	0.73 ✓	0 ✓	0 ✓	0 ✓

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

*Dave
Dec 2/04*


Carrie Greenlaw

Project Coordinator
Environmental Services, Analytical



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Works #: 260031668

OCWA-Chesterville (Morewood Community Ctr)

Attn : Dave Markell bhenderson@ocwa.com; kball@ocwa.com; dmarkell@ocwa.com

Thursday, December 09, 2004

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Date Rec. : 07 December 2004
LR Report: CA17136-DEC04

Copy: #1

Phone: 613-448-3098
Fax:pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli cfu/100mL	Background CFU/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	--	07-Dec-04	07-Dec-04	07-Dec-04	07-Dec-04
2: *Approved Time		--	--	10:45	10:45	10:45	10:00
3: MAC		--	--	0	0	200	500
4: RW Morewood Community Hall Raw	06-Dec-04 11:50	9.6	---	0 ✓	0 ✓	0 ✓	---
5: DW Morewood Community Hall Treated	06-Dec-04 12:00	9.6	0.47 ✓	0 ✓	0 ✓	---	22 ✓

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.
*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time", as required under the SDWA, 2002.

Dave
Dec 10/04


Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



Works #: 260031668

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Htr)

Attn : Dave Markell bhenderson@ocwa.com; kball@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Phone: 613-448-3098
Fax: pdf format

Thursday, December 16, 2004

Date Rec. : 14 December 2004
LR Report: CA17449-DEC04

Copy: #1

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli cfu/100mL	Hetero. Plate Count CFU/1mL
1: *Approved Date		--	--	14-Dec-04	14-Dec-04	14-Dec-04
2: *Approved Time		--	--	11:15	11:15	10:10
3: MAC		--	--	0	0	500
4: DW Morewood Community Hall Treated	13-Dec-04 13:15	6.4	0.68 ✓	0 ✓	0 ✓	0 ✓

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time". as required under the SDWA, 2002.

Dave.
Dec 17/04

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Morewood Community Hall
Works #: 260031668

OCWA-Chesterville ([REDACTED])

Attn : Dave Markell bhenderson@ocwa.com; kball@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, PO Box 460
Chesterville, ON, K0C 1H0

Thursday, December 23, 2004

Date Rec. : 21-Dec-2004

LR Report: [REDACTED] DEC04

Copy: #1

Phone: 613-448-3098
Fax: pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Temperature Time Upon Receipt °C	ResCl Free	Total Coliform cfu/100mL	E.Coli Hetero. Plate cfu/100mL	Plate Count CFU/1mL
1: *Approved Date	--	--	21-Dec-04	21-Dec-04	21-Dec-04
2: *Approved Time	--	--	11:20	11:20	10:20
3: MAC	--	--	0	0	500
4: DW Morewood Community Hall Treated	20-Dec-04 11:55	4.8	0.66	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Total and / or Free Residual Chlorine was not analyzed by the analytical laboratory at SGS Lakefield Research.

*Note: For all Microbiological analysis, the "Approved Date" and "Approved Time" reflect the laboratory "Analysis Date" and "Analysis Time", as required under the SDWA, 2002.

Dave
Dec 23/04

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOH MOE

Company _____

Fax Number 933-7930 268-6061

From Dave Marshall

Date Feb 6/04

Number of Pages 2 (including this page)

Subject Adverse Water

AWQT 22868

Morewood Community Hall

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPL > 500		
Oral Notification to SPILLS ACTION CENTRE					
Date 05-03-04	Time 09:43	AWQI Notification No (s) 22869			
Person Contacted Mary Im			DWS EMERGENCY CONTACT		
DWS Name Morewood Community Hall			Name Dave Markell		
DWS (Waterworks) # 260031668			Position Process Tech.		
DWS Person Providing Oral Notification Jean Veilleux			Phone # (613) 448 3098 323-1571	Fax # (613) 448 1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date 05-03-04	Time 0940	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted Irène Marchand		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position Admin. Assistant		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Phone # (800) 367-7130		Fax # (613) 433 7930		OTHER - Describe:	
DWS Person Providing Oral Notification Jean Veilleux			Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Jean Veilleux					
Signature Jean Veilleux			Date 05-02-04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	Signature:	Date:
For Ministry Use Only:		Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Feb 06 2004 8:43am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 6	8:39am	Fax Sent	1 613 933-7930	1:29	4	OK
Feb 6	8:40am	Fax Sent	1 800 268-6061	0:52	4	OK
Feb 6	8:42am	Fax Sent	1 416 314-5455	1:27	4	OK

More wood Rec
Library.



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
Oral Notification to SPILLS ACTION CENTRE					
Person Contacted: Tina		Date: Feb 5th, 2004		Time: 10:44	
Person Notifying: Karen Warburton		AWQI Notification No (s) 22878			
Laboratory Name: Caduceon Environmental Labs		Laboratory Emergency Contact Name Krystyna Pipin			
Address 2378 Holly Lane, Ottawa		Position Lab Supervisor			
Telephone # of Lab (613) 526-0123		Phone # (613) 526-0123		Fax # (613) 526-1244	
Drinking-Water System (DWS) Name Morewood Community Hall		DWS Emergency Contact OCWA			
DWS (Waterworks) # 260031668		Name Dave Markell			
Location		Position			
Telephone # of Waterworks (613) 448-3098		Phone # (613) 448-3098		Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner			Oral Notification to Local Medical Officer of Health		
Person Contacted Dave Markell			Person Contacted Irene Marchand		
Position			Position		
Date Feb 5th, 2004		Time 9:22		Date Feb 5th, 2004	
				Time 9:19	
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) Karen Warburton					
Signature <i>Karen Warburton</i>			Date Feb 5 '04		
For Ministry Use Only:			Report No.		

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems

Page 2 of 4


 Ministry of the Environment
 Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

ADVERSE ANALYTICAL RESULTS

For Indicators Listed in – Drinking-Water Systems Regulation

Microbiological Testing

AWQI Notifica- tion Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type/ Location Identifier	Membrane Filtration Count/100 mL			P-A / 100mL Confirmed	HPC / 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)	Date - Data Approved (M/D/Y)
					Total Coliforms	TC Back- ground	E. coli Fecal C.					
22872	BXL-2371-1		2/3/04	Morewood Community Hall	/	/	/	/	>500	2/3/04	2/5/04	2/5/04

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CoFA or Order

Physical/Chemical/Radiological Testing

AWQI Notifica- tion Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type / Location Identifier	Parameter	Result	Unit of Measure	Standard	Date - Analysis Completed (M/D/Y)	Date - Data Approved (M/D/Y)

Results Authorized By: Karen Warburton

Authorization Date: Feb 5th, 2004

For Ministry Use Only:

Report No.:



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOH MOE

Company _____

Fax Number 933-7930 268-6061

From Dave Markell

Date Feb 9 104

Number of Pages 3 (including this page)

Subject Issue Resolution

AWQI # 22869

Morewood Community Hall

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPL > 500		
Oral Notification to SPILLS ACTION CENTRE					
Date	Time	AWQI Notification No (s)			
05-02-04	09:43	82869			
Person Contacted			DWS EMERGENCY CONTACT		
Mary Imm			Name Dave Markell		
DWS Name Morewood Community Hall			Position		
DWS (Waterworks) # 260031668			Process Tech.		
DWS Person Providing Oral Notification Jean Veilleux			Phone # (613) 448 3098 223-1571	Fax # (613) 448 1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Time	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
05-02-04	09:40	Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Person Contacted Irène Marchand		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position Admin Assistant		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Phone # (800) 367-7130		Fax # (613) 933 7930		OTHER - Describe:	
DWS Person Providing Oral Notification Jean Veilleux		Other information attached <input type="checkbox"/>			
Initial DWS Notification Prepared by: Jean Veilleux					
Signature Jean Veilleux			Date 05-02-04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Feb 9/04	Date Resolution Notice Provided:	Feb 9/04
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)			
- resample collected - results attached			
Prepared By:	Signature:	Date:	
Dave Markell	Dave Markell	Feb 9/04	
For Ministry Use Only:		Report No.	

