

Water Quality Reports

2003

Chesterville

Includes

Annual Chemicals

Quarterly Chemicals

Weekly bactis

Chemical Aquisitions

Annual Report

Summary Reports

Performance Assessment Report

Meter Calibrations

Annual Rate of Water Taking

Adverse Water Reports

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

Part III Form 2

Section 11. ANNUAL REPORT.

Drinking-Water System Number:	210000728
Drinking-Water System Name:	Chesterville
Drinking-Water System Owner:	Township of North Dundas
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	January 1 to December 31, 2003

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

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

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

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

Available at the Township of North Dundas Office, 636 St. Lawrence Street, Winchester, Ontario and on their website www.northdundas.com

Complete for all other Categories.

Number of Designated Facilities served:

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

Yes [] No []

Number of Interested Authorities you report to:

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

Yes [] No []

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

None

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

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

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

[x] Public access/notice via the web

[x] Public access/notice via Government Office

[] Public access/notice via a newspaper

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

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

Describe your Drinking-Water System

Groundwater is pumped from the source well and Sodium Hypochlorite is added. From the wells it travels 3.7 kilometers through a feeder main to a reservoir/contact tank where sufficient time for disinfection is provided. As water is used throughout the distribution system, the water level in the elevated tank falls to a preset limit and a pump at the reservoir starts. This pump draws water from the reservoir/contact tank and refills the elevated tank.

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite was used at an average dosage rate of 1.6 mg/L.

Were any significant expenses incurred to?

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

Describe

Installation of chemical spill containment. Installed reservoir overflow backflow preventor. Installed new chlorine feed system at Well # 5. Installed chlorine analyzer in the water distribution system. Developed new well supply.

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

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
May 21/03	Turbidity	2.1	NTU	N/A	N/A
May 23/03	Turbidity	2.9	NTU	N/A	N/A
Aug.11/03	Total Coliforms	22	Cts/100ml	Resample	Aug.12/03
Oct.14/03	Total Coliforms	1	Cts/100ml	Resample	Oct.17/03
Dec.11/03	Water Main Break	N/A	N/A	Sample System	Dec.11/03

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

	Number	Range of E.Coli	Range of Total	Number	Range of
--	--------	-----------------	----------------	--------	----------

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	of Samples	or Fecal Results (#-#)	Coliform Results (#-#)	of HPC Samples	HPC Results (#-#)
Raw	142	0-4	0-4	0	0-0
Treated	156	0-0	0-0	54	0-20
Distribution	401	0-0	0-22	59	0-164

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 Treated Jan/03-June/03	8760	0.018-2.90 NTU
Turbidity Raw June/03-Dec/03	7	0.33-1.22 NTU
Chlorine	8760	0.3-1.90 mg/L

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

NOTE: Record the unit of measure if it is not milligrams per litre.

Summary of additional testing and sampling carried out in accordance with the requirement of an approval or order.

Date of order or C of A	Parameter	Date Sampled	Result	Unit of Measure
N/A				

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
Antimony	12/9/03	12/9/03	<0.6	<0.6	ug / L	No
Arsenic	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Barium	01/20/03	01/20/03	0.12	0.12	mg / L	No
Boron	01/20/03	01/20/03	<0.05	<0.05	mg / L	No
Cadmium	01/20/03	01/20/03	<0.0001	<0.0001	mg / L	No
Chromium	01/20/03	01/20/03	0.002	0.002	mg / L	No
Copper	01/20/03	01/20/03	0.007	0.007	mg / L	No
Iron	01/20/03	01/20/03	0.05	0.05	mg / L	No
Lead	01/20/03	01/20/03	<0.026	<0.026	mg / L	No
Mercury	01/20/03	01/20/03	<0.0001	<0.0001	mg / L	No
Selenium	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Uranium	01/20/03	01/20/03	<0.001	<0.001	mg / L	No
Fluoride	01/20/03	01/20/03	0.15	0.15	mg / L	No
Nitrite	12/9/03	05/12/03	<0.1	<0.10	mg / L	No
Nitrate	12/9/03	05/12/03	<0.001	<0.10	mg / L	No

Summary of Organic parameters sampled during this reporting period or most recent

Parameter	Minimum Sample Date	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
Alachlor	12/9/03	01/20/03	<0.11	<0.5	ug / L	No
Aldicarb	12/9/03	01/20/03	<0.3	<5	ug / L	No

