Annual Water Quality Report

2004

Morewood Rec.

Ministry of the Environment l'Environnement

Part III Form 2

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

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	Complete for all other Categories.
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.	Number of Designated Facilities served: O
	Yes [] No []
List Drinking-Water Systems, which recei system:	ve all of their drinking water from your
None	
Did you provide a copy of your annual rep that are connected to you and to whom you Yes [] No [] N/A [x] Indicate how you notified system users that of charge. [] Public access/notice via the web [x] Public access/notice via Government O [] Public access/notice via a newspaper [] Public access/notice via Public Request	u provide all of its drinking water? It your annual report is available, and is free
[] Public access/notice via a Public Librar	
[] Public access/notice via a r table Elista.	- /

Ministry of the Ministère de Environment l'Environnement

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	nsed	over	this r	enorting	neriod
TAIDL	CLLA	Water 1	or contribute	CHUILLIAIS	uscu	$\mathbf{v}_{1}\mathbf{v}_{1}$	LARIAGE E	CHOI HITE	ncrioa

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

Were	anv	significant	expenses	incurred	to?
11616	CLLL Y	31211111Cant	CVDCIISCS	menite	ω .

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



Ministry of the Environment l'Environnement

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	July29/04
				chlorine, flush and	
		1		Resample	
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	İ	
fluoridation)	1	

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
ТНМ	Nov.08/04	Nov.08/04	<2.0	<2.0	mg/L	No

***				Dec	. √ .	0,	50	7	. ز	• ^; .	2.00 Top		AND THE STATE OF T	
	December	November	October	September	Augus	Amb A	- 24	S may	A April	Naid		Eehrien		66 6 5 6
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21				0-0	0-0	0,0	0-0		0.0	5-0	l ĭ	0	Raw range of E. coli samples Raw range of T. coliform samples	:: :: :
01				,	~	*	-	W	4	4		1	Raw total # background samples	3
0-1340				0	06	0781	^	£41-0	1200	8		1	Raw range of Background samples	
69				7	15	Ŷ	12	\$ **		To company			Treated total of Samples	7
0,0				0.0	0.0	00	9	0.0				1	Treated range of E. coli samples	
0.0				0,0	0-0	0	0.0	0,0					Treated range of T. coliform samples	
					1			1					Treated total # background samples	2
1					1	1		1					Treated range of Background samples .	
22				A	4	4	4	4					Treated total # HPC samples	
0->500				0 /	0-12	6-217	0-750	0.7500					Treated range of HPC samples	
Soo					-		İ	1					Distibution total of Samples	
					١		١	1					Distribution range of E. coli samples	
					\)					Distribution range of T. coliform samples	
					`		١	1					Distribution total # background samples	
										Š	R	Row	Distribution range of Background samples	
		+							١	\sim	4	-	Distribution total # HPC samples	
										17-7500	0-500	Ç	Distribution range of HPC samples	

PIERRE RICHER PLUMBING INC

C.F. 330 CRYSLER, CONTARIO KOA 180 TEL: (613) 967-2943 RAX: (613) 967-2572

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AXMESSAGE
DESTINATION: O. C. W. a
DATE 9 March 04
· · · · · · · · · · · · · · · · · · ·
ATTENTION: () cure
MESSAGE: Well Report Fez
Manuscad Fire-Hall
+ It all
CENTER.

PRICHER PLUMBG INC

PAGE 02

PO-BOX339 CRYSLER, ONT. CANADA KOA-1RO

-8 March 04 1-4

Well System Checklist More wood Fire Ital

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 Brilding in Well Pit
+ Maghe Closer than 15 meter From Septie 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 Will will be Extended only 1F
More than 15 Meter From
Sextre System

Inspect the cover or sanitary seal for cracks and holes
All sea's should be waterlight 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 Seel with bent
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 dracks or stains on the inside of the casing:
Check the seal around the plumbing in ets -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 yents:
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 Will Pit

9872572

Inspect the area around the well: Make sure this area is in a r.eat and sanitary condition; Ensure all potential contamination sources, such as animals, fuel, and equipment, are away from the top of the well; Lock 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 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: _____

Well Contractor License #:

Check your distribution and piumbing lines -contact a plumber or licensed well contractor if repairs are needed: Monitor for leaks, corrosion and scaling in pipes, decreases in water pressure, deadends, and unexplained increases in water usage; Look for wet areas, greener vegetation, or melted snow along distribution lines to locate potential leaks; $f \Box$ Ensure that any leaks, dead-ends, or other mechanical difficulties and equipment failures have been fixed: Eliminate any cross-connections through the use of gaos, breakers or other backflow prevention strategies or devices. Comments: PIERRE RICHER, PLB8+INC. CRYSLER. DMT. CANADA Inspectors Name:

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

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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	Complete for all other Categories.
Does your Drinking-Water System serve more than 10,000 people? Yes [] No []	Number of Designated Facilities served:
Is your annual report available to the public	Did you provide a copy of your annual
at no charge on a web site on the Internet?	report to all Designated Facilities you
Yes [] No []	serve?
	Yes [x] No []
Location where Report required under	
O. Reg. 170/03 Schedule 22 will be available	Number of Interested Authorities you
for inspection.	report to: 1
	Did was sweetle a same of same as seen
	Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [x] No []

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

.♥ Ontario

Ministry of the Ministère de Environment l'Environnement

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?
[X] Install required equipment
[X] Install required equipment [] Repair required equipment
[] Replace required equipment
Describe
No significant expenses were incurred. UV B chlarine

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	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
Date Feb (HPL	7500		Recample	Feb 5
Feb 18	HPC	11		Shock Resemble	Feb 19
Feb 25	HPC	n		11	Fet 16
Mar	Ecoli			New Well	
70/215	HPL	>100		Resample	1017 12
101/21	HPL	h		11	1015 22
J1147B	HPC	b.		Shock 3 Resorbs Resarble	July 29
Avc. 10	HPC	2(00		Resample	A15. 10
Sept. 32	HPC	502		r	Send. 30
					1
	<u> </u>	<u> </u>		<u> </u>	

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

Number	Range of E.Coli	Range of Total	Number	Range of HPC
of	or Fecal	Coliform	of HPC	Results



Ministry of the Ministère de Environment l'Environnement

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

			(#-#)	Samples	Results (#-#)	Results (#-#)	Samples	
7 0 4 0 3 12	0-720	12	0-7500	. 15	0-5	0-4	184	Raw
34 0-0 0-0 27 0-502			0-502	27	0-0	0-0	84	
04 10-502			10- 5021	104		0-0	104	

15

Morewood Rec.

2004

Γ	Treated	Treated	Distribution
]		1	
	NO2	NO3	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
Schedule 24	Treated Water
Fluoride	Treated Water
Lead	Distribution
Sodium	Treated Water

last collected last collected last collected last collected

ed			
ed			
ed			
ed	Dec. 2004	<0.001	2009
ed			

5years 5years 5years 5years 5years Client: MOREWOOD COMMUNITY HALL WELL SUPPLY

1919 County Rd. 7 Morewood, ON K0A 2R0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number:

2424434

Date:

2004-12-22 2004-12-20

Date Submitted: MOE DWIS UPLOAD:

2407863

Project:

P.O. Number:

VOICE: OCVVA Chesterville				r.o. Number.			
				Matrix:		Supply Water	r
	LAB					GUIDELINE	
	Sample Da	ate: 2004-12-20					
	Sample	ID:				DE REG. 170/	
PARAMETER		DL DISTRIBUTION			TYPE	LIMIT	UNITS
	mg/L 0.0	001			MAC	0.01	mg/L
Mc 23/04							

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

А٢	۳	к	יט	v	٩L	_:	

Ewan McRobbie Inorganic Lab Supervisor

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY

1919 County Rd. 7 Morewood, ON KOA 2RO

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

2004-08-18 2415383 Report Number: Date Submitted:

Project:

2004-08-16 2405068 Morewood Community Hall MOE DWIS UPLOAD:

P.O. Number: Matrix:

UNITS mg/L mg/L **MOE REG 170/03** Supply Water GUIDELINE LIMIT 0.0 0.0 TYPE MAC DISTRIBUTION 2004-08-16 Morewood Rec Hall d d 335927 Sample Date: Sample ID: LAB ID: MDL 0.10 UNITS mg/L mg/L PARAMETER N-NO3 (Nitrate) N-NO2 (Nitrite)

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

Inorganic Lab Supervisor Ewan McRobbie

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY

1919 County Rd. 7 Morewood, ON

K0A 2B0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number:

2419528

Date:

2004-10-19

Date Submitted:
MOE DWIS UPLOAD:

2004-10-13 2406464

Project:

Morewood Comm Hall

P.O. Number:

Matrix: Supply Water

								Matrix:		Supply Water	
			LAB ID:	347518						GUIDELINE	
		Samı	ole Date:	2004-10-12							
			mple ID:	MC/04					l	OE REG 170	/OO
				Morewood			ł	}	1	OE NEG 170/	03
				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
		}	l	1				,	į		
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MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration Comment:

APPROV	AL:
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Ewan McRobbie Inorganic Lab Supervisor

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client 1919 County Rd. 7

1919 County Rd. Morewood, ON K0A 2R0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number:

2421613

Date:

2004-11-11 2004-11-08

Date Submitted:
MOE DWIS UPLOAD:

2407001

Project:

Morewood Rec Centre

P.O. Number:

Matrix:

Supply Water

						 Matrix:		Supply Water	
		LAB ID:	353672					GUIDELINE	
	Samp	ole Date:	i i						
			worewood				١	OF DEC 470	200
			Rec Hall				l ™	OE REG 170/	03
			1						
PARAMETER	UNITS	MDL	DISTRIBUTION				TYPE	LIMIT	UNITS
VOLATILE ORGANIC COMPOUNDS - VOCs									
Bromodichloromethane	ug/L	0.3	<0.3						
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		Î			MAC	100	ug/L
VOC SURROGATES			32.2						_
Toluene-d8	%		99						
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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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 07-Jan-04

DATE REPORTED: 12-Jan-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Rec

WATERWORKS NO.

	Parameter Nar	ne:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Met	hod:	MOE E3371	MOE E3371	MOE E3371	
	Date Analyzed		07-Jan-2004	07-Jan-2004	07-Jan-2004	
Client I.D.	Date Collected			<u> </u>		
Morewood Rec			<1	< 1	36	

Dure Jon 12/04 Foxed

Krystyna Pipin

M.D.L. = Method Detection Limit

Lab Supervisor

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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 14-Jan-04

DATE REPORTED: 16-Jan-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO.

	Parameter Nar	ne:	Total Coliform	E coli	Heterotrophic Plate Count			
	Units: M.D.L.:		cts/100mL	cts/100mL	cts/1mL 2			
	Reference Met	Reference Method:		iod: MOE E33	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 all B04-891-1 13-Jan-04			,	,			
Morewood Community Hall			<1	<1 V	434	 [

Jein/6/04 BH fated jour

Krystyna Pipin



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 19-Jan-04

DATE REPORTED: 21-Jan-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Coditionally Hall

WATERWORKS NO. 260031668

	Parameter Nan	ne:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Met	Reference Method:		MOE E3371	MOE E3371	
	Date Analyzed:		19-Jan-2004	19-Jan-2004	19-Jan-2004	
Client I.D.	Date Sample I.D. Collected					
Morewood Community Hall	B04-1188-1 19-Jan-04		< 1	< 1	460	

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Krystyna Pipin

M.D.L. = Method Detection Limit



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 26 Jan-04

DATE REPORTED: 28-Jan-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO. 260031668

	Parameter Nan	ne:	Total Coliform cts/100mL	E coli cts/100mL	Heterotrophic Plate Count	
	Units:				cts/1mL	
	M.D.L.:		1	1 MOE E3371	2	
	Reference Met	Reference Method:			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 ~	د 1 د	<2 -	

Jan 28/04 Dove

Krystyna Pipin



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 03-Feb-04

DATE REPORTED: 05-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123

Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO. 260031668

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

adverse.
resamples collected
resamples collected
Sean.

Krystyna Pipin

M.D.L. = Method Detection Limit



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 06-Feb-04

DATE REPORTED: 09-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO. 260031668

	Parameter Nan	ne:	Total Coliform	E coli	Heterotrophic Plate Count		
	Units: M.D.L.: Reference Method:		cts/100mL 1 MOE E3371	cts/100mL 1 MOE E3371	cts/1mL		
					2		
					MOE E3371		
	Date Analyzed:		06-Feb-2004	06-Feb-2004	06-Feb-2004		
Client I.D.	Date ent i.D. Sample I.D. 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.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 09-Feb-04

DATE REPORTED: 11-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO .:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO. 260031668

	Parameter Name: Units:		Total Coliform	E coli	Heterotrophic Plate Count			
			cts/100mL	cts/100mL	cts/1mL			
	M.D.L.:	M.D.L.: Reference Method:		1	2			
	Reference Met			MOE E3371	MOE E3371			
	Date Analyzed:		09-Feb-2004	09-Feb-2004	09-Feb-2004			
Client I.D.	Sample I.D. Date Collected				ć			
Morewood Community Hall	B04-2796-1	09-Feb-04	< 1	<1	152			

Charles La

Krystyna Pipin Lab Supervisor

M.D.L. = Method Detection Limit

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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 16-Feb-04

DATE REPORTED: 18-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO. 260031668

	Parameter Nan	ne:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units: M.D.L.: Reference Method:		cts/100mL	cts/100mL 1 MOE E3371	cts/1mL	
			1		2	
			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 V	> 500	

Adverse Resampled Feb 19/04

Nowe Febr 19104 Cared

> 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.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 20-Feb-04

DATE REPORTED: 23-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO.