C.O.C.: C-00296

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-2685

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 06-Feb-04

DATE REPORTED: 09-Feb-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Morewood Library

WATERWORKS NO. 260031655

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count		
Units:	cts/100mL	cts/100mL	cts/1mL		
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:	06-Feb-2004	06-Feb-2004	06-Feb-2004		
Client I.D.	Sample I.D.	Date Collected			
Morewood Library	B04-2685-1	05-Feb-04	< 1	< 1	< 2

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

HP OfficeJet K Series K80
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Log for
OCWA
613 448-1616
Feb 09 2004 2:42pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 9	2:38pm	Fax Sent	1 613 933-7930	1:10	3	OK
Feb 9	2:39pm	Fax Sent	1 800 268-6061	0:42	3	OK
Feb 9	2:40pm	Fax Sent	1 416 314-5455	1:12	3	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOH MOE

Company _____

Fax Number 933-7930 800 268 6061

From BLAIR HENDERSON

Date FEB 18/04

Number of Pages 2 (including this page)

Subject ADVERSE WATER

AWQ1 #23164

MOORE WOOD COMMUNITY HALL

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: <i>HPC > 500</i>		
Oral Notification to SPILLS ACTION CENTRE					
Date <i>FEB 18, 2004</i>	Time <i>09:07</i>	AWQI Notification No (s) <i>23164</i>			
Person Contacted <i>JULIEN</i>			DWS EMERGENCY CONTACT		
DWS Name <i>MOREWOOD COMMUNITY HALL</i>			Name <i>DAVE MARKELL</i>		
DWS (Waterworks) # <i>260031668</i>			Position <i>PROCESS TECH</i>		
DWS Person Providing Oral Notification <i>BLAIR HENDERSON</i>			Phone # <i>(613) 448-3098</i>	Fax # <i>(613) 448-1616</i>	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date <i>FEB 18, 2004</i>	Time <i>09:00</i>	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted <i>ADAZIA</i>		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position <i>SPECIAL PROJECTS</i>		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Phone # <i>(800) 267-7120</i>	Fax # <i>(613) 933-7930</i>	OTHER - Describe: <i>SHOCK PLUMBING WITH CHLORINE</i>			
DWS Person Providing Oral Notification <i>BLAIR HENDERSON</i>		Other information attached <input type="checkbox"/>			
Initial DWS Notification Prepared by: <i>BLAIR HENDERSON</i>					
Signature <i>Blair Henderson</i>			Date <i>FEB 18, 2004</i>		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	Signature:	Date:
For Ministry Use Only:		Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Feb 18 2004 9:30am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 18	9:26am	Fax Sent	1 800 268-6061	0:32	2	OK
Feb 18	9:27am	Fax Sent	1 416 314-5455	0:54	2	OK
Feb 18	9:29am	Fax Sent	1 613 933-7930	0:53	2	OK



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Membrane Filtration Count / 100 mL				P-A / 100mL Confirmed	HPC / 1mL	Date - Data Approved (yyyy/mm/dd)
						Total Coliforms	Total Coliform Background	E. Coli Fecal G.	EC FC			
				U/Untreated*	T/Treated**							
23164		3323-1	2004/02/16	Monoclonal Com- munity Hall Sink Tap Kitchen	<input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> D				<input checked="" type="checkbox"/> EC <input checked="" type="checkbox"/> FC	<input checked="" type="checkbox"/> TC <input checked="" type="checkbox"/> EC <input checked="" type="checkbox"/> FC	>500	2004/02/18
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CofA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Parameter	Result(s)***	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				U/Untreated*	T/Treated**					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					

Authorization

Signature X	Name Karen Warburton	Date YYYY MM DD 2004 02 18
----------------	-------------------------	----------------------------------

* Only for Drinking Water Systems that are not currently required under O. Reg. 170/03 to treat their drinking-water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems

Drinking-Water Systems Regulation O. Reg. 170/03

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS
and
NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse		Micro <input checked="" type="checkbox"/> Exceeds Standard		Phys/Chem <input type="checkbox"/> Exceeds Standard		Radiological <input type="checkbox"/> Exceeds Standard	
Water Quality						CofA/Order <input type="checkbox"/> Exceeds Limit	
Oral Notification to SPILLS ACTION CENTRE							
Person Contacted: Catherine				Date: Feb 18th, 2004		Time: 8:57	
Person Notifying: Karen Warburton				AWQI Notification No (s) 23164			
Laboratory Name: Caduceon Environmental Labs				Laboratory Emergency Contact Name Krystyna Pipin			
Address 2378 Holly Lane, Ottawa				Position Lab Supervisor			
Telephone # of Lab (613) 526-0123				Phone # (613) 526-0123		Fax # (613) 526-1244	
Drinking-Water System (DWS) Name Morewood Community Hall				DWS Emergency Contact OCWA			
DWS (Waterworks) # 260031668				Name Dave Markell			
Location Sink Tap - Kitchen				Position			
Telephone # of DWS (613) 448-3098				Phone # (613) 448-3098		Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner				Oral Notification to Local Medical Officer of Health			
Person Contacted Blair Henderson				Person Contacted Idalia			
Position				Position			
Date Feb 18th, 2004		Time 8:43		Date Feb 18th, 2004		Time 8:47	
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) Karen Warburton							
Signature <i>K. Warburton</i>				Date Feb 18th, 2004			



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To

MDH

MOE

Company

Fax Number

933-7930

268-6061

From

Dave Martelli

Date

Feb 26/04

Number of Pages

3

(including this page)

Subject

ISSUE RESOLUTION

AWQT # 23164

Morewood Community Hall

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPC > 500		
Oral Notification to SPILLS ACTION CENTRE					
Date	Time	AWQI Notification No (s)			
FEB 18, 2004	09:07	23164			
Person Contacted			DWS EMERGENCY CONTACT		
JULIEN			Name		
DWS Name			DAVE MARKELL		
DWS (Waterworks) #			Position		
260031668			PROCESS TECH		
DWS Person Providing Oral Notification			Phone #	Fax #	
BLAIR HENDERSON			(613) 448-3098	(613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Time	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FEB 18, 2004	09:00				
Person Contacted		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADALIA					
Position		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SPECIAL PROJECTS					
Phone #		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(800) 267-7120					
Fax #		OTHER - Describe:			
(613) 933-7930		SHOCK PLUMBING WITH CHLORINE			
DWS Person Providing Oral Notification			Other information attached <input type="checkbox"/>		
BLAIR HENDERSON					
Initial DWS Notification Prepared by: BLAIR HENDERSON					
Signature			Date		
Blair Henderson			FEB 18, 2004		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:
FEB 23/04	FEB 26/04
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
Collected Resample (good) Results attached.	
Prepared By:	Signature:
DAVE MARKELL	DAVE MARKELL
Date:	
FEB 26/04	
For Ministry Use Only:	Report No.