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Aldrin + Dieldrin	01/20/03	12/9/03	<0.012	<0.067	ug / L	No
Atrazine + N-dealkylated metabolites	12/9/03	01/20/03	<0.12	<1.0	ug / L	No
Azinphos-methyl	12/9/03	01/20/03	<0.21	<2	ug / L	No
Bendiocarb	12/9/03	01/20/03	<0.13	<2	ug / L	No
Benzene	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Benzo(a)pyrene	12/9/03	12/9/03	<0.004	<0.004	ug / L	No
Bromoxynil	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Carbaryl	12/9/03	01/20/03	<0.16	<5	ug / L	No
Carbofuran	12/9/03	01/20/03	<0.37	<5	ug / L	No
Carbon Tetrachloride	01/20/03	01/20/03	<0.9	<0.9	ug / L	No
Chlordane (Total)	01/20/03	12/9/03	<0.012	<0.11	ug / L	No
Chlorpyrifos	01/20/03	01/20/03	<0.18	<1	ug / L	No
Cyanazine	12/9/03	01/20/03	<0.18	<1	ug / L	No
Diazinon	12/9/03	01/20/03	<0.081	<1	ug / L	No
Dicamba	01/20/03	01/20/03	<1	<1	ug / L	No
1,2-Dichlorobenzene	01/20/03	01/20/03	<0.4	<0.4	ug / L	No
1,4-Dichlorobenzene	01/20/03	01/20/03	<0.4	<0.4	ug / L	No
Dichlorodiphenyltrichloroethane (DDT) + metabolites	01/20/03	12/9/03	<0.024	<0.14	ug / L	No
1,2-Dichloroethane	01/20/03	01/20/03	<0.7	<0.7	ug / L	No
1,1-Dichloroethylene (vinylidene chloride)	01/20/03	01/20/03	<0.5	<0.5	ug / L	No
Dichloromethane	01/20/03	01/20/03	<4	<4	ug / L	No
2,4 Dichlorophenol	12/9/03	01/20/03	<0.15	<0.5	ug / L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	12/9/03	01/20/03	<0.11	<1	ug / L	No
Diclofop-methyl	12/9/03	01/20/03	<0.13	<0.9	ug / L	No
Dimethoate	12/9/03	01/20/03	<0.12	<2.5	ug / L	No
Dinoseb	12/9/03	01/20/03	<0.084	<1	ug / L	No
Diquat	12/9/03	01/20/03	<1	<7	ug / L	No
Diuron	12/9/03	01/20/03	<0.087	<10	ug / L	No
Glyphosate	12/9/03	01/20/03	<6	<10	ug / L	No
Heptachlor + Heptachlor Epoxide	01/20/03	12/9/03	<0.012	<0.11	ug / L	No
Lindane (Total)	01/20/03	12/9/03	<0.006	<0.056	ug / L	No
Malathion	12/9/03	01/20/03	<0.091	<5	ug / L	No
Methoxychlor	01/20/03	12/9/03	<0.024	<0.14	ug / L	No
Metolachlor	12/9/03	01/20/03	<0.092	<0.5	ug / L	No
Metribuzin	12/9/03	01/20/03	<0.12	<5	ug / L	No
Monochlorobenzene	01/20/03	01/20/03	<0.2	<0.2	ug / L	No
Paraquat	12/9/03	01/20/03	<1	<1	ug / L	No
Parathion	12/9/03	01/20/03	<0.18	<1	ug / L	No
Pentachlorophenol	12/9/03	01/20/03	<0.15	<0.5	ug / L	No
Phorate	12/9/03	01/20/03	<0.11	<0.5	ug / L	No
Picloram	12/9/03	01/20/03	<0.2	<5	ug / L	No
Polychlorinated Biphenyls(PCB)	12/9/03	01/20/03	<0.04	<0.05	ug / L	No
Promethyne	12/9/03	01/20/03	<0.23	<0.25	ug / L	No
Simazine	12/9/03	01/20/03	<0.15	<1	ug / L	No
THM (NOTE: show latest quarterly average)	01/20/03	12/9/03	14.5	14.5	ug / L	No
Temephos	12/9/03	01/20/03	<0.31	<10	ug / L	No
Terbufos	01/20/03	01/20/03	<0.12	<0.7	ug / L	No

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Tetrachloroethylene	01/20/03	01/20/03	<0.3	<0.3	ug / L	No
2,3,4,6-Tetrachlorophenol	12/9/03	01/20/03	<0.14	<0.5	ug / L	No
Triallate	12/9/03	01/20/03	<0.10	<1	ug / L	No
Trichloroethylene	01/20/03	01/20/03	<0.3	<0.3	ug / L	No
2,4,6-Trichlorophenol	12/9/03	01/20/03	<0.25	<0.5	ug / L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	12/9/03	01/20/03	<0.14	<1	ug / L	No
Trifluralin	12/9/03	01/20/03	<0.12	<1	ug / L	No
Vinyl Chloride	01/20/03	01/20/03	<0.5	<0.5	ug / L	No

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.