	Parameter Nan	ie:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
			1	1 MOE E3371 20-Feb-2004	2	
			MOE E3371		MOE E3371	
			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	

som favore Som favore Dave

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 23-Feb-04

DATE REPORTED: 25-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

Morewood Community Hall

WATERWORKS NO. 260031668

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

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

pave 66/04

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 27-Feb-04

DATE REPORTED: 01-Mar-04 SAMPLE MATRIX: Drinking Water **Caduceon Environmental Laboratories**

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

OCWA

WATERWORKS NO. 260031668

	Parameter Nan	ie:	Total Coliform	E coli	Heterotrophic Plate Count	, r
			cts/100mL 1 MOE E3371	1 MOE E3371	cts/1mL	
					2	
					MOE E3371	
			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	

Lesambe Por Pour 104 Cated.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 01-Mar-04

DATE REPORTED: 03-Mar-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:		E coli	Heterotrophic Plate Count	
	1,0,0,0,0,0		cts/100mL	cts/100mL	cts/1mL	
			1		2	
			MOE E3371	MOE E3371	MOE E3371	
				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	

pare nor3/04

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 08-Mar-04

DATE REPORTED: 10-Mar-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	9:	Total Coliform	E coli	Heterotrophic Plate Count		
	Units:		cts/100mL	cts/100mL	cts/1mL		
	M.D.L.:		1	1	2		
			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			500)	
Morewood Community Hall - Kitchen Tap	B04-4995-1 08-Mar-04		5	4	500	, 	

- New Inspection done
- New Inspection done
- Recomples collected
- Boil water issued.
- all top handles off.

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 10-Mar-04

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

Caduceon Environmental Laboratories

2378 Holly Lane

Land In

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

OCWA

WATERWORKS NO. 260031668

Parameter Nam	e:	Total Coliform	E coli	Heterotrophic Plate Count	· · · · · · · · · · · · · · · · · · ·	
Units: M.D.L.:		cts/100mL ct	cts/100mL	cts/1mL		
		1	1	2		
Reference Meth	Reference Method:		MOE E3371	MOE E3371		
Date Analyzed:		10-Mar-2004	10-Mar-2004	10-Mar-2004		
Sample I.D.	Date Collected					
B04-5246-1	09-Mar-04	1	<1/	> 500) m	
	Units: M.D.L.: Reference Meth Date Analyzed: Sample I.D.	M.D.L.: Reference Method: Date Analyzed: Date Sample I.D. Date Collected	Coliform	Coliform	Coliform Plate Count	Coliform Plate Count

Down 104 Rosamber Rosamber Rosamberse Adverse

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 09-Jul-04 DATE REPORTED: 14-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123

Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Name) :	Total Coliform	E coli	Background	Heterotrophic Plate Count	
	Units:	Units: M.D.L.:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:			1 1	1	2	
	Reference Method: Date Analyzed:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	
			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	< 1	> 2000		

1 diluted due to high background level

Adverse.
Still posted.
Resample.

Krystyna Pipin, M. Sc.

Lab Supervisor

M.D.L. = Method Detection Limit

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



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 12-Jul-04

DATE REPORTED: 14-Jul-04 SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: (613)526-0123

Fax (613)526-1244

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.: Reference Method:		1	11	2	
			MOE E3407	MOE E3407	MOE E3371	
	Date Analyzed:		12-Jul-2004	12-Jul-2004	12-Jul-2004	
Client I.D. Morewood Community Hall	Sample I.D. B04-16798-1	Date Collected 12-Jul-04	<1 ~	<1	(<2 U	

New Treatment auntem
New Well with now system
Sample with 15th
Dave John 15/04

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 14-Jul-04 DATE REPORTED: 16-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123 Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

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

Double 19/04 good 2014 Sample Jood 2nd Sample JP



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 19-Jul-04

DATE REPORTED: 21-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

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

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

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

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

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 19-Jul-04

DATE REPORTED: 21-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123 Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:			
	Units:		cts/1mL		
	M.D.L.:		2		
			MOE E3371		
			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.



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 22-Jul-04 DATE REPORTED: 26-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: (613)526-0123

Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam			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 Meth	od:	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			V <1	<1	<2V
Raw Hose Bib	B04-17923-2	22-Jul-04	<1 /	<1 /			> 500 🗸

Resample Results. Desults.

Krystyna Pipin, M. Sc.

M.D.L. = Method Detection Limit



(Division of Caduceon Enterprises Inc.)

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

al Drive P.O Box 460

DATE RECEIVED: 26-Jul-04 DATE REPORTED: 28-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123 Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	Total Coliform	E coli	Background	Heterotrophic Plate Count	Total Coliform
	Units:	Units:		cts/100mL	cts/100mL	cts/1mL	cts/100mL
	M.D.L.:		1	1	1	2	1
	Reference Meth	od:	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 L	<1_	<1		
Morewood Community Hall - Treated	B04-18090-2	26-Jul-04				> 500 -	< 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.



(Division of Caduceon Enterprises Inc.)

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

DATE REPORTED: 28-Jul-04

DATE RECEIVED: 26-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: (613)526-0123

Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	E coli	Background		
	Units:	Units:		cts/100mL		
			1	1		
			MOE E3407	MOE E3407		
			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 V	<1		

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123 Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Name	e:	Total Coliform	E coli	Background	Total Coliform	E coli
	Units:	Jnits:		cts/100mL	cts/100mL	cts/100mL	cts/100mL
	M.D.L.:		1	1	1	1	1
	Reference Meth	od:	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 Nose Bib	B04-18633-2	29-Jul-04	<1 ~*	<1 -	> 200 -		

Dur 3 Resarre Results

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123 Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:				
	Units:		cts/1mL			
	M.D.L.:		2			
	Reference Method:		MOE E3371			
	Date Analyzed:	Date Analyzed:				
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.



(Division of Caduceon Enterprises Inc.)

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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B04-18733

Carpingally Sall

Report To:

Ontario Clean Water Agency - Morewood Communi

5 Industrial Drive P.O Box 460 Chesterville ON K0C 1H0 Attention: Dave Markell

DATE RECEIVED: 05-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: (613)526-0123

Fax (613)526-1244

JOB/PROJECT NO.:

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 Meth	nod:	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 V	<1
Raw Hose Bib	B04-18733-2	03-Aug-04	<1	<1	147 -		

aug 6/04

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

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

IN KOC 1H0 Jave Markell

DATE REPORTED: 05-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: (613)526-0123 Fax (613)526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

WATERWORKS NO. 260031668

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		11011111	4 1 4 2		
100	Contract Contract	X in this same	Secretaria de la constante	A. Married	

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

ang 6/04

Krystyna Pipin, M. Sc.



Final Report

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

DATE RECEIVED: 09-Aug-04 DATE REPORTED: 11-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:		E colí	Background	Total Coliform	E coli
	Units:	Units:		cts/100mL	cts/100mL	cts/100mL	cts/100mL
	M.D.L.:		1	1	1	1	1
	Reference Meth	Reference Method:		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				<1 ~	<1-
Raw Hose Bib	B04-19309-2	09-Aug-04	<1 V	<1 -	1 _		

Aprend 7500 Aug. 12 Aug. 10 Ame Aug. 10 Perairs Perairs Ers purp Cla Report electrical don Ers purp

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.



Final Report

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

DATE RECEIVED: 09-Aug-04

DATE REPORTED: 11-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	ie:	Heterotrophic Plate Count			
	Units:	Units:				
	M.D.L.:	M.D.L.:				
	Reference Meth	Reference Method:				
	Date Analyzed:		09-Aug-2004			
Client I.D.	Sample I.D.	Date Collected			•	
3 Kitchen Sink Tap	B04-19309-1	B04-19309-1 09-Aug-04				
Raw Hose Bib	B04-19309-2			7		

Caduceon Environmental Laboratories.

Krystyna Pipin, M. Sc.



Final Report

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

DATE REPORTED: 13-Aug-04

SAMPLE MATRIX: Drinking Water

DATE RECEIVED: 11-Aug-04

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

Nous 15/24 Rosample

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	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:	Date Analyzed:		11-Aug-2004	11-Aug-2004	
Client I.D.	Sample I.D.	Date Collected		٤		
Morewood Community Hall - Treated	B04-19613-1 10-Aug-04		< 1~	<1	<2/	



C.O.C.: C-00953

REPORT No. B04-19980

Final Report

Report To:

Ontario Clean Water Agency - Morewood Communi

5 Industrial Drive P.O Box 460 Chesterville ON K0C 1H0 Attention: Dave Markell

DATE RECEIVED: 16-Aug-04

DATE REPORTED: 18-Aug-04 SAMPLE MATRIX: Drinking Water Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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		-2		
			Date Collecte	ed:	16-Aug-2004	16-Aug-200	04		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed					
Total Coliform	cts/100mL	1	MOE E3371	16-Aug-04		< 1	KA		
E coli	cts/100mL	1	MOE E3371	16-Aug-04			V	/	
Background	cts/100mL	1	MOE E3371	16-Aug-04		<14			
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				

ALL

Krystyna Pipin, M. Sc.



Final Report

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

DATE RECEIVED: 23-Aug-04

DATE REPORTED: 25-Aug-04 SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: 613-526-0123

Fax 613-526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:		E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Meth	od:	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			<i>i</i>	
Morewood Community Hall - Treated	B04-20581-1	23-Aug-04	<1 /	<1 ✓	194 .	

now 26/04

M.D.L. = Method Detection Limit



Final Report

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

DATE RECEIVED: 30-Aug-04

DATE REPORTED: 01-Sep-04 SAMPLE MATRIX: Drinking Water **Caduceon Environmental Laboratories**

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: 613-526-0123

Fax 613-526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.: Reference Method:		1	1	2	
			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.





Final Report

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

DATE RECEIVED: 30-Aug-04 DATE REPORTED: 01-Sep-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: 613-526-0123

Fax 613-526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:		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	

Sept 1/04



Final Report

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

DATE RECEIVED: 07-Sep-04

DATE REPORTED: 09-Sep-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 613-526-0123 Fax 613-526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	Parameter Name:		E coli	Background	Total Coliform	E coli
	Units:	Units:		cts/100mL	cts/100mL	cts/100mL	cts/100mL
	M.D.L.:			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	< 1		
Morewood Hall Treated	B04-21925-2	07-Sep-04				<1 C	< 1

part 10/04



Final Report

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

DATE RECEIVED: 07-Sep-04 DATE REPORTED: 09-Sep-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

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

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

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

Krystyna Pipin, M. Sc.



Final Report

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

DATE RECEIVED: 13-Sep-04

DATE REPORTED: 15-Sep-04 SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

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

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Name: Units: M.D.L.: Reference Method:		Total Coliform	E coli	Heterotrophic Plate Count	
			cts/100mL	cts/100mL	cts/1mL	
			1	1	2	
			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 <i>ب</i>	474	

Dave 16/04 Sept 16/04



Final Report

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

DATE RECEIVED:

DATE REPORTED: 22-Sep-04 SAMPLE MATRIX: Drinking Water Caduceon Environmental Laboratories

2378 Holly Lane

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

JOB/PROJECT NO .:

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam			E coli	Heterotrophic Plate Count		
			cts/100mL	cts/100mL	cts/1mL	 	
			1	1	2		
			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 V	<1	47 V		

Supt 23/04

Krystyna Pipin, M. Sc.



Works #: 260031668

SGS Lakefield Research Limited

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Friday, October 01, 2004

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

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.

0d.1/04

Carrie Greenlaw Project Coordinator

Environmental Services. Analytical

Adverse Reported
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Perampled
Sept. 30/04
Sept. Recample
Sept. Accorded



Morewood Community Works #: 260031668

SGS Lakefield Research Limited

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Thursday, October 07, 2004

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

Date Rec.: 05 October 2004

5 Industrial Drive, PO Box 460

LR Report: CA17084-OCT04

Copy:

#1

Phone: 613-448-3098 Fax:pdf format

Chesterville, ON, K0C 1H0

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.

Project Coordinator

Environmental Services, Analytical

Dave of 7/04

Dave of 7/04

Paw for Odi

Righ Back sround

High Ecoli

Mates

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P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Friday, October 15, 2004

Works #: 260031668

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	<u></u>	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.

One 1/02

Carrie Greenlaw Project Coordinator



P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Thursday, October 21, 2004

Morewood Community Hall Works #: 260031668

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

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 & 7	emperature	Total	E.Coli Hetero. Plate		
	Time	Upon Receipt °C	Coliform cfu/100mL	cfu/100mL	Count CFU/1mL	
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.

Done Dore 21/04

Carrie Greenlaw

Project Coordinator



P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Dave 0 27/04

Thursday, October 28, 2004

Works #: 260031668

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

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 & 7	emperature	Total	E.Coli I	letero. Plate
	Time	Upon Receipt °C	Coliform cfu/100mL	cfu/100mL	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.

Project Coordinator



P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

Works #: 260031668

OCWA-Chesterville (Morewood Community Ctr)

Thursday, November 04, 2004

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

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	ResCI Free	Total Coliform cfu/100mL	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	<u> </u>	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.

Project Coordinator



P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

Phone: 705-652-2038 FAX: 705-652-6441

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

OCWA-Chesterville (Morewood Community Ctr)

Thursday, November 11, 2004

Morewood Community Ctr Works #: 260031668

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

Date Rec.: 09 November 2004

LR Report: CA17418-NOV04

Copy:

#1

Phone: 613-448-3098 Fax:pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & 1	Temperature	ResCl Free	Total	E.Coli	Hetero. Plate
	Time	Upon Receipt °C		Coliform cfu/100mL	cfu/100mL	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	· 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 12104

Carrie Greenlaw Project Coordinator



Moorewood Community Hall Works #: 260031668

SGS Lakefield Research Limited

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

Thursday, November 18, 2004

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

Date Rec.: 16 November 2004

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

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.