C.O.C.: C-00440

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-3756

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 20-Feb-04

DATE REPORTED: 23-Feb-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Morewood Community Hall

WATERWORKS NO.

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:			20-Feb-2004	20-Feb-2004	20-Feb-2004		
Client I.D.	Sample I.D.	Date Collected					
Morewood Communit Hall - 3 Sink Kitchen Tap	B04-3756-1	19-Feb-04	< 1	< 1	< 2		

*Resample
from Adverse
Dave Feb 26/04*

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

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Log for
OCWA
613 448-1616
Feb 26 2004 4:20pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 26	4:16pm	Fax Sent	1 613 933-7930	1:13	3	OK
Feb 26	4:17pm	Fax Sent	1 800 268-6061	0:44	3	OK
Feb 26	4:18pm	Fax Sent	1 416 314-5455	1:14	3	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOT MOE

Company _____

Fax Number 933-7930 800-268-6061

From DAVE MARKELL

Date FEB 25/04

Number of Pages 2 (including this page)

Subject ADVERSE WATER

AWQ1 # 23334

MOOREWOOD COMMUNITY CENTRE

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: > 500 HPC		
Oral Notification to SPILLS ACTION CENTRE					
Date	Feb 25/04	Time	9:50	AWQI Notification No (s) 23334	
Person Contacted			DWS EMERGENCY CONTACT		
DWS Name			Name		
Morewood Comm. Centre			Dave Markell		
DWS (Waterworks) #			Position		
260031668			Process Tech.		
DWS Person Providing Oral Notification			Phone # (613) 448-3098		Fax # (613) 448-1616
Dave Markell					
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Feb. 25/04	Time	9:45	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted			Disinfectant Restored/ Increased <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Adalia			Flushing Mains/Pipes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Position			Users Advised to Boil/Seek Alternate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Projects					
Phone # (800) 267-7120		Fax # (613) 933-7930		OTHER - Describe: SHOCK PLUMBING SYSTEM WITH CHLORINE	
DWS Person Providing Oral Notification			Other information attached <input type="checkbox"/>		
Dave Markell					
Initial DWS Notification Prepared by: Dave Markell					
Signature			Date		
Dave Markell			Feb 25/04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	Signature:	Date:
For Ministry Use Only:		Report No.

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Log for
OCWA
613 448-1616
Feb 25 2004 11:16am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 25	11:11am	Fax Sent	1 613 933-7930	0:51	2	OK
Feb 25	11:13am	Fax Sent	1 800 268-6061	0:31	2	OK
Feb 25	11:15am	Fax Sent	1 416 314-5455	0:52	2	OK



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg. 170/03

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS and NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
Water Quality		ColA/Order <input type="checkbox"/> Exceeds Limit		
Oral Notification to SPILLS ACTION CENTRE				
Person Contacted: PAUL		Date: FEB. 25, 2004		Time:
Person Notifying: Desi Delistoyanova		AWQI Notification No (s) 23334		
Laboratory Name: Caduceon		Laboratory Emergency Contact Name Krystyna Pipin		
Address 2378 Holly Lane, Ottawa, ON		Position Lab Supervisor		
Telephone # of Lab (613) 526-0123		Phone # (613) 526-0123	Fax # (613) 526-1244	
Drinking-Water System (DWS) Name		DWS Emergency Contact		
MOREWOOD COMMUNITY HALL		ONTARIO CLEAN WATER AGENCY		
DWS (Waterworks) # 260031668		Name DAVE MARKELL		
Location		Position		
Telephone # of DWS (613) 448-3098		Phone # (613) 448-3098	Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner		Oral Notification to Local Medical Officer of Health		
Person Contacted DAVE MARKELL		Person Contacted IDALIA		
Position		Position		
Date FEB. 25, 2004	Time 9:43 AM	Date FEB. 25, 2004	Time 9:52 AM	
Laboratory Written Notification Prepared by: Desi Delistoyanova (Lab Results must be attached using Section 3 of this form)				
Signature		Date FEB. 25, 2004		



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed In Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location			Membrane Filtration Count / 100 mL			P-A / 100mL Confirmed	HPC / mL	Date - Data Approved (yyyy/mm/dd)
				Untreated**	Treated**	Distribution	Total Coliforms	Total Coliform Background	E. Coli Fecal C.			
23534		204-3883-1	2004/02/23	U	T	D	—	—	—	—	>500	2004/02/25
				U	T	D						
				U	T	D						
				U	T	D						

For Parameters Listed In Drinking-Water Systems Regulation or cited in MOE CoFA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Parameter	Result(s)**	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				Untreated**	Treated**					
				U	T					
				U	T					
				U	T					

Authorization

Signature

X *[Signature]*

Name

DESI DELSTONIA SOVA

Date

2004

MM

08

DD

25

* Only for Drinking Water Systems that are for currently required under O. Reg. 170/03 to treat their drinking water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: >500 HPC		
Oral Notification to SPILLS ACTION CENTRE					
Date	Feb 25/04	Time	9:50	AWQI Notification No (s) 23334	
Person Contacted SAM			DWS EMERGENCY CONTACT		
DWS Name Morewood Comm. Centre			Name Dave Markell		
DWS (Waterworks) # 260031668			Position Process Tech.		
DWS Person Providing Oral Notification Dave Markell			Phone # (613) 448-3058	Fax # (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Feb. 25/04	Time	9:45	Resample/Re-test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted Adalia			Disinfectant Restored/ Increased	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Flushing Mains/Pipes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position Special Projects			Users Advised to Boil/Seek Alternate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Phone # (800) 267-7120	Fax # (613) 933-7930	OTHER - Describe: SHOCK PLUMBING SYSTEM WITH CHLORINE			
DWS Person Providing Oral Notification Dave Markell			Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell					
Signature Dave Markell			Date Feb 25/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved: Mar 1/04	Date Resolution Notice Provided: Mar 1/04	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
<ul style="list-style-type: none"> - Resample Collected. OK. - results attached. 		
Prepared By: Dave Markell	Signature: Dave Markell	Date: Mar 1/04
For Ministry Use Only:		Report No.

C.O.C.: C-00443

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-4303

Report To:

Ontario Clean Water Agency - Chesterville
5 Industrial Dr.
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 27-Feb-04

DATE REPORTED: 01-Mar-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER: OCWA

WATERWORKS NO. 260031668

Parameter Name:		Total Coliform	E coli	Heterotrophic Plate Count		
Units:		cts/100mL	cts/100mL	cts/1mL		
M.D.L.:		1	1	2		
Reference Method:		MOE E3371	MOE E3371	MOE E3371		
Date Analyzed:		27-Feb-2004	27-Feb-2004	27-Feb-2004		
Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - Kitchen Tap	B04-4303-1	26-Feb-04	< 1	< 1	< 2	

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date Mar 9/04
Number of Pages 2 (including this page)
Subject: Adverse Water

AWOI# 23689

Water to Facility off until Problem Resolved.