Parameter	Result Value	Unit of Measure	Date of Sample
N/A			

(Only if category is large municipal residential, small municipal residential, large municipal non residential, small municipal non residential, large non municipal non residential)

SUMMARY REPORTS FOR MUNICIPALITIES

Report

This report is a summary of water quality information for the Chesterville WTF, published in accordance with Schedule 22 of Ontario's Drinking-Water Systems Regulation for the reporting period of January 1, 2003 to December 31, 2003. The Chesterville WTF is categorized as a Large Municipal Residential Drinking Water System.

This report was prepared by The Ontario Clean Water Agency on behalf of The Township of North Dundas.

Who gets a copy of the Report:

- in the case of a drinking-water system owned by a municipality, the members of the municipal council;
- in the case of a drinking-water system owned by a municipal service board established under section 195 of the *Municipal Act, 2001*, the members of the municipal service board; or
- in the case of a drinking-water system owned by a corporation, the board of directors of the corporation.

What must the Report contain?

The report must,

- (a) list the requirements of the Act, the regulations, the system's approval and any order that the system failed to meet at any time during the period covered by the report and specify the duration of the failure; and
- (b) for each failure referred to in clause (a), describe the measures that were taken to correct the failure.

The following table lists the requirements that the system failed to meet and the measures taken to correct the failure:

Drinking Water Legislation	List the requirement(s) the system failed to meet	Specify the duration of the failure (i.e. date(s))	Describe the measures taken to correct the failure	Status (complete or outstanding)
Safe Drinking Water Act	NA			
Ontario Regulations (eg. O.Reg 170/03, O.Reg 435/93, O.Reg 903)	NA			
System Certificate of Approval #7683-5QEPS6	<p>Monitoring and recording 5.1 (i), (ii) and 5.2</p> <p>(i) The daily maximum flow rate and maximum daily volume of water conveyed into the treatment system.</p> <p>(ii) The daily maximum flow rate and maximum daily volume of water conveyed from the treatment system to the distribution system.</p> <p>5.2 Records shall be maintained that set out the parameters recorded in</p>	January 1, 2003 to June 26, 2003	<p>(i) SCADA system software was upgraded to record the daily maximum flow rate and maximum daily volume of water conveyed into the treatment system.</p> <p>(ii) SCADA system software was upgraded to record the daily maximum flow rate and maximum daily volume of water conveyed to the distribution system</p> <p>5.2 Records shall be maintained to record the amount, date, time and duration of any exceedences.</p>	Complete

	accordance with condition 5.1, and where the parameters measured exceed the daily peak flow rate and daily maximum volume set out in Part 1, the amount, date, time and duration of the exceedence shall also be recorded.			
Provincial Officer's Order No.	NA			

What else must the Report contain?

The report must also include the following information for the purpose of enabling the owner of the system to assess the capability of the system to meet existing and planned uses of the system:

1. A summary of the quantities and flow rates of the water supplied during the period covered by the report, including monthly average and maximum daily flows and daily instantaneous peak flow rates.
2. A comparison of the summary referred to in paragraph 1 to the rated capacity and flow rates approved in the system's approval.

Attached please find a copy of the 2003 Performance Assessment Report and 2003 Annual Record of Water Taking for the Chesterville WTF , which contains all required flow information.

When Does the Report Get Submitted?

If a report is prepared for a system that supplies water to a municipality under the terms of a contract, the owner of the system shall give a copy of the report to the municipality by March 31.

ONTARIO CLEAN WATER AGENCY

WATER PLANT PERFORMANCE ASSESSMENT REPORT

MUNICIPALITY: CHESTERVILLE
 PROJECT: CHESTERVILLE WATER SUPPLY
 PROJ. NUM.: 6-0046-59-00

YEAR: 2003
 WATER SOURCE: GROUNDWATER
 DESIGN CAPACITY: 2.781 X 1000 M3/d

WORKS NUM.: 210000728
 DESCRIPTION: A TWO WELL PUMPING SYSTEM WITH A 655m3 RESERVOIR AND FOUR HIGH LIFT PUMPS.
DISINFECTION IS WITH SODIUM HYPOCHLORITE.