Dure 18/04

"Carrie Greei∕llaw Project Coordinator



Morewood Community Hall Works #: 260031668

SGS Lakefield Research Limited

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville (Morewood Community Ctr)

November 25, 2004

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

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	ResCI Free	Total Coliform cfu/100mL	E.Coll 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	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.

Dure Nov 25/04

Kimberley Didsbury

Project Coordinator



Works #: 260031668

SGS Lakefield Research Limited

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO Phone: 705-652-2038 FAX: 705-652-6441

Thursday, December 02, 2004

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

Date Rec.: 30 November 2004

5 to durable I Drive BO Bay 400

OCWA-Chesterville (Morewood Community Ctr)

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	/ o'	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.

Carrie Greenlaw

Project Coordinator

Environmental Services, Analytical

Owe 2/04



P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

Phone: 705-652-2038 FAX: 705-652-6441

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 Thursday, December 09, 2004

260031668

Date Rec. :

Works #:

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 🗸	o	
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.

Dure 10/04

Carrie Greenlaw Project Coordinator



P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, PO Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

OCWA-Chesterville

Thursday, December 16, 2004

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

Date Rec.: 14 December 2004

LR Report: CA17449-DEC04

Works #: 260031668

Copy:

#1

Phone: 613-448-3098 Fax:pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	ResCI 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. Der 17/04

Carrie Greenlaw Project Coordinator



OCWA-Chesterville (

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

Phone: 705-652-2038 FAX: 705-652-6441

Thursday, December 23, 2004

Morewood Community Hall Works #: 260031668

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

Sommunity City /

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

LR Report:

Date Rec. : 2004

Copy:

#1

Phone: 613-448-3098 Fax:pdf format

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date &		ResCl Free	Total	E.Coli	Hetero. Plate
	Time	Upon Receipt °C		Coliform cfu/100mL	cfu/100mL	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			WIL

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

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY

LABORALORIES LTD

1919 County Rd. 7

Morewood, ON KOA 2R0

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number: Date:

2004-12-31 2004-12-29

2424787

2408011

MOE DWIS UPLOAD: Date Submitted:

Project:

ct/100mL ct/100mL UNITS ct/1mL MOE REG. 170/03 Supply Water GUIDELINE LIMIT 0 200 MAC MAC MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration P.O. Number: Matrix: DISTRIBUTION 2004-12-29 Morewood Cmty. Hafi-, ٥. 362601 Treated LABID Sample Date: Sample ID: MDK UNITS ct/100mL ct/100mL ct/1mL 100 15 200 C) PARAMETER Heterotrophic Plate Count Escherichia Coli Total Coliforms

8-146 Colonnade Road, Ottawa, ON, K2E 7Y1

608 Norris Court, Kingston, ON, K7P 2R9



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 MOH To **Company** 268-606 (Fax Number From Date **Number of Pages** page) Subject Ha 11

Ministry of the Environment Ministère de l'Environnement

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	Exceeds Standard	d Phys/Ch	em Exceeds Standard	cical Exceeds Standard
indicator of Adverse Water observations or test result; no ass			Details: HPC > 500	0
Oral Notification to SPILLS A	CTION CENTRE			
Date 05-02 - 04	Time 09: 43	AWQI Not	ification No (s)	** ******
Person Contacted Mary			DWS EMERGENCY CONTACT	
DWS Name	mainte He II		Name Dave Marke	<i>[(</i>
DWS Name Morewal Com DWS (Waterworks) #	31668		Position Process Tec	h
DWS Person Providing Oral Not			Phone # (613) 447 3098	Fax # (613) 448 1616
Oral Notification to MEDICAL		ALTH	CORRECTIVE ACTION(S) TAKE	
Date 05 -03 - 64			Resample/Re-test	✓ Yes No
			Disinfectant Restored/ Increased	☐Yes⊿⊀o
Irène M	archand		Flushing Mains/Pipes	□Yes No
Position Admin /	lassistant.		Users Advised to Boil/Seek Alternate	□Yes 🛂 🗖 o
Phone # (800)36 > - 7130	Fax # (613)933	7930	OTHER - Describe:	
DWS Person Providing Oral Not	ification			
Initial DWS Notification Prepa	and by:		Other information attached	
_	Lian	<u>Vei</u>	llvux	· · · · · · · · · · · · · · · · · · ·
Signature June Verl	hul		Date 05 -02 -0	4
SECTION 2 (b) – NOTICE	,	JTION – Se	ect. 16-9 O Reg. 170/03	
Date Resolved:		Date Reso	olution Notice Provided:	
Summary of Action Taken and	Results Achieved (ir	nclude test r	esults showing water quality is no longe	er adverse)
Prepared By:	S	ignature:		Date:
For Ministry Use Only:			Report No.	

Notice of Adverse Test Results and Other Problems

Page 3 of 4

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 Feb 06 2004 8:43am

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

More wood Library.

Ontario

Minister de Environment l'Environment Drinking-Water Systems Regulation O. Reg 170/03

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse	Micro ZExceeds Standard Ph	vs/Chem IBAccens Standard	diological Exceeds Standard
Water Quality			ofA/Order Exceeds Limit
Oral Notification to SP	ILLS ACTION CENTRE		
Person Contacted:	ma.	Date: Feb 5th, 2004	Time: 10:44
Person Notifying: Karen	Warburton		17778
	uceon Environmental Labs	Laboratory Emergency Cont	act Name Krystyna Pipin
Address 2378 Holly Lar		Position Lab Supervisor	
Telephone # of Lab (G1		Phone # (613) 526-0123	Fax # (613) 526-1244
Drinking-Water System	(DWS) Name	DWS Emergency Contact	
Morewood Community	Hall	OCWA	
DWS (Waterworks) # 26	0031668	Name Dave Markell	
Location		Position	
Telephone # of Waterwo	rks (613) 448-3098	Phone # (613)448-3098	Fax # (613)448-1616
Oral Notification to Dr	inking-Water System Owner	Oral Notification to Local Mo	edical Officer of Health
Person Contacted Dave	Markeli	Person Contacted Irene March	and
Position		Position	
Date Feb 5th, 2004	Time 9:22	Date Feb 5th, 2004	Time 9:19
Laboratory Written No (Lab Results must be att	tification Prepared by: sched using Section 3 of this form)	Karen Warburton	
Signature Alan	(runtin)	Date (10/2 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

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(V) Ontario

Ministry of the Ministère &

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	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type/ Location Identifier	<u> </u>			P-A/ 100mL Confirmed		Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/V)	Date - Data Approved (M/D/Y)
No.					Total Coliforms	TC Back- ground	E. coli					
XF3CC	Byl-2371-1			Morewood Community Holl		/	/		>500	2/3/04	3/5/OH	2/5/01

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

Physical/Chemical/Radiological Testing

	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Fime Sample Collected (M/D/Y)	DWIS Sample Type / Location Identifier	Parameter	Result	Unit of Measure			Date - Data Approved (M/D/Y)
								<u> </u>		
Results A	uthorized By: Ka	ren Warburton	<u></u>		Auth	orization Dat	^{e:} Feb 5th, 2	004		
For Ministry Use Only: Report No.:										

Notice of Adverse Test Results and Other Problems Notice of Issue Resolution at Drinking Water Systems Page 4 of 4



Chesterville Hub 5 Industrial Drive, P.O. Box 460 Chesterville, Ontario KOC 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 www.ocwa.com

Fax MOH To Company Fax Number From Date (including this page) **Number of Pages** Resolution Subject

Ontario

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality Micro Exceeds Standard Phys/C	Radiological Exceeds Standard	ard
	CofA/Order Exceeds Limit	
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 No 09: 43	tification No (s)	
Person Contacted Mary Imm	DWS EMERGENCY CONTACT	
DWS (Waterworks) #	Name Dave Markell	
DWS (Waterworks) #	Position Process Tech.	
DWS Person Providing Oral Notification Lan Villanz	Phone # (613) 447 309 Fax # (613) 448 223-1571	7
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:	
Date 07-03 - 64 Time 07-40	Resample/Re-test Yes No	o
Person Contacted	Disinfectant Restored/ Increased Yes No	0
Irène Marchanol	Flushing Mains/Pipes Yes No	0
Position Admin Assistant	Users Advised to Boil/Seek Alternate	ó
Phone # (900)26 > -7130 Fax # (613)933 7930	OTHER - Describe:	
DWS Person Providing Oral Notification	Other information attached	
Initial DWS Notification Prepared by:	Wx	
Initial DWS Notification Prepared by: Signature Signature Line Line Signature Line L	Date 05 -02-04	
The same of the sa		
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Se	ect. 16-9 O Reg. 170/03	
Date Resolved: Feb 9/04 Date Reso	olution Notice Provided: Feb 9/04	\neg
Summary of Action Taken and Results Achieved (include test r		
- resample collected		ļ
- results attached		
Prepared By: Signature:/	Data	\dashv
Dave Marker Signature	ave hurter Feb 9/04	
For Ministry Use Only:	Report No.	

Notice of Adverse Test Results and Other Problems

Page 3 of 4

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



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 06-Feb-04

DATE REPORTED: 09-Feb-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO .:

P.O. NUMBER:

Morewood Library

WATERWORKS NO. 260031655

	Parameter Nar	Parameter Name:		E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Met	hod:	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	

M.D.L. = Method Detection Limit

Lab Supervisor

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

Log for OCWA 613 448-1616 Feb 09 2004 2:42pm

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



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

То	MOH MOE
Company	
Fax Number	933-7930 8002686061
From	BLAIR Honoinson
Date	FEB 18/04
Number of Pages	(including this page)
Subject	Abvinsé WATER
Aua	1 # 23164
	E WOOD COMMUNITY HALL
·	

(Tontario

Ministry of the Ministère de Environment l'Environneme

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	Tradition Land Land Land Land Land Land Land Lan								
Indicator of Adverse Water observations or test result; no ass			Details: HPC > 500						
Oral Notification to SPILLS A									
Date FEB18, 2004 Person Contacted JULIE	Time 9.07	AWQI Not	ification No (s) 23/64						
	and the second second		DWS EMERGENCY CONTACT						
DWS Name MOREWOOD CO DWS (Waterworks) # 2600	OMMUNITY HA	LL_	Name DAUE MARK						
DWS (Waterworks) # 2600	31668		Position PROCESS TEC.	4					
DWS Person Providing Oral Not SLAIR HON	itication		Phone # (6/3)/44-3098	Fax # (613)448-1616					
Oral Notification to MEDICAL	OFFICER OF HEA	LTH	CORRECTIVE ACTION(S) TAKE	N BY OWNER:					
Date FEB 18, 2004 Person Contacted	Time 09:00		Resample/Re-test	₩ Yes No					
Person Contacted ADAS (A			Disinfectant Restored/ Increased	□Yes☑No					
10421	7-		Flushing Mains/Pipes	☐ Yes ℤNo					
Position Specine	PROJECTS		Users Advised to Boil/Seek Alternate	☐Yes ☑No					
Phone # (800) 267-7120	Fax # (613) 933	7930	OTHER - Describe: SHOCK PLYMBING WITHO	CHLORIN E					
DWS Person Providing Oral Not	ification								
Initial DWS Notification Prepa	ared by: Rings	Han n	Other information attached						
Signature 11	DITTIC,	Tone	Date - 70 /K 12 //						
Signature Slave Ha	oli		Date FEB 18, 2004						
SECTION 2 (b) - NOTICE	OF ISSUE RESOLUT		•						
Date Resolved:		Date Reso	olution Notice Provided:						
Summary of Action Taken and	Results Achieved (inc	clude test r	esults showing water quality is no long	er adverse)					
Prepared By:	Si	gnature:		Date:					
For Ministry Lice Only:			Report No.						

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

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

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Ministry of the Ministère de

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiolog	ical Testing									
IDWA	Laboratory	Laboratory	Date/Time -	Sample Type & Sample	Hembra	ne Filtration Cou	nt / 100 mL	P-A /	HPC / 1mL	Date - Data
Notification	Submission 10	Sample (0	Sample	Location				100mL		Approved
Record No.			Collected	U Untrealed*			In A to LEA	Confirmed		(vyyy/mm/dd)
		ľ	(yyyyimri/dd)	T Treated**	Total	Total Colform				
i i				D Distribution	Coliforms	Background	Fecal G. IFC			
J3164		3323-1	2001/02/16	Markusped Com- 101 munity Hall Sink top-Kitchen 10			Ø£C □FC	THE COLUMN	2500	2004/02/18
				UU 10 00			□£C □fC			
							D€C DFC	□ TC □ EC □ 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	(vvvv/mm/dd)	Sample Type & Sample Location U Untreated* T Treated* D Distribution	Parameter	Resuli(s)***	Unit of Measure	Standard	Date - Data Approved (yyyy/mm/dd)
				□□□ □□□					
				000					
				0 0 0 0					

Authorization (
Singalura V /a / / /	Name	Date	YYYY	MM	OD C
I Made History	Karen Warburton	Ĭ	2004	02	18

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

^{*} Only for Drinking Water Systems that are not currently recuired under O.Reg. 170/03 to treat their crinking-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.