Following.

MOE Procedure for Corrective Action
for Systems Not Currently Using
Chlorine.

AWOI 23689 & 23688 a separate
facilities using the same supply
well.

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details: E coli 4 T coli 5		
Oral Notification to SPILLS ACTION CENTRE				
Date Mar 9/04	Time 8:38	AWQI Notification No (s) 23639		
Person Contacted Valerie		DWS EMERGENCY CONTACT		
DWS Name Morewood Community Hall		Name Dave Markell		
DWS (Waterworks) # 260031668		Position Process Tech		
DWS Person Providing Oral Notification Dave Markell		Phone # (613) 449-3098	Fax # (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date Mar 9/04	Time 8:30	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted Adalia Milan		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Position Special Projects		Users Advised to Boil/Seek Alternate		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Phone # (800) 267-7120	Fax # (613) 933-7930	OTHER - Describe: Water off until well inspected		
DWS Person Providing Oral Notification Dave Markell		Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell				
Signature Dave Markell		Date Mar 9/04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:		
Signature:	Date:	
For Ministry Use Only:	Report No.	

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Mar 09 2004 10:02am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Mar 9	9:59am	Fax Sent	1 613 933-7930	0:52	2	OK
Mar 9	10:00am	Fax Sent	1 800 268-6061	0:32	2	OK
Mar 9	10:01am	Fax Sent	1 416 314-5455	0:54	2	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date Mar 11/04

Number of Pages 2 (including this page)
Subject: Adverse Water

AWOI# 23757

Morewood Community Centre

These are resample Results

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: T. Coli (1)	
Oral Notification to SPILLS ACTION CENTRE				
Date Mar 11/04	Time 10:49	AWQI Notification No (s) 23757		
Person Contacted Mary		DWS EMERGENCY CONTACT		
DWS Name Morewood Community Centre		Name Dave Markell		
DWS (Waterworks) # 260031668		Position Process Tech		
DWS Person Providing Oral Notification Dave Markell		Phone # (613) 448-3098	Fax # (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date Mar 11/04	Time 10:40	Resample/Re-test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Person Contacted Atalia Adalia		Disinfectant Restored/ Increased	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position Special Project		Flushing Mains/Pipes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Phone # (800) 267-7120	Fax # (613) 933-7930	OTHER - Describe: Water OFF		
DWS Person Providing Oral Notification Dave Markell		Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell				
Signature Dave Markell		Date Mar 11/04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
Prepared By:	Signature:
Date:	
For Ministry Use Only:	Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Mar 11 2004 11:16am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Mar 11	11:13am	Fax Sent	1 613 933-7930	0:50	2	OK
Mar 11	11:14am	Fax Sent	1 800 268-6061	0:31	2	OK
Mar 11	11:15am	Fax Sent	1 416 314-5455	0:51	2	OK



**Ontario Clean Water Agency
Agence Ontarienne Des Eaux**

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To	<u>MoE</u>	<u>MoH</u>
Fax Number	<u>(800) 268-6061</u>	<u>(800) 267-7120</u>
From	<u>Dave Markell</u>	

Date Mar 12/04

Number of Pages 2 (including this page)

Subject: Adverse Water

AWOI# 23833

Morewood Community Ctr

HPC >500

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details: HPC > 500		
Oral Notification to SPILLS ACTION CENTRE				
Date: Mar 12/04	Time: 10:20	AWQI Notification No (s) 23839		
Person Contacted: Paul		DWS EMERGENCY CONTACT		
DWS Name: Morewood Community Centre		Name: Dave Markell		
DWS (Waterworks) #: 2600 31668		Position: Process Tech.		
DWS Person Providing Oral Notification: Dave Markell		Phone #: (613) 448-3098	Fax #: (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date: Mar 12/04	Time: 10:18	Resample/Re-test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Person Contacted: Adalia.		Disinfectant Restored/ Increased	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Flushing Mains/Pipes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position: Special Projects.		Users Advised to Boil/Seek Alternate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone #: (800) 267-7120	Fax #: (613) 933-7530	OTHER - Describe: Water OFF		
DWS Person Providing Oral Notification: Dave Markell		Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell				
Signature: Dave Markell		Date: Mar 12/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:		
Signature:		Date:
For Ministry Use Only:		Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Mar 12 2004 10:52am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Mar 12	10:49am	Fax Sent	1 613 933-7930	0:50	2	OK
Mar 12	10:50am	Fax Sent	1 800 268-6061	0:31	2	OK
Mar 12	10:51am	Fax Sent	1 416 314-5455	0:52	2	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date July 12/04

Number of Pages 2 (including this page)

Subject: Adverse Water

AWOI# 29152 HPC >500
Merewood Rec

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPC > 500		
Oral Notification to SPILLS ACTION CENTRE					
Date	July 12/04	Time	11:12	AWQI Notification No (s) 29152 29152	
Person Contacted Janet Janet			DWS EMERGENCY CONTACT		
DWS Name Morewood Community Hall			Name Dave Markell		
DWS (Waterworks) # 260031668			Position Process Tech.		
DWS Person Providing Oral Notification Dave Markell			Phone # (613) 448-3098	Fax # (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	July 14/04	Time	10:10	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted Idalia (answer machine)			Disinfectant Restored/ Increased <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Flushing Mains/Pipes <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Special projects.			Users Advised to Boil/Seek Alternate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone # (800) 267-7120		Fax # () 933-7930		OTHER - Describe:	
DWS Person Providing Oral Notification Dave Markell			Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell					
Signature Dave Markell			Date July 12/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	Signature:	Date:
For Ministry Use Only:		Report No.

Drinking-Water Systems Regulation O. Reg. 170/03

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS
and
NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
Oral Notification to SPILLS ACTION CENTRE					
Person Contacted: <i>Daveles</i>		Date: <i>July 12/04</i>		Time: <i>10:40</i>	
Person Notifying: <i>Irina</i>		AWQI Notification No (u)		<i>29152</i>	
Laboratory Name: <i>Caduceon Env. Lab.</i>		Laboratory Emergency Contact Name <i>Kristyna Pipin</i>			
Address <i>2378 Molly Lane, Ottawa</i>		Position <i>Lab Supervisor</i>			
Telephone # of Lab <i>(613) 526-0123</i>		Phone # <i>(613) 526-0123</i>		Fax # <i>(613) 526-1244</i>	
Drinking-Water System (DWS) Name <i>OCWA, Chesterville; Moreshead Community Hall</i>		DWS Emergency Contact			
DWS (Waterworks) # <i>2600 31 668</i>		Name <i>Dave Markell</i>			
Location <i>3 sink kitchen tap</i>		Position			
Telephone # of DWS <i>(613) 448-3098</i>		Phone # <i>(613) 448-3098</i>		Fax # <i>(613) 448-1616</i>	
Oral Notification to Drinking-Water System Owner			Oral Notification to Local Medical Officer of Health		
Person Contacted <i>Dave Markell</i>			Person Contacted <i>Dr Irène Marchand</i>		
Position			Position		
Date <i>July 12/04</i>		Time <i>10:30</i>		Date <i>July 12/04</i>	
Time <i>10:30</i>		Time <i>10:35</i>			
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) <i>Irina Okonskaia</i>					
Signature <i>[Signature]</i>			Date <i>July 12/04</i>		