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

NOTICE OF ADVERSE TEST RESULTS AND OTHER PROBLEMS and NOTICE OF ISSUE RESOLUTION 2t DRINKING-WATER SYSTEMS

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Micro Exceeds Standard Phys/C	hem Exceeds Standard Radiological Exceeds Standard
Water Quality	CofA/Order Exceeds Limit
Ural Notification to SPILLS ACTION CENTRE	
Person Contacted:	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	DWS Emergency Contact
Morewood Community Hall	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 Natification to Drinking-Water System Owner	Oral Notification to Local Medical Officer of Health
Person Contacted Blair Fenderson	Person Contacted Idaha
Position	Position
Date Feb 18th, 2004	Date Feb 18th, 2004 Time 8:47
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) Karen	
Signature Manuruson	Date Feb 18th, 2004

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version February 3, 2004)

Page 2 of 4



Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario KOC 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 www.ocwa.com

Fax	
То	MOH MOE
Company	
Fax Number	933-7930 268-6061
From	Dave Markell
Date	Feb-26/04
Number of Pages	(including this page)
Subject	ISSUE ROSOLUTION
AWQ	L # 23164
Morew	ood Community Hall
	· · · · · · · · · · · · · · · · · · ·

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Ministry of the Ministère de Environment l'Environnemen

Drinking-Water Systems Regulation O. Reg 170/03

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

Water Quality Micro Exceeds Standard Phys/Chem Exceeds Standard Phys/Chem Exceeds Standard CofA/Order Exceeds Limit CofA/Order Exceeds Limit CofA/Order Exceeds Limit CofA/Order Exceeds Limit Details: HPC > 500 Oral Notification to SPILLS ACTION CENTRE Date FEB/8, 2004 Person Contacted JULIEN DWS EMERGENCY CONTACT DWS Name Moleculous Community Hall DWS (Waterworks) # 2600 31668 DWS Person Providing Oral Notification When # (W3) WH 30H Fax # (W3) HW/W Oral Notification to MEDICAL OFFICER OF HEALTH Oral Notification to Medical Notification Presson Contacted Flushing Mains/Pipe Prossion Contacted Oral Notification Prepared by: Uses Action (S) Taken By Owner: Signature DWS Person Providing Oral Notification Other information attached Other information attached Other information attached Other information attached Other information attached Other information attached Other information attached Other information attached Other information attached Other information attached Other inform		
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 FB 8, DOY	Indicators of Adverse Water Quality Micro Exceeds Standard Phys/6	Chem Exceeds Standard
Oral Notification to SPILLS ACTION CENTRE Date FLB 18, 2004 Timp 9.07 AWQI Notification No (s) 23/64 Person Contacted JULIEN DWS EMERGENCY CONTACT DWS Name MORENOO Community Hall Position Places TECH DWS (Waterworks) # 2600 31668 DWS Person Providing Oral Notification Phone # (6/3) 444-308 Fax # (6/3) 444-46 DWS Person Providing Oral Notification Phone # (6/3) 444-308 Fax # (6/3) 444-46 Date FB 18 204 Time 0 900 Resample/Re-test President Restored/Increased President R	£ .	CofA/OrderExceeds Limit
Date F18/8 2004 Timb 9:07 AWQI Notification No (s) 23/64 Person Contacted FULLEN DWS Ame MOREHOUS COMMUNITY HALL DWS (Waterworks) # 2600 3/668 DWS Person Providing Oral Notification BLAIR HENDERS ON Phone # (6/3) WY - 309 Fax # (6/3) WW/W Oral Notification to MEDICAL OFFICER OF HEALTH Date F18/8, 2004 Time 0900 Resample/Re-test Distinfectant Restored/ Increased IYes No Person Contacted ISSUER Advised to Boil/Seek Alternate IYes No Phone # (800) 267-7/20 Fax # (6/3) 933-7930 OTHER - Describe: SHORE HENDERS ON Other information attached Date F28/1/2004 Signature Land Hender OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: Land Hender OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: Land Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (900) Perpared By: Community Hall Date: Feb. 18/8 Advised to Date: Feb. 26/04 Date: Feb. 26/04 Position Paccass TECH Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Position Paccass Tech Pos		Details: HPC > 500
Person Contacted JULIEN DWS Name MORRISON COMMUNITY HALL DWS (Waterworks) # 2600 31668 DWS Person Providing Oral Notification BLAIR HENDERS ON Oral Notification to MEDICAL OFFICER OF HEALTH Date IEB 18, 2004 Prosition SPECIAL PROJECTS Disinfectant Restored/ Increased Prosition SPECIAL Disinfectant Restored/ Increased Press Advised to Boil/Seek Alternate Press Office of Notification DWS Person Providing Oral Notification SUSPENDE ON Notification Prepared by: BLAIR HOSENSON Other information attached Date IEB 18, 2004 Date Resolved: DWS Person Provided: DWS Person Pro		
Person Contacted JULIEN DWS Name MORRISOD COMMUNITY HALL DWS (Waterworks) # 2600 31668 DWS Person Providing Oral Notification BLAIR HENDERS ON Oral Notification to MEDICAL OFFICER OF HEALTH Date PERSON Person Contacted Person Contacted Prosition Providing Oral Notification Phone # (W3) WY - 309Y Fax # (W3) WWF/W Preson Contacted Disinfectant Restored/ Increased Preson Position Prosition Providing Oral Notification Providing Oral Notification Providing Oral Notification Disinfectant Restored/ Increased Preson Providing Oral Notification Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification DWS Person Providing Oral Notification Other information attached Other information attached Date Provided: DWS P		otification No (s) 23/64
DWS Person Providing Oral Notification Date FEB 18 2004 Time 0900 Resample/Re-test Disinfectant Restored/ Increased Yes No Prosition SPCTIM PROJECTS DWS Person Providing Oral Notification Phone # (6/3) YYY-3098 Fax # (6/3) YYY-1/N CORRECTIVE ACTION(S) TAKEN BY OWNER: Date FEB 18 2004 Time 0900 Resample/Re-test Disinfectant Restored/ Increased Yes No Flushing Mains/Pipes Yes No Prosition SPCTIM PROJECTS Users Advised to Boil/Seek Alternate Yes No Phone # (800) 267-7/20 Fax # (6/3) 933-7930 STHER-Describe: SHOCK PLUMBING WITHCHLORUNE DWS Person Providing Oral Notification Date With How Seed of the information attached Initial DWS Notification Prepared by: Blank How Seed of Date Feb/18, 2004 SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: FU 33/DY Date Resolution Notice Provided: FW 26/8 Y Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resomble (900d) Person Provided: FW 26/8 Y Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resomble (900d) Person Provided: FW 26/8 Y Prepared By: When May Kell Signature: Signature: Signature: Signature: Date: Prepared By: Collected Resolution May Kell Signature: Signature: Signature: Date: Prepared By: Prepared By: Prepared By: Signature: Signature: Signature: Signature: Signature: Date: Propared By: Prepared By: Signature:	Person Contacted JULIEN	DWS EMERGENCY CONTACT
DWS Person Providing Oral Notification Date FEB 18 2004 Time 0900 Resample/Re-test Disinfectant Restored/ Increased Yes No Prosition SPCTIM PROJECTS DWS Person Providing Oral Notification Phone # (6/3) YYY-3098 Fax # (6/3) YYY-1/N CORRECTIVE ACTION(S) TAKEN BY OWNER: Date FEB 18 2004 Time 0900 Resample/Re-test Disinfectant Restored/ Increased Yes No Flushing Mains/Pipes Yes No Prosition SPCTIM PROJECTS Users Advised to Boil/Seek Alternate Yes No Phone # (800) 267-7/20 Fax # (6/3) 933-7930 STHER-Describe: SHOCK PLUMBING WITHCHLORUNE DWS Person Providing Oral Notification Date With How Seed of the information attached Initial DWS Notification Prepared by: Blank How Seed of Date Feb/18, 2004 SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: FU 33/DY Date Resolution Notice Provided: FW 26/8 Y Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resomble (900d) Person Provided: FW 26/8 Y Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resomble (900d) Person Provided: FW 26/8 Y Prepared By: When May Kell Signature: Signature: Signature: Signature: Date: Prepared By: Collected Resolution May Kell Signature: Signature: Signature: Date: Prepared By: Prepared By: Prepared By: Signature: Signature: Signature: Signature: Signature: Date: Propared By: Prepared By: Signature:	DWS Name MOREWOOD Community HALL	Name DAVE MARKAL
DWS Person Providing Oral Notification Phone # (6/3) 446-3098 Fax # 6/3 446-16/16 SLANE HENDERS ON Oral Notification to MEDICAL OFFICER OF HEALTH CORRECTIVE ACTION(S) TAKEN BY OWNER: Date FEB 18, 2004 Time 0900 Resample/Re-test Mayes Note Mayes	DWS (Waterworks) # 2600 31668	Position PROCESS TECH
Date FEB 18, 2004 Time 0900 Resample/Re-test Person Contacted Person Contacted Presson Specific Projects Users Advised to Boil/Seek Alternate Phone # (800) 267-7120 Fax # (618) 933-7930 OTHER - Describe: State Restored Fundamental Date Feb 18 John Milital DWS Notification Disinfectant Restored/ Increased Presson Providing Oral Notification Other information attached Other information attached Date Feb 18 John Signature Lland Haw Date Date Signature Lland Haw Date Date Signature Lland Haw Date Feb 18 John Date Resolved: Feb 26/84 Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resonable (900d) Results a Hawhed Prepared By: Prepared By: Prepared By: Signature: Distinfectant Restored/ Increased Dyses No Flushing Mains/Pipes D	DWS Person Providing Oral Notification	Phone # (6/3)448-3098 Fax # (6/3)448-16/6
Person Contacted Person Contacted Position Position Position Phone # (800) 267-7/20 Fax # (6/3) 933-7930 Other information attached Initial DWS Notification Plant Hand Hand Date Part Hand Hand Date Part Hand Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date Part Hand Date	Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:
Flushing Mains/Pipes Position SPCTIME PROJECTS Users Advised to Boil/Seek Alternate Phone # (800) 267-7120 Fax # (613) 933-7930 OTHER - Describe: SHOCK PLUMBING WITHCHLORINE DWS Person Providing Oral Notification BLAIK HELDERSON Initial DWS Notification Prepared by: BLAIK HENDERSON Signature Collected Plumbing Date Provided: Collected Plumbing Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Plumbing Oral Notice Prepared By: War Markel Signature: Signature	Date FEB 18, 2004 Time 09:00	Resample/Re-test Yes No
Flushing Mains/Pipes Position SPCTINE PROJECTS Users Advised to Boil/Seek Alternate Yes No Phone # (800) 267-7/20 Fax # (613) 933-7930 OTHER - Describe: SHOCK Plumbing withCHLORINE DWS Person Providing Oral Notification PLAIK HENDENSON Other information attached Initial DWS Notification Prepared by: BLAIR HENDENSON Signature Date FOULY, 2004 SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: FU 3/04 Date Resolution Notice Provided: Ful 26/04 Prepared By: Collected Resolution Signature: Signature: Signature: Signature: Signature: Signature: Ful 26/04 Prepared By: BAUX Markel! Signature: Signature: Ful 26/04	Person Contacted	Disinfectant Restored/ Increased Yes No
Phone # (800) 267-7120 Fax # (613) 933-7930 OTHER-Describe: SHOCK PLUMBING WITHCHLORINE DWS Person Providing Oral Notification Stank Howsenson Other information attached Initial DWS Notification Prepared by: Bignature Signature Date Date Fill Joy Date Resolved: Fill Joy Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Pesants Attached Signature: Warn Markel Signature: Signature: Date: Frepared By: Date: Frepared By: Date: Fill J6/04	INALIA	Flushing Mains/Pipes □Yes⊠No
Phone # (800) 267-7120 Fax # (613) 933-7930 OTHER-Describe: SHOCK PLUMBING WITHCHLORINE DWS Person Providing Oral Notification Stank Howsenson Other information attached Initial DWS Notification Prepared by: Bignature Signature Date Date Fill Joy Date Resolved: Fill Joy Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Pesants Attached Signature: Warn Markel Signature: Signature: Date: Frepared By: Date: Frepared By: Date: Fill J6/04	Position SPECIAL PROJECTS	Users Advised to Boil/Seek Alternate
DWS Person Providing Oral Notification Stank Howerson Initial DWS Notification Prepared by: Bain Honoessan Signature Lland Howerson SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: Ful 33/Dy Date Resolution Notice Provided: Ful 36/Dy Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resonable (900d) Results a Hacked. Prepared By: What Markel Signature: What Markel Signature: Date: Tell 26/04	Phone # (800) 267-7/20 Fax # (613) 933-7930	OTHER - Describe: Sure & Plumphia G. ITH C. HLORIN E
Initial DWS Notification Prepared by: BAIR Honoesson Signature Bland Haw Date FEB/8, 2004 SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: Ful 3/DY Date Resolution Notice Provided: Fel 26/84 Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (900d) Results a Hacked Prepared By: Signature: Date: Fell 26/84	DWS Person Providing Oral Notification	·
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: Feb 3/Dy Date Resolution Notice Provided: Feb 26/84 Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (900d) Results a Hacked. Prepared By: Date: Feb 26/04	Initial DWS Notification Prepared by: 2	Other information attached
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03 Date Resolved: Feb 3/Dy Date Resolution Notice Provided: Feb 26/84 Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (900d) Results a Hacked. Prepared By: Date: Feb 26/04	Detil you	TENSON
Date Resolved: Felt 3/24 Date Resolution Notice Provided: Felt 26/84 Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (9000) Results a Hacked. Prepared By: Markel Signature: Date: Felt 26/84	Signature Glan Ha of	Date FEB/8, 2004
Date Resolved: Felt 3/04 Date Resolution Notice Provided: Felt 36/04 Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (900d) Results attached. Prepared By: Date: Felt 26/04	SECTION 2 (b) _ NOTICE OF ISSUE RESOLUTION = S	/
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse) Collected Resample (good) Results a Hached Prepared By: War Markel Signature: Date: Feel 26/04	3D0110112 (0) 1101101 01 110110101011011	
Collected Resample (good) Results attached Prepared By: Date: Fel 26/04	1000109	100 76/09
Prepared By: Dave Markel/ Signature: Date: Fel 26/04	Summary of Action Taken and Results Achieved (include test	results showing water quality is no longer adverse)
Prepared By: Dave Markel/ Signature: Date: Fel 26/04	Collected Resample (90	pod)
Wave Markell Law Juke Fel 26/04	Results attached.	
Wave Markell Law Juke Fel 26/04		
Wave Markell Law Juke Feb 26/04	Prepared By: Signature:	Date:
For Ministry Use Only: Report No.	Wave Harkell	levilace Fel 26/04
	For Ministry Use Only:	Report No.



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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 Nar	ne:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Met	hod:	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	

Som tower En 36/04

Krystyna Pipin, M. Sc.

Lab Supervisor

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

•	Last Transaction	

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



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

То	moH	MOE	
Company			
Fax Number	933-7930	800-268-6061	
From	DAVE MAN	CHEC	
Date	DAVE MAN FOB 25/04		
Number of Pages	(including this p	page)	
Subject	ADVENSE US.	ara	
MORE	wood commo	UNITY CENTRE	-
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Ministry of the Ministère de Environment l'Environnement

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 Exceeds Standa	rd Phys/Cl	hemExceeds Standard	gical Excee	
Indicator of Adverse Water Quality (operational observations or test result; no associated lab notificat		Details: >500 Hf	PC	
Oral Notification to SPILLS ACTION CENTRE				
Date Feb 25/04 Time 9:50	AWQI Not	rification No (s) 23334		
Person Contacted SAM	-1	DWS EMERGENCY CONTACT		
DWS Name Morewood Comm. Cert	tre	Name Dave Markell		
DWS (Waterworks) # 260031668		Position Process Tech.		
DWS Person Providing Oral Notification Dase Markey		Phone # (613) 449-309 B	Fax # (613	1616
Oral Notification to MEDICAL OFFICER OF HE	EALTH	CORRECTIVE ACTION(S) TAKE	N BY OWNE	R:
Date Feb. 25/04 Time 9:45		Resample/Re-test	Z.	Yes∏No
Person Contacted	· · · · · · · · · · · · · · · · · · ·	Disinfectant Restored/ Increased		Yes No
Adalia		Flushing Mains/Pipes		Yes⊠No
Position Special Projects		Users Advised to Boil/Seek Alternate	C	Yes ⊠ No
Position Special Projects Phone # (900) 267-7120 Fax # (613) 93	3-7930	OTHER - Describe: SHOCK PL WITH CHLORINE	UMBING	S & Stem
DWS Person Providing Oral Notification Dave Make!		Other information attached		
Initial DWS Notification Prepared by:	Mark	e (/		
Signature are Market		Date Fel 25/04		
SECTION 2 (b) – NOTICE OF ISSUE RESOL	UTION – Se	ect. 16-9 O Reg. 170/03		
Date Resolved:	Date Reso	olution Notice Provided:		
Summary of Action Taken and Results Achieved (include test re	esults showing water quality is no longe	er adverse)	
Prepared By:	Signature:		Date:	
For Ministry Use Only:		Report No.		

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

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



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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 Exceeds Standard Phys/C Water Quality	hem Exceeds Standard CofA/Order Exceeds Limit
Oral Notification to SPILLS ACTION CENTRE	
Person Contacted: PAVL	Date: FEB. 35, 2004 Time:
Person Notifying: Desi Delistoyanova	AWQI Notification Nu (a) 23334
Laboratory Name: Caduccon	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 MOREWOOD COMMUNITY HALL	ONTARIO CLEAN WATER AGENCY
DWS (Waterworks) # 2600 3166 8	Name
Location	Position
Telephone # of DWS (613) 448-3098	Phone # (613)448-3098 Fax # (613)448-166
Oral Notification to Drinking-Water System Owner	Oral Notification to Local Medical Officer of Health
Person Contacted DAVE HARKELL	Person Contacted IDALIA
Position	Position
Date FEB. 35, 2004 Time 9:43 AM	Date <u>F€B. 25</u> , 2004 Time 9:52 AM
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form) Desi	Delistoyanova
Signature	Date FCB. 25, 2004

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version February 3, 2004)

Page 2 of 4

Page 4 of 4

Drinking-Water Systems Regulation O. Reg 170/03

For Indicators Listed in Drinking-Water Systems Regulation Adverse Analytical Results

SECTION 3:

Minisière de l'Environaembri

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

401101	Physical Chemical/Radiological Testing	cal Testing				Result(s)***	United	Unit of Standard Date - Data	Date - Data
AWG	Leboratory	Laboratory	Date/Time -	Sample Type & Sample Locadon	Leiler.		Measure		Approved (sysys/mm/dd)
Notification	Submission	Caralle 1	Collected	Universited	-				
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Authorization	ion			101-100		Date	<u></u>		3 3
Signature				Maine Comment of Comme	470	유 -	7000	80	95
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Orly for Drinking Water Systems-hall are For Currently recuired under O.Reg. 170/03 to treat their cirriking-water.

*** I' you are reporting Triha omethanes, please include the quarterly sample result followed by the calculated running annual average value.

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

(PIES 444£ Version February 3, 2004)

(P) Ontario

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Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse	Dadialasias Evanada Standard				
Water Quality Micro Exceeds Standard Phys/Cl	Radiological Exceeds Standard				
Z II, ii, ii,	CofA/Order Exceeds Limit				
Indicator of Adverse Water Quality (operational / on-site	Details:				
observations or test result; no associated lab notification)	>500 HPC				
Oral Notification to SPILLS ACTION CENTRE					
1 120 6 104 1 7,50	ification No (s) 23334				
Person Contacted SAM	DWS EMERGENCY CONTACT				
DWS Name Morewood Comm. Certre	Name Dave Markell				
DWS (Waterworks) # 260031668	Position Process Fech.				
DWS Person Providing Oral Notification	Phone # (613) 4413-305 B Fax # (613)				
Dave Markey	148-1616				
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:				
Date Feb. 25/04 Time 9:45	Resample/Re-test Yes No				
Person Contacted	Disinfectant Restored/ Increased Yes No				
Adalia	Flushing Mains/Pipes Yes No				
Position Special Projects	Users Advised to Boil/Seek Alternate				
Phone # (800) 267-7120 Fax # (613) 933-7930	OTHER-Describe: SHOCK PLUMBING SYSTEM				
DWS Person Providing Oral Notification					
/\					
Initial DWS Notification Prepared by: Other information attached					
Signature Oure Martin	Date Fel 25/04				
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Se	ct. 16-9 O Reg. 170/03				
Date Resolved: Man 1/04 Date Reso	olution Notice Provided: Man (/ OL/				
Summary of Action Taken and Results Achieved (include test re	eculte showing water quality is no longer adverse)				
- Resample Collected. OK					
- Resample Collected. OIC - results attached.					
- Icsuris avainates					
Prepared By: // Signature:	1 Date:				
Dan Markell Lau	re Aar Je Parte 1/04				
For Ministry Use Only:	Report No.				

Notice of Adverse Test Results and Other Problems

The state of the second

Page 3 of 4

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



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 27-Feb-04

DATE REPORTED: 01-Mar-04
SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

OCWA

WATERWORKS NO. 260031668

	Parameter Nan	ie:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Met	nod:	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	

Krystyna Pipin, M. Sc.

Lab Supervisor



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
 \(\sum_{\text{\text{\$\subset\$}}} \) \(\sup_{\text{\$\tex{

AWOI# 23639

Water to facility off until Problem Resolved.

Following.

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

AWRI 23689 3 23688 a seperate facilities using the same supply well.



Ministry of the Environment l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse			Radiole	ogical Exceeds Standard		
Water Quality Micro	Exceeds Standar	d Phys/Cl	nemExceeds Standard	<u> </u>		
	`	,,-		Order Exceeds Limit		
Indicator of Adverse Water observations or test result; no ass			Details: Ecoli 4			
			Tcoli 5			
Oral Notification to SPILLS A		AWOLN				
Date Mar 9/04	1 ime 9:38	AWQI Not	ification No (s) 23639			
Person Contacted Valerie	<u> </u>		DWS EMERGENCY CONTACT			
DWS Name Morewood DWS (Waterworks) # 2600	Community	Hall	Name Dave Marke (1			
DWS (Waterworks)# 2600	31668		Position Process Tech	`		
DWS Person Providing Oral Noti	ification		Process Tech Phone # (613) 449-3098	Fax #() - 1616		
Oral Notification to MEDICAL	OFFICER OF HEA	ALTH	CORRECTIVE ACTION(S) TAKE			
Date 9/04 Person Contacted	Time 8:30		Resample/Re-test	∑Yes∏No		
			Disinfectant Restored/ Increased	□Yes⊠No		
Adalia	Milar		Flushing Mains/Pipes	□Yes⊠No		
Position Special Pr	vojects	· · · · · ·	Users Advised to Boil/Seek Alternate	¥Yes∏No		
Phone # (800) 167-7140		7930	OTHER-Describe: Water off until We	11 inspected		
DWS Person Providing Oral Noti	fication					
Dave Markell Initial DWS Notification Prepar	red by: A		Other information attached			
Initial DWS Notification Prepar	Have 1	Mark	(()			
Signature Que Na	Dul		Date Mar 9/04			
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sect. 16-9 O Reg. 170/03						
Date Resolved:		Date Reso	lution Notice Provided:			
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)						
Prepared By:	ls:	gnature:		Date:		
ı	31	B-10141 C.		Date.		
For Ministry Use Only:			Report No.			

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

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



Chesterville Hub 5 Industrial Drive, Chesterville, Ontario KOC 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To	<u>MoE</u>	МоН	
Fax Number	(800) 268-6061	(800) 267-7120	
From	Dave Markell		
Date	Mar 11/04		
Number of Pages Subject:	(including this pa	ge)	
AWOI# 237	57		
Morewoo	od Community	centre.	
	all cesand		



Ministry of the Ministère de Environment l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse							
	ard phys/Ci	hem Exceeds Standard Radiolo	gical Exceeds Standard				
<u> </u>	r nys/Ci	CofA/O	rder Exceeds Limit				
Indicator of Adverse Water Quality (operation	al / on-site	Details:					
observations or test result; no associated lab notification		T. Coli (1)					
		1.0011					
Oral Notification to SPILLS ACTION CENTRE							
Date May 11/04 Time 10:49	AWQI Not	ification No (s) 23757					
Person Contacted May		DWS EMERGENCY CONTACT					
DWS Name More wood Commo	units Centre	Name Dave Marky	(/				
DWS (Waterworks) # 260031668		Position Process Tech					
DWS Person Providing Oral Notification		Phone # (613) 418.3098	Fax # (613)				
Dave Markell			448-1616				
Oral Notification to MEDICAL OFFICER OF H	EALTH	CORRECTIVE ACTION(S) TAKE	EN BY OWNER:				
Date Mw 11 /04 Time 10:	40	Resample/Re-test	□Yes⊠No				
Person Contacted		Disinfectant Restored/ Increased	□Yes⊠No				
Adalia		Flushing Mains/Pipes	☐ Yes X No				
		Trading Plants Tipes	Test Area				
Position Special Project		Users Advised to Boil/Seek Alternate	Yes□No				
Phone # (800)267 - 7120 Fax # (613)93	33-7930	OTHER-Describe: Water OFF					
DWS Person Providing Oral Notification	1 //						
h							
Initial DWS Notification Prepared by:	Initial DWS Notification Prepared by: Dave Marke (/						
Signature Our Arutell		Date Mar 1/04					
SECTION 2 (b) – NOTICE OF ISSUE RESO	LUTION - Se	ect. 16-9 O Reg. 170/03					
Date Resolved:	Date Reso	olution Notice Provided:					
Summary of Action Taken and Results Achieved	(include test re	esults showing water quality is no long	er adverse)				
	(
							
Prepared By:	Signature:		Date:				
For Minister Use Only	<u> </u>	Danaut No.					
For Ministry Use Only:		Report No.					