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Membrane Filtration Count/ 100 mL				P-A / 100mL Confirmed	HPC / mL	Date - Data Approved (yyyy/mm/dd)
				U Untreated*	T Treated**	Total Coliforms	Total Coliform Background	E. Coli Fecal C.	EC FC			
				D Distribution								
29152	00460	B04-16689	04/04/08	<input type="checkbox"/> U <input type="checkbox"/> T <input checked="" type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC	> 500	04/07/12	
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC			
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC			

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CofA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Parameter	Result(s)**	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				U Untreated*	T Treated**					
				D Distribution						
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D						
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D						
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D						

Authorization

Signature X <i>leorey</i>	Name <i>Irina Okonskaia</i>	Date YYYY 2004	N/M 07	DD 12
------------------------------	--------------------------------	----------------------	-----------	----------

* Only for Drinking Water Systems that are not currently required under O. Reg. 170/03 to treat their drinking-water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems

Notice of Issue Resolution at Drinking Water Systems

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Jul 12 2004 11:20am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jul 12	11:17am	Fax Sent	1 613 933-7930	0:30	2	OK
Jul 12	11:18am	Fax Sent	1 800 268-6061	0:31	2	OK
Jul 12	11:19am	Fax Sent	1 416 314-5455	0:51	2	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date

July 9/04

Number of Pages 3 (including this page)

Subject: Adverse Water

AWOI# 29152

HPC > \$200

ISSUE Resolution

Resample good

C.O.C.: C-00945

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-16798

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 12-Jul-04

JOB/PROJECT NO.: Morewood Community Hall

DATE REPORTED: 14-Jul-04

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count		
Units:			cts/100mL	cts/100mL	cts/1mL		
M.D.L.:			1	1	2		
Reference Method:			MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:			12-Jul-2004	12-Jul-2004	12-Jul-2004		
Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall	B04-16798-1	12-Jul-04	< 1	< 1	< 2		

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details: HPC > 500		
Oral Notification to SPILLS ACTION CENTRE				
Date July 12/04	Time 11:12	AWQI Notification No (s) 29152 29152		
Person Contacted Janet Janet		DWS EMERGENCY CONTACT		
DWS Name Morewood Community Hall		Name Dave Markell		
DWS (Waterworks) # 260031668		Position Process Tech.		
DWS Person Providing Oral Notification Dave Markell		Phone # (613) 448-3098	Fax # (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date July 12/04	Time 10:10	Resample/Re-test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted idalia. (answer machine)		Disinfectant Restored/ Increased	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Flushing Mains/Pipes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Special projects.		Users Advised to Boil/Seek Alternate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone # (800) 267-7120	Fax # () 933-7930	OTHER - Describe:		
DWS Person Providing Oral Notification Dave Markell		Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell				
Signature Dave Markell		Date July 12/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved: July 14/04	Date Resolution Notice Provided: July 19/04
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
<ul style="list-style-type: none"> - Resample collected. - Results good. - Attached 	
Prepared By: Dave Markell	Signature: Dave Markell
	Date: July 19/04
For Ministry Use Only:	Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Jul 19 2004 11:06am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jul 19	11:02am	Fax Sent	1 613 933-7930	0:38	3	OK
Jul 19	11:03am	Fax Sent	1 800 268-6061	0:41	3	OK
Jul 19	11:04am	Fax Sent	1 416 314-5455	1:07	3	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date July 21/04

Number of Pages 2 (including this page)

Subject: Adverse Water

AWOI# 29777

Morewood Community Centre

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version July 9, 2003)

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Jul 21 2004 4:23pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jul 21	4:21pm	Fax Sent	1 613 933-7930	0:30	2	OK
Jul 21	4:22pm	Fax Sent	1 800 268-6061	0:31	2	OK
Jul 21	4:22pm	Fax Sent	1 416 314-5455	0:53	2	OK



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg. 170/03

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS and NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard		Phys/Chem <input type="checkbox"/> Exceeds Standard		Radiological <input type="checkbox"/> Exceeds Standard		CofA/Order <input type="checkbox"/> Exceeds Limit	
Oral Notification to SPILLS ACTION CENTRE									
Person Contacted: Jason				Date: 2004/07/21		Time: 2:25pm			
Person Notifying: Krystyna Pipin				AWQI Notification No (s) 29777					
Laboratory Name: Caduceon Environmental Laboratory				Laboratory Emergency Contact Name Krystyna Pipin					
Address 2378 Holly Lane, Ottawa				Position Supervisor					
Telephone # of Lab (613) 526-0123				Phone # (613) 526-0123		Fax # (613) 526-1244			
Drinking-Water System (DWS) Name Morewood Community Hall				DWS Emergency Contact					
DWS (Waterworks) # 260031666				Name Dave Markell					
Location				Position					
Telephone # of DWS (613) 448-3098				Phone # (613) 448-3098		Fax # (613) 448-1616			
Oral Notification to Drinking-Water System Owner					Oral Notification to Local Medical Officer of Health				
Person Contacted Dave Markell				Person Contacted Idalia					
Position				Position					
Date 2004/07/21		Time 2:15pm		Date 2004/07/21		Time 2:20pm			
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) Krystyna Pipin									
Signature				Date 2004/07/21					


 Ministry of the Environment
 Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location	Membrane Filtration Count / 100 mL				P-A / 100mL Confirmed	HPC / 1mL	Date - Data Approved (yyyy/mm/dd)
					Total Coliforms	Total Coliform Background	E. Coli Fecal C.	EC FC			
29777	00947	B04-17447	04/07/19	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<1	-	<1	<input checked="" type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC	>500	04/07/21
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CoFA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location	Parameter	Result(s)**	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					

Authorization

Signature x	Name Krystyna Pipin	Date YYYY MM DD 2004 07 21
----------------	------------------------	----------------------------------

* Only for Drinking Water Systems that are not currently required under O.Reg.170/03 to treat their drinking-water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems

Notice of Issue Resolution at Drinking Water Systems



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To	<u>MoE</u>	<u>MoH</u>
Fax Number	<u>(800) 268-6061</u>	<u>(800) 267-7120</u>
From	<u>Dave Markell</u>	

Date July 26/04

Number of Pages 3 (including this page)

Subject: Adverse Water

AWOI# 29777

Morewood Community Centre

Issue Resolution

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HAC > 500	
Oral Notification to SPILLS ACTION CENTRE				
Date	July 21/04	Time	14:36	AWQI Notification No (s)
Person Contacted		Brandon		
DWS Name		Morewood Community Centre		
DWS (Waterworks) #		260031668		
DWS Person Providing Oral Notification		Dave Markell		
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	July 21/04	Time	14:35	Resample/Re-test
Person Contacted		Adalia		
Position		Special Project		
Phone #		(800) 267-7120		
Fax #		(613) 933-7930		
DWS Person Providing Oral Notification		Dave Markell		
Initial DWS Notification Prepared by:		Dave Markell		
Signature		Dave Markell		
Date		July 21/04		

Date Resolved: July 26/04	Date Resolution Notice Provided: July 26/04	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
<ul style="list-style-type: none">- Resample Collected.- Results Attached.		
Prepared By: Dave Markell	Signature: Dave Markell	Date: July 26/04
For Ministry Use Only:	Report No.	