Notice of Adverse Test Results and Other Problems

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

Page 3 of 4

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

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



Chesterville Hub 5 Industrial Drive, Chesterville, Ontario KOC 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To	<u>MoE</u>	<u>MoH</u>	
Fax Number	(800) 268-6061	(800) 267-7120	
From	Dave Markell		
Date	Mar 12/04		
Number of Pages	(including this page	e)	
Subject:	Adverse Water		
AWOI# 235	339		
Morewood	od Communit	to Cat	
HDC	>500		

Ministry of the Ministère de Environment l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

Éxceeds Standar	d Phys/Cl	hem Exceeds Standard		Exceeds Standard
			CofA/Order	Exceeds Limit
		Details: HPC > S	500	
TION CENTRE				
ime/0:20	AWQI Not	ification No (s) 238	39	
,		DWS EMERGENCY CON	ITACT	
monity C	entre	Name Dave Ma	nkell	
31668		Position Process T	ah.	
cation ((Phone # (613) 448-30	SR Fax #(613) 3-1616
FFICER OF HEA	LTH	CORRECTIVE ACTION(S		
me/0:1B	·	Resample/Re-test	<u></u>	☐ Yes No
		Disinfectant Restored/Increa	sed	☐Yes No
	Ī	Flushing Mains/Pipes		☐ Yes No
ojets.				Y'es □ No
x#(613)933	-7530	OTHER - Describe:	~ OFF	
ation Kell	1		_	
Iby: Dave	Ma	arkell		
		Date Mar 12/06	<u></u>	
ISSUE RESOLUT		,		
	Date Resolu	ution Notice Provided:		
sults Achieved (inc	lude test res	sults showing water quality is	no longer adverse)
Sig	nature:		Date:	
	F	Report No.		
	ality (operational stated lab notification CENTRE time 10:20 MANUAL TO COMMUNITY COMU	Jality (operational / on-site stated lab notification) FION CENTRE Sime / O: 20 AWQI Not Seation (OFFICER OF HEALTH OFFICER OF HEALTH OFFICER OF HEALTH OFFICER OF HEALTH OFFICER OF HEAL	DWS EMERGENCY CON DWS EMERGENCY CON Name Dave Mac Position Process 7 Phone # (613) 448-36 OFFICER OF HEALTH CORRECTIVE ACTION(8) The Disinfectant Restored/ Increase Flushing Mains/Pipes Users Advised to Boil/Seek Action Well Other information attached Date Mac 1 406 Date Resolution Notice Provided: Sults Achieved (include test results showing water quality is	Details: Details: Details:

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

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



Chesterville Hub
5 Industrial Drive,

Chesterville, Ontario K0C 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

То	MoE	MoH	
Fax Number	(800) 268-6061	(800) 267-7120	
From	Dave Markell		
Date	40/61 7/06		
Number of Pages Subject:	(including this) Adverse Water	page)	
AWOI# 2915	2 H	PC >500	
Nere	wood Ro	\subset	



Ministry of the Environment Ministère de l'Environnement

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 Exceeds Standard Phys/Chem Exceeds Standard Radiological Exceeds Standard					
	CofA/O	Order Exceeds Limit			
Indicator of Adverse Water Quality (operational / on-sit	te Details:				
observations or test result; no associated lab notification)	HPC>500				
Oral Notification to SPILLS ACTION CENTRE					
Person Contacted Samuer Janet	I Notification No (s)	29152			
Person Contabled Sange Janet	DWS EMERGENCY CONTACT				
DWS Name Morewood Community Hall	Name Dave Markell Position Process Tech Phone # (6/3) 448-3098				
160031668	Position Process Ted	b			
DWS Person Providing Oral Notification	Phone # (6/3)	Fax # (613)			
Dave Markell	448-3078	448-1616			
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKE	EN BY OWNER:			
Person Contacted Idalia. (answer machine)	Resample/Re-test	¥es□No			
Person Contabled	Disinfectant Restored/ Increased	□Yes□No			
	Flushing Mains/Pipes	□Yes□No			
Position Special projects.	Users Advised to Boil/Seek Alternate	☐Yes ☐No			
Phone # (900) 267 - 7120 Fax # ()933 - 793	OTHER - Describe:				
DWS Person Providing Oral Notification Dave Marke (
Initial DWC Notification Proposed house	Other information attached				
Dave 1	Markell				
Signature Jaw Nard	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 t	test results showing water quality is no long	er adverse)			
`	1	or ua. 1100)			
Prepared By: Signatur	re:	Date:			
For Ministry Use Only:	Report No.				

(Ontario

Ministry of the Ministers ou Environment | Environments

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 LABORATURY

Indicators of Adverse Micro Exceeds Standard Phys/C	hemioxceeds Standard
Oral Notification to SPILLS ACTION CENTRE	
Person Contacted: Daveles	Date: July 12/04 Time: 10:40
Person Notifying: Vina	AWQI Notification No (u) 29/52
Laboratory Name: Caducaon Fine Lab.	Laboratory Emergency Contuct Name Kayatyna Pipin
Address 2378 Kolly Lane, Ottarca	Position Lab Supervisor
Telephone # of Lab (6/3) 526 - 0/23	Phone # (6/3)526-023 Fax # (6/3)526-1244
Drinking-Water System (DWS) Name Morew and COUKA, Chesterville; Community Mol	DWS Emergency Contact
DWS (Waterworks) # 26 00 31 668	Name Dave Markell
Locution 3 sink kitchen tap	Position
Telephone # of DWS (6/3) 448 - 3098	Phone # (6/3) 448-3098 Fax # (6/3) 448-1616
Oral Notification to Drinking-Water System Owner	Oral Notification to Local Medical Officer of Health
Person Contacted Dave Markell	Person Contacted Da Iren Marchard
Position	Position
Date July 12/04 Time 10:30	Date July 12/04 Time 10:35
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form)	na Okonskaia
Signature Closery	Date Teeley 12/04
	

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 44448 Version February 3, 2004)

Page 2 of 4

(®) Ontario

Drinking-Water Systems Regulation O. Reg 170/03 Adverse Analytical Results

Ministry of the Ministère de Environment l'Environment

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Authorization Signature

Micro	biol	oaica	al Te	stina
-------	------	-------	-------	-------

AWQI Botification Record No.	Laboratory Submission ID	Laboratory Sample ID		Sample Type & Sample Location U Untreated*	Membrana Filtration Count/ 100 mL		P-A / 100mL Confirmed	100mL		
				Treated** D Distribution	Total Coliforms	Total Coliform Background				(;yyy/mm/dd)
19152	00460	B04-16689	04/04/08				□£C □FC	□rc	7 500	04/67/12
						·	□£C □fC	10 FC		
				0 0 0 0			□£¢ □F¢			

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	(yyyy/mm/dd)	Sample Type & Sample Location U Untreated* T Treated** D Distribution	Paramoter	Resull(s)*^^	Unit of Measure	Standard	Date - Data Approved (ryyy/mm/dd)
			·						

Λ (
Only for Drinking Water Systems;	that are not currently required u	inder O Reg. 170/03 to treat their drinking-wa	ler.

lloxon

Name

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

Date

2004

N.M O+

[&]quot; Refers to treatment point or entry point samples.

¹⁴ If you are reporting Trihalomethanes, please include the quarterly sample result followed by the calculated running annual average value.

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

Last Transaction

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



Chesterville Hub
5 Industrial Drive,

Chesterville, Ontario K0C 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

То	MoE MoH
Fax Number	<u>(800)</u> 268-6061 <u>(800)</u> 267-7120
From	Dave Markell
Date	July 9/04
Number of Pages	(including this page)
Subject:	Adverse Water
AWOI# 2915	2 HPC >500
ISSUE	Resolution
Resam	ele good
•	



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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 Nam	ie:	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	

Krystyna Pipin, M. Sc.

Lab Supervisor



Ministry of the Ministère de Environment l'Environneme

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 Exceeds Standard Phys/C	Radiological Ex	ceeds Standard
Phys/C	CofA/Order Ex	ceeds Limit
Indicator of Adverse Water Quality (operational / on-site	Details:	
observations or test result; no associated lab notification)	1 HPC>500	
Oral Notification to SPILLS ACTION CENTRE		
Date July 12/04 Time 11:12 AWQI Not	tification No (s)	52
Person Contacted Separate Janet AWQI Not Person Contacted Separate Janet	DWS EMERGENCY CONTACT	
DWS Name Morewood Community Hall	Name Dave Markell	
DWS (Waterworks) # 260031668	Position Process Tect. Phone # (613) 448 3098 Fax # (6	
DWS Person Providing Oral Notification	Phone # (6/3) Fax # (6	(3)
Dave Markell	448-309B 441	9-1616
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OW	
Date JJ JOY Time / 10: 10 Person Contacted	Resample/Re-test	Yes□No
Idalia (answer machine)	Disinfectant Restored/ Increased	□Yes□No
idaha (answer macrane)	Flushing Mains/Pipes	□Yes□No
Position Special Projects.	Users Advised to Boil/Seek Alternate	□Yes□No
Phone # (900) 267 - 7120 Fax # ()933 - 7930	OTHER - Describe:	
DWS Person Providing Oral Notification		
Dave Markell	Other information attached	
Initial DWS Notification Prepared by: Dave Ma	inkel1	
Signature Car Nand	Date 12/04	
	1 / 3 /	
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Se	ct. 16-9 O Reg. 170/03	
Date Resolved: June 14 104 Date Reso	olution Notice Provided: John 19/014	ø
Summary of Action Taken and Results Achieved (include test re	esults showing water quality is no longer adverse)	
- Besample Collected.		
- Results good.		
- Attached		
Prepared By: Dave Marke (1 Signature:	an Newtur Date:	, 19/04
For Ministry Use Only:	Report No.	7.70

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

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



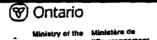
Chesterville Hub
5 Industrial Drive,

Chesterville, Ontario K0C 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To	<u>MoE </u>
Fax Number	(800) 268-6061 (800) 267-7120
From	Dave Markell
Date	July 21/04
Number of Pages	(including this page)
Subject:	Adverse Water
AWOI# 297	77
Morewood	od Community Centre



Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse			Radiological Exceeds Stand
Water Quality Micro Exceeds Sta	ndard Phys/C	hem Exceeds Standard	CofA/Order Exceeds Limit
Man One liter (on a wife, (on		In	
indicator of Adverse Water Quality (operations or test result; no associated lab notified the second	fication)	Details: HPC >5	00
Oral Notification to SPILLS ACTION CENTE	₹E		
Date 101421/04 Time/4:36	AWQI No	tification No (s) 297	77
Person Contacted Brandon		DWS EMERGENCY CON	TACT
DWS Name Morewood Community	ty Centre	Name Dave Markell	
DWS (Waterworks) # 260031668		Position Process Te	rch
DWS Person Providing Oral Notification Dave Markel 1		Phone # 613)448-30	
Oral Notification to MEDICAL OFFICER OF	HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:
Person Contacted Time 4: 34	<u></u>	Resample/Re-test	Yes□No
Person Contacted		Disinfectant Restored/ Increas	sed Yes No
Adalia.		Flushing Mains/Pipes	☐ Yes No
Position Special Project		Users Advised to Boil/Seek A	Iternate Yes No
Phone # (800) 367-7120 Fax # (613)9		OTHER - Describe:	
DWS Person Providing Oral Notification Dave Monkell		Other information attached	
Initial DWS Notification Prepared by:	ve Nond	W/	
Signature Lave Durling		Date 10/04	
SECTION 2 (b) – NOTICE OF ISSUE RESC	OLUTION - Se	ct. 16-9 O Reg. 170/03	
Date Resolved:	Date Reso	lution Notice Provided:	
Summary of Action Taken and Results Achieved	d (include test re	sults showing water quality is r	no longer adverse)
Prepared By:	Signature:		Date:
For Ministry Use Only:		Report No.	

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

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



Ministry of the Ministre de Environment l'Univernement

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 / Exceeds Standard Phys/	kem Exceeds Standard Radiologica	Radiological Exceeds Standard				
Water Quality		ler 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 (6) 29777					
Laboratory Name: Caduceon Environmental Laboratory	Laboratory Emergency Contact Name	Kryetyna Pipin				
Address 2378 Holly Lane, Ottawa	Position Supervisor					
Telephone # of Lab (613) 526-0123		613) 526-1244				
Drinking-Water System (DWS) Name	DWS Emergency Contact					
Morewood Community Hall						
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 Offi	cer 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 Natification Prepared by:	tyna Pipin					
Signature	Date 2004/07/21					
1						

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version February 3, 2004)

Page 2 of 4





(Ontario

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Microbiological Te	stina
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AWQI Natification Record No.	Laboratory Submission ID	Laboratory Sample ID		Sample Type & Sample Location U Untreated*	Location Unireated ¹			P-A / 160mL Confirmed	KPC / 1mL	Date - Date Approved (yyyy/mm/dd)
00777				D Distribution	Total Coliforms	Total Coliform Background				(vyymmau)
29777	00947	B04-17447	04/.07/19	0 0 0 0 0	<1	-	<1 ②€C □FC		>500	04/07/21
							□€C □FC			
				□u □r □0			□£C □£C			

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

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	Caboratory Submission IO	Laboratory Sample ID	(yyyy/mm/dd)	Saraple Type & Sample Location U Untreated* T Treated* D Distribution	Parameter	Result(s)***	Unit of Measure	Star dard	Date - Data Approved (vyyy/mmidd)
				U F O					
Authorizatio									

Authorization

Signature	1	_							
Signature	1.	! !			Name	Date			
X	Y 1		1.4			 Date	YYYY	MM	ÐD
	<u> </u>		n .		Krystyna Pipii		2004	107	121
" Only for Drinking W	later System	e that		1000mAh			200	107	141

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

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 annua average value.



Chesterville Hub 5 Industrial Drive, Chesterville, Ontario KOC 1H0

Tel: (613) 448-3098

Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To

1oE

MoH

Fax Number

(800) 268-6061

(800) 267-7120

From

Dave Markell

Date

July 26/04

Number of Pages

 \mathbf{Z} (including this page)

Subject:

Adverse Water

AWOI# 29777

Morewood Community Centre

Issue Resolution

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

Indicators of Adverse	Radiological Exceeds Standard
er Quality Micro Exceeds Standard Phys/C	hem Exceeds Standard CofA/Order Exceeds Limit
Water Quality (operational / op site	Detaile
indicator of Adverse Water Quality (operational / on-site	Details:
derivations or test result; no associated lab notification)	HPC >500
Oral Notification to SPILLS ACTION CENTRE	
10am 1.14 41104 1 14.56 1	tification No (s) 29777
Person Contacted Brandon	DWS EMERGENCY CONTACT
DWS Name Morewood Community Centre	Name Davie Markill
DWS (Waterworks) # 260031668	Position Process Tech
DWS Person Providing Oral Notification Dave Mark (Phone # (613) 448-3098 Fax # (613) 449-16/6
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:
Date July 21/04 Time 14: 35 Person Contacted	Resample/Re-test Yes No
Person Contacted	Disinfectant Restored/ Increased Yes No
Adalia.	Flushing Mains/Pipes YesXNo
Position Special Project	Users Advised to Boil/Seek Alternate
Phone # (800) 167-7120 Fax # (613) 933-7930	OTHER - Describe:
DWS Person Providing Oral Notification	Other information attached
Initial DWS Notification Prepared by:	Other information anachem.
Signature / / // / / / / / / / / / / / / / / /	Date / () / ()
Lave Warring	Date 10/4 21/04
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Se	ect. 16-9 O Reg. 170/03
Date Resolved: July 26/04 Date Reso	olution Notice Provided: Joly 26/04
Summary of Action Taken and Results Achieved (include test r	esults showing water quality is no longer adverse)
- Roxamble Collected.	
- Results Attached.	
	Data
Prepared By Dave Markel Signature:	Dure / rables Date: 15/7 26/04
For Ministry Use Only:	Report No.

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version July 9, 2003)

Page 3 of 4



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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

OC 1H0 Markell

DATE RECEIVED: 22-Jul-04
DATE REPORTED: 26-Jul-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

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

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	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 Meth	od:	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

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

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



Chesterville Hub 5 Industrial Drive, Chesterville, Ontario K0C 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To	MoE M	<u>loH</u>
Fax Number	(800) 268-6061 (80	0) 267-7120
From	Dave Markell	
Date Number of Pages Subject:	(including this page) Adverse Water	
5 00		
AWOI# 30139	Í	
Morewood	1 Community Cer	tre.
	· ·	



Ministry of the Ministère de Environment l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse			Radiolog	ical Exceeds Standar
Water Quality Micro Exceeds Standa	ard Phys/C	hem Exceeds Standard	CofA/Or	der Exceeds Limit
Undicator of Advarsa Water Quality (operations	1 /:4-	In		
Indicator of Adverse Water Quality (operationa observations or test result; no associated lab notificat		Details: HPC >	500	>
Oral Notification to SPILLS ACTION CENTRE				
Date 101728/04 Time 10:27	AWQI No	tification No (s) 3013	9	
Person Contacted Nicole		DWS EMERGENCY CON	TACT	
DWS Name Morowood Community	Centre	Name Dave Markel	1	
DWS (Waterworks) # 26031668		Position Process Te	••	
DWS Person Providing Oral Notification Dave Markel (Phone # (613)448-30	98	Fax#(613) 449~16/6
Oral Notification to MEDICAL OFFICER OF HE	EALTH	CORRECTIVE ACTION(S	S) TAKEN	BY OWNER:
Date 10128/04 Time 10:25	•	Resample/Re-test		Yes□No
Person Contacted		Disinfectant Restored/ Increa	sed	□Yes⊠No
Caroline Kvate (Machine))	Flushing Mains/Pipes		Yes□No
Position Health Inspector.		Users Advised to Boil/Seek A		☐ Yes No
Phone # (900) 167-7120 Fax # (613) 933	-7930	OTHER - Describe: dy shock plumbi	15 #F	lush.
DWS Person Providing Oral Notification Dane Marke (·	7	
Initial DWS Notification Prepared by:	e Mo	Other information attached		
Signature Avalue	<u> </u>	Date 1015 28/04		
CECTION 2 (1) NOTICE OF ICCUIT PROCES		7		
SECTION 2 (b) – NOTICE OF ISSUE RESOLU	UTION – Se 	ct. 16-9 O Reg. 170/03		
Date Resolved:	Date Reso	lution Notice Provided:		
Summary of Action Taken and Results Achieved (i	nclude test re	esults showing water quality is	no longer	adverse)
Prepared By:	Signature:		I	Date:
For Ministry Use Only:		Report No.		

Notice of Adverse Test Results and Other Problems

Page 3 of 4

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

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

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



Ministry of the Ministère de Professionales l'Environnelle

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	✓ Exceeds Standard	Phys/Chem Exceeds Standard	Radiological Exceeds Standard				
Water Quality			CofA/Order Exceeds Limit				
Oral Notification to SPILLS A							
Person Contacted: MICHAELA	YKE	Date: 2004/07/28	Time: 10:30am				
Person Notifying: HILDA ANTO	NY	AWQ1 Notification No (s) 30					
Laboratory Name: CADUCEO	N ENVIRONMENTAL L		entact Name KRYSTYNA PIPIN				
Address 2378 HOLLY LANE, O		Position LAB SUPERVISO	P				
Telephone # of Lab (613) 526		Phone # (613) 526-0123					
Drinking-Water System (DWS) Name	DWS Emergency Contact					
MOREWOOD COMMUNITY							
DWS (Waterworks) # 26003166	38	Name DAVE MARKELL					
Location		Position					
Telephone # of DWS (613)44	48-3098	Phone # (613) 448-3098	Fax # (613)448-1616				
()ral Notification to Drinking-	Water System Owner	Oral Notification to Local 1	Medical Officer of Health				
Person Contacted DAVE MARK	ELL	Person Contacted CAROLE	LEVERT				
Position		Position HEALTH-LINE NU	JRSC				
Date 2004/07/28	Time 10:06am	Date 2004/07/28	Time 10:15am				
Laboratory Written Notification (Lab Results must be attached us	on Prepared by: sing Section 3 of this form	n) HILDA ANTONY					
Signature Lusbertly		Date 2004/07/28					

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version February 3, 2004)

Page 2 of 4

® Ontario

Ministry of the Ministère ce Eminorment l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

Microbiological Testing

For Indicators Listed in Drinking-Water Systems Regulation **Adverse Analytical Results**

			- 		30139 C-00447					Notification Submi
						-			-	Submission
					804-18090				Cit endiane	Laboratory
					2004/07/26		(yyyy/mun/dd)	Callected	Sample	Date/Time -
						Distribution		U Untreated*	Location	Sample Type & Sample
				-		Coliforms	Total			Membra
				•		Background Fe	Total Coliform E.			Membrane Fittration Count /
	70	URC	ا ا	교도 공공		cal C	Coli EC			100 mL
근	<u> </u>	다. 공문	[편	111 202				Confirmed		
				*500						HPC / 1ml
				2004/07/28			Jyy/marau	The Control	_	Date - Data

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

Submission ID Sample Sample Sample Location Collected Unitrealed Unitrealed Distribution (vyyy/mra/dd) I Treated Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution Unitrealed Distribution	I/Chemical/Radiclogical Testing Laboratory Laboratory Sample iD Sample iD Sample iD Collected (vyyy/mra/dd) Treated** Distribution Analyticut Name Hand Alitony Name	C4 07 28	1	2			* Only for Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not currently required and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not considered and the Drilking Water Systems that are not c	ne the same said	that are not curr	cing Water Systems	Only for Dri.
Inc. Laboratory Sample iD Sample iD Sample Collected (yyyy/mre/dd) I Treategr Distribution Uluntreategr	I/Chemical/Radiclogical Testing Laboratory Laboratory Sample Sample ID Sample Collected (/yyy/mra/do) Treated** (yyy/mra/do) Distribution Treated** Treate	M.		Cate			HLDA ANTONY			hauburlifur-	i
Submission D Sample ID Sample Location Sample ID Sample Location Collected Uluntrealed* (yyyy/mrs/do) T Trealed* D Distribution	Inical/Radiclogical Testing Laboratory Laboratory Sample ID Sample ID Sample ID Cottected (/yyy/ima/dd) T Treated* D Distribution U Unfreates* D Distribution U Unfreates* D Distribution U Unfreates* D Distribution U Unfreates* D Distribution U Unfreates* D Distribution U Unfreates*									P	Authorizatio
Sample ID Sample ID Sample Sample Sample Collected (yyyy/mrs/do) Distribution University	y Date/Time - Sample Type & Sample Sample Location Collected Ulufreated* (yyyy/mm/dd) T Treated* D Distribution						UD				
Submission D Sample ID Sample Sample Location Sample ID Sample Location Collected Ulutrealed* (yyyy/mra/do) T Trealed* D Distribution	Sample Sample Collected Update										
Submission D Sample ID Sample Sample Location Sample ID Sample Location Collected Ulutreated* (vyyy/mre/do) T Treated* D Distribution	y Date/Time - Sample Type & Sample Sample Location Coffected Ulufrealed* (yyyy/mra/dd) T Treated* D Distribution							•			
Submission D Sample ID Sample Cottected (////////////////////////////////////	y Date/Time - Sample Type & Sample Sample Location Collected U Unitrealed* (vypy/inra/dd) T Treated* D Distribution						0-1				
Submission D Sample ID Sample Collected (yyyy/mra/dd) [yyyy/mra/dd] Sample Collected U Unitrealed* [yyyy/mra/dd] Distribution	y Date/Time - Sample Type & Sample Location Collected U Luntreater* (yyyy/mra/dd) T Treated* D Distribution						U				
Submission D Sample ID Sample Collected Unitrealed Coston (/yyy/inra/dd) T Trealed Distribution	y Date/Time - Sample Location Collected U Unfreated* (vyyy/mrs/dd) T Treated*										
Submission D Sample ID Sample Collected (yyyy/ma/dd) T Treated* D Distroution	y Date/Time - Sample Type & Sample Location Collected U University* (yyyy/mrs/dd) T Treated** D Distribution									-	
Submission D Sample ID Sample Collected U Uniterale 1 (yyyy/mra/dd) T Treated**	y Date/Time - Sample Type & Sample Sample Location Collected Ulufrealed*						D Distribution				
Submission D Sample ID Sample Location Coffected U Unfreals*	y Date/Time - Sample Type & Sample Sample Location Collected Ulunineals*						-	(bp/mm/ddd)			
Submission D Sample ID Sample Location	y Date/Time - Sample Type & Sample Sample Location	The contract of the contract o					Unfreated*	Collected			
		Result(s)*** Unit of Standard	Result(s)***		letu r	Paran	Sample Type & Sample Location	Sample	Sample ID	Submission D	Not fication

(PIBS 4444E Version February 3, 2004)

Page 4 of 4

^{***} If you are reporting Trihatomethanss, please includs the quarterly sample result followed by the calculated running annual average value. ** Refers to treatment point or entry point samples

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



Chesterville Hub 5 Industrial Drive,

Chesterville, Ontario K0C 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To

MoE

Fax Number

(800) 268-6061

(800) 267-7120

From

Dave Markell

Date

Aug 3/04

Number of Pages

(including this page)

Subject:

Adverse Water

Morewood Community Centre.
15SUE RESOLUTION.

Ontano

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 Exceeds Standard Phys/C	Radiological Exceeds Standard CofA/Order Exceeds Limit
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 0:27 AWQI Not	tification No (s) 30139
Person Contacted Nicole	DWS EMERGENCY CONTACT
DWS Name Morewood Community Centre	Name Dave Markell
DWS (Waterworks) # 260031668	Position Process Tech
DWS Person Providing Oral Notification Dave Marke((Phone # (613) 448-3098 Fax # (613) 449-16/6
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:
Person Contacted Time /a: 25	Resample/Re-test Yes No
Person Contacted	Disinfectant Restored/ Increased ☐Yes No
Caroline Kvate (Machine)	Flushing Mains/Pipes Yes No
Position Health Inspector.	Users Advised to Boil/Seek Alternate
Phone # (800) 167-7120 Fax # (613) 933-7930	other-Describe: plumbing & Flush.
O Maria (1	Other information attached
Initial DWS Notification Prepared by: Dave Ma	
Signature Awalul	Date 10(3 28/04
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Sec	•
Date Resolved: Aug 3/04 Date Resol	ution Notice Provided: Auc 3/04
Summary of Action Taken and Results Achieved (include test res	sults showing water quality is no longer adverse)
- Resample collected.	
- Results Attached	
Prepared By: Dave Marke (1 Signature:	Twe New Date: 3/04
	Report No.

Notice of Adverse Test Results and Other Problems

Page 3 of 4

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



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

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

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	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 Meth	od:	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		

Krystyna Pipin, M. Sc.

Lab Supervisor



Environmental Laboratories

(Division of Caduceon Enterprises Inc.)

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

DATE RECEIVED: 30-Jul-04

DATE REPORTED: 03-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1 Tel: (613)526-0123

Fax (613)526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	Heterotrophic Plate Count		
	Units:		cts/1 mL		
	M.D.L.:		2		
	Reference Meth	od:	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

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

Last Transaction

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



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 (8	300) 267-7120	
From	Dave Markell	_	
Date	Aug 43/04	-	
Number of Pages	(including this page) Adverse Water		
Subject:	Auverse Water		
AWOI# 3092	29 More Wa	ood Community	Centre
HPC>5	_	<u>'</u>	
155	ve Resolution	l ,	

Ministry of the Ministère de

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 Exceeds Standard Phys/6	Radiological Exceeds Standard
Phys/(CofA/Order Exceeds Limit
Indicator of Adverse Water Quality (operational / on-site	Details:
observations or test result; no associated lab notification)	HPC7500
Oral Notification to SPILLS ACTION CENTRE	
Date Aus 10/04 Time 10:25 AWQING	otification No (s)
Person Contacted Micheal a	DWS EMERGENCY CONTACT
DWS Name Morewood Community Centre	
DWS (Waterworks) # 260031668	Position Process Tech
DWS Person Providing Oral Notification Dave Markell	Phone # (613) 443-3098 Fax # (613) 449-16/6
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:
Date Aug. 10/04 Time 10:20	Resample/Re-test \(\sqrt{Y}\)es \(\sqrt{No}\)
Person Contacted	Disinfectant Restored/ Increased Yes No
Adalia	Flushing Mains/Pipes Yes No
Position Special Projects	Users Advised to Boil/Seek Alternate
Phone # (900) 167-7120 Fax # (613) 933-7930	OTHER - Describe:
DWS Person Providing Oral Notification Dave Mankell	Other information attached
Initial DWS Notification Prepared by: Dave Mark	
Signature Our Nan Kerl	Date Avc. 10/04
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Se	, , , , , , , , , , , , , , , , , , ,
1145,15704	lution Notice Provided: Aug. 13/14
Summary of Action Taken and Results Achieved (include test re	sults showing water quality is no longer adverse)
- Rosample Collected.	
- Results good. atta	iched.
Prepared By: Dave Markell Signature:	Carebant Avg. 13/84
For Ministry Use Only:	Report No.