C.O.C.: C-00949

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-17923

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 22-Jul-04

DATE REPORTED: 26-Jul-04

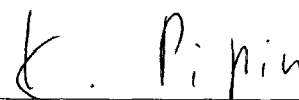
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:			Total Coliform	E coli	Total Coliform	E coli	Heterotrophic Plate Count
Units:			cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/1mL
M.D.L.:			1	1	1	1	2
Reference Method:			MOE E3371	MOE E3371	MOE E3407	MOE E3407	MOE E3371
Date Analyzed:			22-Jul-2004	22-Jul-2004	22-Jul-2004	22-Jul-2004	22-Jul-2004
Client I.D.	Sample I.D.	Date Collected					
Treated -3 Sink Kitchen Tap	B04-17923-1	22-Jul-04	--	--	< 1	< 1	< 2
Raw Hose Bib	B04-17923-2	22-Jul-04	< 1	< 1	--	--	> 500



Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

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Log for
OCWA
613 448-1616
Jul 26 2004 2:54pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jul 26	2:51pm	Fax Sent	1 613 933-7930	0:44	3	OK
Jul 26	2:52pm	Fax Sent	1 800 268-6061	0:43	3	OK
Jul 26	2:53pm	Fax Sent	1 416 314-5455	1:13	3	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date July 28/04

Number of Pages 2 (including this page)
Subject: Adverse Water

AWOI# 30139

Morewood Community Centre.

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details: HPC > 500		
Oral Notification to SPILLS ACTION CENTRE				
Date	July 28/04	Time	10:27	AWQI Notification No (s)
Person Contacted		Nicole		
DWS Name		Morewood Community Centre		
DWS (Waterworks) #		260031668		
DWS Person Providing Oral Notification		Dave Markell		
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	July 28/04	Time	10:25	Resample/Re-test
Person Contacted		Caroline Kvate (Machine)		
Position		Health Inspector		
Phone #		(800) 267-7120		
Fax #		(613) 933-7930		
DWS Person Providing Oral Notification		Dave Markell		
Initial DWS Notification Prepared by:		Dave Markell		
Signature		Dave Markell		
Date		July 28/04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
Prepared By:	
Signature:	Date:
For Ministry Use Only:	Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Jul 28 2004 11:38am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Jul 28	11:35am	Fax Sent	1 613 933-7930	0:31	2	OK
Jul 28	11:36am	Fax Sent	1 800 268-6061	0:32	2	OK
Jul 28	11:37am	Fax Sent	1 416 314-5455	0:54	2	OK



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg. 170/03

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS and NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
Oral Notification to SPILLS ACTION CENTRE					
Person Contacted: MICHAELA YKE		Date: 2004/07/28		Time: 10:30am	
Person Notifying: HILDA ANTONY		AWQI Notification No (s) 30139			
Laboratory Name: CADUCEON ENVIRONMENTAL LAB		Laboratory Emergency Contact Name KRYSTYNA PIPIN			
Address 2378 HOLLY LANE, OTTAWA		Position LAB SUPERVISOR			
Telephone # of Lab (613) 526-0123		Phone # (613) 526-0123		Fax # (613) 526-1244	
Drinking-Water System (DWS) Name MOREWOOD COMMUNITY HALL		DWS Emergency Contact			
DWS (Waterworks) # 260031668		Name DAVE MARKELL			
Location		Position			
Telephone # of DWS (613) 448-3098		Phone # (613) 448-3098		Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner			Oral Notification to Local Medical Officer of Health		
Person Contacted DAVE MARKELL			Person Contacted CAROLE LEVERT		
Position			Position HEALTH-LINE NURSE		
Date 2004/07/28		Time 10:06am		Date 2004/07/28	
				Time 10:15am	
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) HILDA ANTONY					
Signature <i>Hilda Antony</i>			Date 2004/07/28		

Drinking-Water Systems Regulation O. Reg 170/03
Adverse Analytical Results
 For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing


AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Membrane Filtration Count / 100 mL			P-A / 100mL Confirmed	HPC / 1mL	Date - Date Approved (yyyy/mm/dd)
				Untreated Treated Distribution	Total Coliforms	Total Coliform Background	E. Coli FC	EC			
30139	C-00447	B04-18090	2004/07/26	<input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Distribution	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC	>500	2004/07/28
				<input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Distribution	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		
				<input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Distribution	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CoFA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Parameter	Results ^{***}	Unit of Measure	Standard	Date - Date Approved (yyyy/mm/dd)
				Untreated Treated Distribution	Location					
				<input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Distribution	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
				<input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Distribution	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
				<input type="checkbox"/> Untreated <input type="checkbox"/> Treated <input type="checkbox"/> Distribution	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					

Authorization

Signature 	Name HILDA ANTONY	Date 2004 07 28
--	-----------------------------	--------------------

* Only for Drinking Water Systems that are not currently required under O. Reg. 170/03 to treat their drinking water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To	<u>MoE</u>	<u>MoH</u>
Fax Number	<u>(800) 268-6061</u>	<u>(800) 267-7120</u>
From	<u>Dave Markell</u>	

Date

~~July 28/04~~ Aug 3/04

Number of Pages

4 (including this page)

Subject:

Adverse Water

AWOI# 30139

Morewood Community Centre.

ISSUE RESOLUTION.

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details: HPC > 500		
Oral Notification to SPILLS ACTION CENTRE				
Date	Time	AWQI Notification No (s)		
July 28/04	10:27	30139		
Person Contacted		DWS EMERGENCY CONTACT		
Nicole				
DWS Name		Name		
Morewood Community Centre		Dave Markell		
DWS (Waterworks) #		Position		
260031668		Process Tech		
DWS Person Providing Oral Notification		Phone #	Fax #	
Dave Markell		(613) 448-3098	(613) 449-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Time	Resample/Re-test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
July 28/04	10:25			
Person Contacted		Disinfectant Restored/ Increased	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Caroline Kuate (Machine)		Flushing Mains/Pipes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Position		Users Advised to Boil/Seek Alternate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Inspector		OTHER - Describe:		
Phone # (800) 267-7120	Fax # (613) 933-7930	dy shock plumbing & Flush.		
DWS Person Providing Oral Notification		Other information attached <input type="checkbox"/>		
Dave Markell				
Initial DWS Notification Prepared by: Dave Markell				
Signature		Date		
Dave Markell		July 28/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Aug. 3/04	Date Resolution Notice Provided:	Aug. 3/04
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)			
- Resample collected. - Results Attached.			
Prepared By:	Signature:	Date:	
Dave Markell	Dave Markell	Aug. 3/04	
For Ministry Use Only:		Report No.	

C.O.C.: C-00950

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18633

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell

Caduceon Environmental Laboratories

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: (613)526-0123
Fax (613)526-1244

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:	Total Coliform	E coli	Background	Total Coliform	E coli
Units:	cts/100mL	cts/100mL	cts/100mL	cts/100mL	cts/100mL
M.D.L.:	1	1	1	1	1
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3407	MOE E3407
Date Analyzed:	30-Jul-2004	30-Jul-2004	30-Jul-2004	30-Jul-2004	30-Jul-2004

Client I.D.	Sample I.D.	Date Collected					
Morewood Community Hall - 3 Sink Kitchen Tap	B04-18633-1	29-Jul-04	--	--	--	< 1	< 1
Raw Hose Bib	B04-18633-2	29-Jul-04	< 1	< 1	> 200	--	--

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

C.O.C.: C-00950

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B04-18633

Report To:**Ontario Clean Water Agency - Morewood Communi**

5 Industrial Drive P.O Box 460

Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123

Fax (613)526-1244

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

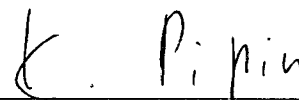
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:		Heterotrophic Plate Count				
Units:		cts/1mL				
M.D.L.:		2				
Reference Method:		MOE E3371				
Date Analyzed:		30-Jul-2004				
Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - 3 Sink Kitchen Tap	B04-18633-1	29-Jul-04	10			
Raw Hose Bib	B04-18633-2	29-Jul-04	--			



Krystyna Pipin, M. Sc.

Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

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Log for
OCWA
613 448-1616
Aug 03 2004 1:24pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 3	1:20pm	Fax Sent	1 613 933-7930	0:53	4	OK
Aug 3	1:21pm	Fax Sent	1 800 268-6061	0:54	4	OK
Aug 3	1:22pm	Fax Sent	1 416 314-5455	1:30	4	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell
Date Aug 13/04
Number of Pages 3 (including this page)
Subject: Adverse Water

AWOI# 30929 Morewood Community Centre
HPC > 500
Issue Resolution.

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPC7500		
Oral Notification to SPILLS ACTION CENTRE					
Date	Aug 10 / 04	Time	10:25	AWQI Notification No (s) 30929	
Person Contacted			DWS EMERGENCY CONTACT		
DWS Name			Name		
Morewood Community Centre			Dave Markill		
DWS (Waterworks) #			Position		
260031668			Process Tech		
DWS Person Providing Oral Notification			Phone #	Fax #	
Dave Markill			(613) 448-3098	(613) 449-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Aug 10 / 04	Time	10:20	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted			Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Adalia			Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Position			Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Projects			OTHER - Describe:		
Phone #	(800) 267-7720	Fax #	(613) 933-7930		
DWS Person Providing Oral Notification			Other information attached <input type="checkbox"/>		
Dave Markill					
Initial DWS Notification Prepared by: Dave Markill					
Signature			Date		
Dave Markill			Aug. 10/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Aug. 13 / 04	Date Resolution Notice Provided:	Aug. 13 / 04
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)			
- Resample collected. - Results good. attached.			
Prepared By:	Signature:	Date:	
Dave Markill	Dave Markill	Aug. 13/04	
For Ministry Use Only:		Report No.	

C.O.C.: C-00954

REPORT No. B04-19613

Report To:

Ontario Clean Water Agency - Morewood Communi
5 Industrial Drive P.O Box 460
Chesterville ON K0C 1H0

Attention: Dave Markell**Caduceon Environmental Laboratories**

2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE RECEIVED: 11-Aug-04

DATE REPORTED: 13-Aug-04

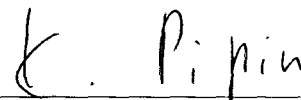
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

Parameter Name:		Total Coliform	E coli	Heterotrophic Plate Count		
Units:		cts/100mL	cts/100mL	cts/1mL		
M.D.L.:		1	1	2		
Reference Method:		MOE E3407	MOE E3407	MOE E3371		
Date Analyzed:		11-Aug-2004	11-Aug-2004	11-Aug-2004		
Client I.D.	Sample I.D.	Date Collected				
Morewood Community Hall - Treated	B04-19613-1	10-Aug-04	< 1	< 1	< 2	



Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

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Log for
OCWA
613 448-1616
Aug 13 2004 4:13pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	4:10pm	Fax Sent	1 613 933-7930	0:42	3	OK
Aug 13	4:11pm	Fax Sent	1 800 268-6061	0:42	3	OK
Aug 13	4:12pm	Fax Sent	1 416 314-5455	1:10	3	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date Aug 10/04

Number of Pages 2 (including this page)

Subject: Adverse Water

AWOI# 30929 Morewood Community Centre

HPC > 500

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPC7500		
Oral Notification to SPILLS ACTION CENTRE					
Date	Aug 10 / 04	Time	10:25	AWQI Notification No (s) 30929	
Person Contacted Michaela			DWS EMERGENCY CONTACT		
DWS Name Morewood Community Centre			Name Dave Markell		
DWS (Waterworks) # 260031668			Position Process Tech		
DWS Person Providing Oral Notification Dave Markell			Phone # (613) 448-3098		Fax # (613) 449-1616
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Aug 10 / 04	Time	10:20	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted Adalia			Disinfectant Restored/ Increased <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Flushing Mains/Pipes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Position Special Projects			Users Advised to Boil/Seek Alternate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Phone # (800) 267-7120		Fax # (613) 933-7930		OTHER - Describe:	
DWS Person Providing Oral Notification Dave Markell			Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by: Dave Markell					
Signature Dave Markell			Date Aug. 10/04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	Signature:	Date:
For Ministry Use Only:		Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Aug 10 2004 10:55am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 10	10:53am	Fax Sent	1 613 933-7930	0:31	2	OK
Aug 10	10:53am	Fax Sent	1 800 268-6061	0:31	2	OK
Aug 10	10:54am	Fax Sent	1 416 314-5455	0:52	2	OK



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg. 170/03

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS and NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse		Micro <input checked="" type="checkbox"/> Exceeds Standard		Phys/Chem <input type="checkbox"/> Exceeds Standard		Radiological <input type="checkbox"/> Exceeds Standard	
Water Quality						CofA/Order <input type="checkbox"/> Exceeds Limit	
Oral Notification to SPILLS ACTION CENTRE							
Person Contacted: Karen				Date: 10/08/2004		Time: 10:45	
Person Notifying: Yuliana Kang				AWQI Notification No (s) 30932			
Laboratory Name: Caducean Environmental				Laboratory Emergency Contact Name Krystyna Pipin			
Address 2378 Holly Lane Ottawa				Position Lab Supervisor			
Telephone # of Lab (613) 526-0123				Phone # (613) 526-0123		Fax # (613) 526-1244	
Drinking-Water System (DWS) Name Morewood Community Hall				DWS Emergency Contact OCWA			
DWS (Waterworks) # 260031668				Name Dave Markell			
Location 3 Sink kitchen tap				Position			
Telephone # of DWS (613) 448-3098				Phone # (613) 448-3098		Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner				Oral Notification to Local Medical Officer of Health			
Person Contacted Dave Markell				Person Contacted Idalia			
Position				Position			
Date 2004/08/10		Time 9:50		Date 2004/08/10		Time 10:00	
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form)				Yuliana Kang			
Signature				Date 2004/08/10			


 Ministry of the Environment
 Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Membrane Filtration Count / 100 mL				P-A / 100mL Confirmed	HPC / 1mL	Date - Data Approved (yyyy/mm/dd)
						Total Coliforms	Total Coliform Background	E. Coli Fecal C.	EC FC			
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC					
30932		B04-19309-1	2004/08/09	Morewood Communi- ty Hall 3 Sink kitchen tap	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D			<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC	> 500	2004/08/10	
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D			<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC			
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D			<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC			