Notice of Adverse Test Results and Other Problems

Page 3 of 4

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



ENVIRONMENTAL LABORATORIES

Final Report

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

DATE REPORTED: 13-Aug-04

DATE RECEIVED: 11-Aug-04

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.: Morewood Community Hall

P.O. NUMBER:

WATERWORKS NO. 260031668

	Parameter Nam	e:	Total Coliform	E coli	Heterotrophic Plate Count	
	Units:	-	cts/100mL	cts/100mL	cts/1mL	
	M.D.L.:		1	1	2	
	Reference Meth	Reference Method:		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

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

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



Chesterville Hub
5 Industrial Drive,
Chapterille Optobie KOC

Chesterville, Ontario K0C 1H0

Tel: (613) 448-3098 Fax: (613) 448-1616 kbaker@ocwa.com

Fax

To	<u>MoE</u>	MoH		
Fax Number	(800) 268-6061	(800) 267-7120		
From	Dave Markell			
Date Number of Pages Subject:	2 (including this page) Adverse Water	e)		
AWOI# 3092	29 More	wood Co	mmunity	Centre
HPC>	500			

♥ Ontario

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 Exceeds Standard	Phys/Chem Exceeds Standard
-	CofA/Order Exceeds Limit
Indicator of Adverse Water Quality (operational / on-s observations or test result; no associated lab notification)	Details: HPC7500
Oral Notification to SPILLS ACTION CENTRE	
110510704 10.25	QI Notification No (s) 30929
Person Contacted Micheal a	DWS EMERGENCY CONTACT
DWS Name Morewood Community Cen	
DWS (Waterworks)# 260031668	Position Process Tech
DWS Person Providing Oral Notification Dave May Kell	Phone # (613) 448-3098 Fax # (613) 449-16/6
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:
Date Aug. 10/04 Time 10:20	Resample/Re-test Yes No
Person Contacted	Disinfectant Restored/ Increased Yes No
Adalia	Flushing Mains/Pipes Yes No
Position Special Projects	Users Advised to Boil/Seek Alternate
Phone # (900) 167-7120 Fax # (613) 933-79	30 OTHER - Describe:
DWS Person Providing Oral Notification Dave Man kell	
Initial DWS Notification Prepared by: Dave Ma	Other information attached
Signature Cave Markey	Date Av. (0/04
SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION	V - 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: Signatu	re: Date:
For Ministry Use Only:	Report No.

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

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



Ministry of the Ministry de Environment ("Environment

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 VExceeds Standard Phys/Ci	hem Exceeds Standard
Water Quality	CofA/Order 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: Caduceon Environmental	Laboratory Emergency Contact Name Krystyliu Pipin
Address 2378 Holly lane Ottawa	Position Lab Superisor
Telephone # of Lab (613) 526 - 0123	Phone # (G13) 526 - 0123 Fax # (G13) 526 - 1244
Drinking-Water System (DWS) Name	DWS Emergency Contact
Morewood Community Hall	OCWA
DWS (Waterworks) # 260 031668	Name Dave Markell
Location 3 Sink kitchen tap	Position
Telephone # of DWS (613) 448 - 3048	Phone # (613) 448-3098Fax # (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 Asserted	Date 2004 /08/10

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems (PIBS 4444E Version Pebruary 3, 2004)

Page 2 of 4

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

(Ontario

Microbiological Testing

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected	Sample Type & Sample Location U Untreated*	Membrane Filtration Count / 100 ml.		P-A / 180mL Confirmed	HPC / 1mL	Date - Data Approved jyyy/mn/dd)	
			(yyyy/mm/dd)	T Treatec** Distribution	Total Colifornia	Total Coliform Background				
30932		B04-19309-1		Morewood Communi us ty .ta.(1 MT 3 Sink kitchen tap 0			Dec Orc	□π D£c □Fc	>500	2004/68/1
				,			□£C □£C	□rc □rc □rc		
				00 10 10 10			D£C DFC	#□ #□ #□		

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	(yyyy/mm/dd)	Sample Type & Sample Location U Unirested* T Treated* D Distribution	Parameter	Resut(s)***	Unit of Measure	Standard	Date - Data Approved iyyyy/ramidd)
				□u □t □6					
				□u □ τ □ 0					

Authorization

Signature	11/1-00	Name	Date	YYYY	MM	DD
X	(Harrige)	Yuliana Kang		2004	8ه	10

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

^{*} 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.



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	<u>(800) 267-7120</u>
From	Dave Markell	
Date Number of Pages Subject:	Sept. 30/04 2 (including this page) Adverse Water	_
AWOI# 3361	B HPC	502
Adverse	Report More	wood Rec



Ministry of the Ministère de Environment l'Environnement

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 Exceeds Standard	Phys/Chem	Exceeds Stand	ard	<u> </u>	ceeds Standard
/			CofA/U	rderEx	ceeds Limit
Indicator of Adverse Water Quality (operational / observations or test result; no associated lab notification		ails: HPC	502		
Oral Notification to SPILLS ACTION CENTRE	I				
Date Sept. 30/04 Time 4:14	AWQI Notificat	ion No (s)	3618		
Person Contacted Pagi.	DW	S EMERGENCY			
DWS Name Morwood Rec.	Nan	ne Dave Mar	-kall		
DWS (Waterworks) # 260031668	Pos	tion Process	Toch.		-
DWS Person Providing Oral Notification Dave Marke(/		ne # (613)448		Fax # (61	3) 9-16/6
Oral Notification to MEDICAL OFFICER OF HEAD	LTH CO	RRECTIVE ACT	ION(S) TAKE		
Date Sept 30/04 Time 14:13 Person Contacted	Res	ample/Re-test			Yes∏No
	Disi	nfectant Restored/	Increased		☐Yes No
Idalia.	Flus	hing Mains/Pipes			☐Yes⊠No
Position Special Projects	Use	s Advised to Boil/	Seek Alternate		∐Yes X No
Phone # (800) 1677120 Fax # (613)933-	7930 OTI	IER - Describe:			
DWS Person Providing Oral Notification					
Initial DWS Notification Prepared by:		er information attac	hed		
1 Jave	Nent				
Signature Cavelland	Date	Sept 30	7/04		
SECTION 2 (b) – NOTICE OF ISSUE RESOLUT	TION – Sect. 10	i-9 O Reg. 170/03			
Date Resolved:	Date Resolutio	n Notice Provided	:		
Summary of Action Taken and Results Achieved (inc	clude test results	showing water qua	ality is no longe	er adverse)	
Prepared By: Sig	gnature:			Date:	
For Ministry Use Only:	Rep	ort No.			

Notice of Adverse Test Results and Other Problems

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

Page 3 of 4

(PIBS 4444E Version July 9, 2003)

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

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

(V) Ontario

Ministry of the Ministère de Environment 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	Exceeds Standard	Phys/Chem Exceeds Standard	Radiological Exceeds Standard				
Water Quality	Exceeds Standard	I nys CucinExceeds Standard	CofA/Order Exceeds Limit				
Oral Notification to SPILLS A	CTION CENTRE						
Person Contacted: Rob		Date: 4/9/30	Time: 13:43				
Person Notifying: Joanne Willi	ams	AWQI Notification No (s)					
Laboratory Name: SGS Lake	ield Research		ontact Name Joanne Williams				
Address 185 Concession St.,	Lakefield ON, K0L 2H0	Position Supervisor of Mic	crobiology				
Telephone # of Lab (705)65		Phone # (705) 652-2131					
Drinking-Water System (DWS) Name	DWS Emergency Contact					
Morewood Community Ctr							
DWS (Waterworks) # 2600316	68	Name Dave Markell	Name Dave Markell				
Location		Position	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 Markel		Person Contacted I. Milan F	Person Contacted I. Milan Ph 613-933-1375 (24 Hrs)				
Position		Position Fax: 613-933-793	30				
Date 4/9/30	Time 13:41	Date 4/9/30	Time 13:41				
Laboratory Written Notificati (Lab Results must be attached us	on Prepared by:	Lanna Milliama					
Signature William	<u></u>	Date 4/9/30					



Ministry of the

Drinking-Water Systems Regulation O. Reg 170/03

Adverse Analytical Results

For Indicators Listed in Drinking-Water Systems Regulation

SECTION 3:

Authorization Signature

Microbiological Tes	tina	
---------------------	------	--

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected	Sample Type & Sample Location U [Untreated*	Membra	ne Filtration Cou	nt / 100 mL	P-A / 100mL Confirmed	HPC / 1mL	Date - Data Approved (yyyy/mm/dd)
			(yyyy/mm/dd)	T Treated** D Distribution	Total Coliforms	Total Coliform Background	E. Coli EC Fecal C. FC			
33618	CA18318-SP04	4	27-Sep-04 12:35	DW Morewood Community Hall			□ £0 □ £0	 	502	4/9/30
				07-6 07-6			□£C □FC	□ TC □ EC □ FC		
				0 → IC			□ EC □ FC	1 1 1 1 1 1 1 1 1 1		

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

Physical/Chemical/Radiological Testing

l'Environnement

AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Date/Time - Sample Collected (yyyy/mm/dd)	Location U Untreated*	Parameter	Resuit(s)***	Unit of Measure	Date - Data Approved (yyyy/mm/dd)
				0-10-10-10-10-10-10-10-10-10-10-10-10-10				
				000 046				

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

Name

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

Page 4 of 4

30

DD

MM

09

YYYY 2004

Date

^{**} 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.



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) 267-71	<u>20</u>
From	Dave Markell		
Date	Befor Boyo	× 00+4/1	7
Number of Pages	(including	this page)	
Subject:	Adverse Water		
AWOI# 3361	8	HPC 502	
Adverse	Report	Morewood	Rec.

Issue Resolution.

/|||Cd| IU Ministry of the Ministère de

Drinking-Water Systems Regulation O. Reg 170/03

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

dicators of Adverse	Radiological Exceeds Standard				
Water Quality Micro Exceeds Standard Phys/C	hem Exceeds Standard CofA/Order Exceeds Limit				
Indicator of Adverse Water Quality (operational / on-site	Details:				
observations or test result; no associated lab notification)	HPC 502				
Oral Notification to SPILLS ACTION CENTRE					
Sept. 30/04 1 17.14	tification No (s) 33618				
Person Contacted Payl.	DWS EMERGENCY CONTACT				
DWS Name Morewood Rec.	Name Dave Markell				
DWS (Waterworks) # 260031668	Position Process Tech				
DWS Person Providing Oral Notification	Phone # (613) 448-3098 Fax # (613)				
Dave Markell	449-16/6				
Oral Notification to MEDICAL OFFICER OF HEALTH	CORRECTIVE ACTION(S) TAKEN BY OWNER:				
Date Sept. 30/04 Time 14:13 Person Contacted	Resample/Re-test Yes No				
	Disinfectant Restored/ Increased Yes No				
Idalia.	Flushing Mains/Pipes Yes No				
Position Special Projecta Phone # (800) JET-7120 Fax # (613) 933-7930	Users Advised to Boil/Seek Alternate				
Phone # (800) 167-7120 Fax # (613)933-7930	OTHER - Describe:				
DWS Person Providing Oral Notification					
Dave Markell	Other information attached				
Initial DWS Notification Prepared by:	rkell				
Signature Cavelland	Date Sept 30/04				
	7				
SECTION 2 (b) - NOTICE OF ISSUE RESOLUTION - Se	ect. 16-9 O Reg. 170/03				
Date Resolved: 0 J. 4/04 Date Reso	Polution Notice Provided: 0 J. 5/04				
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)					
- Recample Colleted.					
-Results attached.					
Prepared By: Dave Martel Signature:	welatus Date: 5/04				
For Ministry Use Only:	Report No.				

Notice of Adverse Test Results and Other Problems

Page 3 of 4

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

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: MOREWOOD COMMUNITY HALL WELL SUPPLY

1919 County Rd. 7

KOA 2RO Morewood, ON

Attention: Mr. Howard Smith

INVOICE: OCWA Chesterville

Report Number: 2418757 2004-10-04

MOE DWIS UPLOAD: Date Submitted: 2004-10-01

Project: 2406130 Morewood Comm Hall

P.O. Number:

Supply Water

Escherichia Coli Heterotrophic Plate Count Background Colonies	PARAMETER				
ct/100mL ct/1mL ct/100mL	+	Sample ID:	Sample Date:	Ę	
	MDL	Jie ID:	Date:	LAB ID:	
7 00	RAW	Morewood Commm Hall Raw Water	2004-09-30	345391	
000	DISTRIBUTION		2004-09-30	345392	
MAC MAC	TYPE				
500	+	MOE		GUIDELINE	277
ct/100mL ct/100mL ct/100mL	\perp	170/03		Zm	

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

APPROVAL:

Analytica Peter Haulena s Manager

8-146 Colonnace Road, Ottawa, ON, K2E 7Y1

608 Norris Court, Kingston, ON, K7P 2R9

1 of 1

Results relate only to the parameters tested on the samples submitted for analysis.

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

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