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CofA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Parameter	Result(s)**	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					

Authorization

Signature X	Name Yuliana Kang	Date YYY 2004	NM 08	DD 10
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* Only for Drinking Water Systems that are not currently required under O. Reg. 170/03 to treat their drinking-water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems
 Notice of Issue Resolution at Drinking Water Systems



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell

Date Sept. 30/04

Number of Pages 2 (including this page)

Subject: Adverse Water

AWOI# 33618 HPC 502

Adverse Report Morewood Rec

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details: HPC SO2			
Oral Notification to SPILLS ACTION CENTRE					
Date	Sept. 30/04	Time	14:14	AWQI Notification No (s) 33618	
Person Contacted			DWS EMERGENCY CONTACT		
DWS Name			Name		
Morewood Rec.			Dave Markell		
DWS (Waterworks) #			Position		
260031668			Process Tech.		
DWS Person Providing Oral Notification			Phone #	Fax #	
Dave Markell			(613) 448-3098	(613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Sept. 30/04	Time	14:13	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted			Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Idalia			Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Position			Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Projects			OTHER - Describe:		
Phone # (800) 267-7720			Fax # (613) 933-7930		
DWS Person Providing Oral Notification			Other information attached <input type="checkbox"/>		
Dave Markell					
Initial DWS Notification Prepared by: Dave Markell					
Signature			Date		
Dave Markell			Sept 30/04		

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	Date Resolution Notice Provided:	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	Signature:	Date:
For Ministry Use Only:		Report No.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Sep 30 2004 2:25pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Sep 30	2:22pm	Fax Sent	1 613 933-7930	0:31	2	OK
Sep 30	2:23pm	Fax Sent	1 800 268-6061	0:31	2	OK
Sep 30	2:24pm	Fax Sent	1 416 314-5455	0:52	2	OK


 Ministry of the Environment
 Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg. 170/03
**NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS
 and
 NOTICE OF ISSUE RESOLUTION at DRINKING-WATER SYSTEMS**
SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
Oral Notification to SPILLS ACTION CENTRE					
Person Contacted: Rob		Date: 4/9/30		Time: 13:43	
Person Notifying: Joanne Williams		AWQI Notification No (s) 33618			
Laboratory Name: SGS Lakefield Research		Laboratory Emergency Contact Name Joanne Williams			
Address 185 Concession St., Lakefield ON, K0L 2H0		Position Supervisor of Microbiology			
Telephone # of Lab (705) 652-2131		Phone # (705) 652-2131		Fax # (705) 652-6441	
Drinking-Water System (DWS) Name Morewood Community Ctr		DWS Emergency Contact			
DWS (Waterworks) # 260031668		Name Dave Markell			
Location		Position			
Telephone # of DWS ()		Phone # (613) 448-3098		Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner			Oral Notification to Local Medical Officer of Health		
Person Contacted Dave Markell			Person Contacted I. Milan Ph 613-933-1375 (24 Hrs)		
Position			Position Fax: 613-933-7930		
Date 4/9/30		Time 13:41		Date 4/9/30	
				Time 13:41	
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) Joanne Williams					
Signature			Date 4/9/30		



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Membrane Filtration Count / 100 mL				P-A / 100mL Confirmed	HPC / 1mL	Date - Data Approved (yyyy/mm/dd)
				U Untreated*	T Treated**	Total Coliforms	Total Coliform Background	E. Coli Fecal C.	EC FC			
33618	CA18318-SP04	4	27-Sep-04 12:35	DW Morewood Community Hall	<input type="checkbox"/> U <input checked="" type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC	502	4/9/30
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D				<input type="checkbox"/> EC <input type="checkbox"/> FC	<input type="checkbox"/> TC <input type="checkbox"/> EC <input type="checkbox"/> FC		

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CofA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Sample Type & Sample Location		Parameter	Result(s)***	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				U Untreated*	T Treated**					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					
					<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D					

Authorization

Signature X	Name Joanne Williams	Date YYYY MM DD 2004 09 30
----------------	-------------------------	----------------------------------

* Only for Drinking Water Systems that are not currently required under O.Reg.170/03 to treat their drinking-water.

** Refers to treatment point or entry point samples.

*** If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems

(PIBS 4444E Version February 3, 2004)

Page 4 of 4



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive,
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
kbaker@ocwa.com

Fax

To MoE MoH
Fax Number (800) 268-6061 (800) 267-7120
From Dave Markell
Date 8/24/04 Oct 4/04

Number of Pages 3 (including this page)
Subject: Adverse Water

AWOI# 33618 HPC 502
Adverse Report Morewood Rec.

Issue Resolution.

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) - WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: HPC SO2		
Oral Notification to SPILLS ACTION CENTRE					
Date	Sept 30/04	Time	14:14	AWQI Notification No (s)	33618
Person Contacted			DWS EMERGENCY CONTACT		
DWS Name			Name		
Morewood Rec.			Dave Markell		
DWS (Waterworks) #			Position		
260031668			Process Tech		
DWS Person Providing Oral Notification			Phone #	Fax #	
Dave Markell			(613) 448-3078	(613) 449-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Sept 30/04	Time	14:13	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted			Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Idalia			Flushing Mains/Pipes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Position			Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Projects			OTHER - Describe:		
Phone #	(800) 367-7120	Fax #	(613) 933-7930		
DWS Person Providing Oral Notification			Other information attached <input type="checkbox"/>		
Dave Markell			Initial DWS Notification Prepared by:		
Signature			Date		
Dave Markell			Sept 30/04		

SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03

Date Resolved:	Oct 4/04	Date Resolution Notice Provided:	Oct 5/04
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)			
<ul style="list-style-type: none"> - Recample collected. - Results attached. 			
Prepared By:	Signature:	Date:	
Dave Markell	Dave Markell	Oct 5/04	
For Ministry Use Only:		Report No.	

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: **MOREWOOD COMMUNITY HALL WELL SUPPLY**
 1919 County Rd. 7
 Morewood, ON
 K0A 2R0
 Attention: **Mr. Howard Smith**

INVOICE: OCWA Chesterville

Report Number: 2418757
 Date: 2004-10-04
 Date Submitted: 2004-10-01
 MOE DWIS UPLOAD: 2406130
 Project: Morewood Comm Hall

P.O. Number:
 Matrix: Supply Water

PARAMETER	UNITS	MDL	LAB ID:		RAW	DISTRIBUTION	GUIDELINE			
			Sample Date:	Sample ID:			MOE REG 170/03			
Total Coliforms	cf/100mL		2004-09-30	Morewood Comm Hall Raw Water			TYPE	LIMIT	UNITS	
Escherichia Coli	cf/100mL				0	0	MAC	0	cf/100mL	
Heterotrophic Plate Count	cf/1mL				0	0	MAC	500	cf/1mL	
Background Colonies	cf/100mL				7		MAC	200	cf/100mL	

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration
 Comment:

APPROVAL:

Peter Haukena
 Analytical Services Manager

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Oct 05 2004 2:57pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Oct 5	2:53pm	Fax Sent	1 613 933-7930	0:44	3	OK
Oct 5	2:55pm	Fax Sent	1 800 268-6061	0:43	3	OK
Oct 5	2:56pm	Fax Sent	1 416 314-5455	1:13	3	OK