MONTH	SYSTEM FLOWS (TREATED)			TREATED		DISTRIBUTION		BACTI (E.coli., T.Coli., HPC)				RAW WATER	
	TOTAL FLOW	AVG DAY FLOW	MAX DAY FLOW	MIN FREE	MAX FREE	MIN FREE	MAX FREE	SAFE		ADVERSE		E.COLI	
	1000 m3	1000 m3	1000 m3	CL2 RESID.	CL2 RESID.	CL2 RESID.	CL2 RESID.	TREAT	DIST	TREAT	DIST	TAKEN	DETECTED
	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(mg/l)						
JAN	16.664	0.538	0.570	0.96	1.24	0.90	1.10	12	28	0	0	5	0
FEB	15.129	0.540	0.589	0.74	1.10	0.72	1.40	12	28	0	0	8	0
MAR	17.171	0.554	0.650	0.90	1.25	0.70	1.24	15	35	0	0	10	1
APR	16.374	0.546	0.600	1.00	1.31	0.90	1.50	12	28	0	0	8	0
MAY	18.547	0.598	0.991	1.02	1.93	0.70	1.30	12	28	0	0	8	0
JUN	19.117	0.637	0.776	0.80	1.30	0.30	1.48	15	35	0	0	7	0
JUL	19.830	0.640	0.852	0.90	1.60	0.32	1.90	12	28	0	0	4	0
AUG	19.284	0.622	0.835	0.80	1.50	0.52	1.40	12	41	0	1	4	0
SEP	18.224	0.607	1.283	0.90	1.35	0.43	1.40	15	35	0	0	5	0
OCT	17.523	0.565	0.660	0.74	1.30	0.32	1.29	12	34	0	1	4	0
NOV	16.963	0.565	0.660	0.70	1.20	0.37	1.35	12	28	0	0	4	0
DEC	20.242	0.653	1.529	0.65	1.34	0.22	1.42	15	47	0	0	5	0
TOTAL	215.1							156	395	0	2	72	1
AVG		0.589			1.37								
MAX			1.529				1.90						
CRITERIA				0.20		0.05	4.00						

COMMENTS:

Personal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form is to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional Office in your area.

Les renseignements personnels qui figurent dans le présent formulaire sont recueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Prière d'adresser toute question au bureau régional du ministère de l'Environnement le Plus proche.

Year(Année): 2003 Permit No.(N° de permis): 89-P-4052

Location: RW5 - CHESTERVILLE WELL # 5 (PRODUCTION)

Source: Groundwater

Name of Permittee: VILLAGE OF CHESTERVILLE

Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE

Adresse postale

Location Of Taking: <i>Lieu de la prise d'eau</i>	Twp. or Municipality: <i>Canton ou municipalité</i>	Concession:	Lot:
	NORTH DUNDAS	CON. 5	LOT 12

Date Of Taking <i>Date de la prise d'eau</i>	Total Hours Of Taking (Hour) <i>Heure</i>	Avg. Daily Rate Of Taking (L/sec) <i>Débit de prise d'eau</i>	Total Amount Of Taking (m³) <i>Volume des prises</i>	Peak Daily Flow (m³/day) <i>Prélèvement maximum journalier</i>	<----- Max. Daily Rate of Taking (L/sec) <i>Débit de pointe journalier</i>	-----> (L/min)
JAN	294.50	15.55	16,479	559		
FEB	268.40	15.50	14,974	582		
MAR	292.90	16.28	16,938	627		
APR	294.30	15.53	16,453	616		
MAY	343.10	14.81	18,209	929		
JUN	357.50	13.67	17,593	705		
JUL	376.89	13.52	19,011	783		
AUG	414.60	12.93	19,207	819	14	
SEP	427.90	12.83	19,167	1,064	14	
OCT	377.60	12.51	16,918	682	16	
NOV	339.80	13.84	16,879	643	14	
DEC	407.73	13.62	19,658	1,033	18	
Total:			211,486			
Criteria:		18.00		2,000	20	

I certify that the above information is true, complete and accurate.

Signature

Date

J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.



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

Works #: 210000728
Project : P.O. No. 008503

OCWA-Chesterville (Chesterville WTP)

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

5 Industrial Drive, P.O. Box 460
Chesterville, ON, K0C 1H0

Phone: 613-448-3098
Fax:pdf

Tuesday, December 23, 2003

Date Rec. : 10 December 2003
LR Report: CA6481-DEC03

Copy: #1

CERTIFICATE OF ANALYSIS

Final Report

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Chesterville Treated	9: TDW Chesterville System SPS
Sample Date & Time								09-Dec-03 11:00	09-Dec-03 09:00
Temperature [°C]	--	--	--	--	--	--	--	7.5	7.5
Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	1.0	0.5	--	0.1	0.011	0.011 <MDL	--
Nitrate (as nitrogen) [mg/L]	15-Dec-03	13:50	10.0	5	--	1	0.021	0.021 <MDL	--
Nitrate + Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	10	5	--	1	0.021	0.021 <MDL	--
Antimony [ug/L]	18-Dec-03	08:18	6	3	--	--	0.6	0.6 <MDL	--
Trihalomethanes (total) [ug/L]	23-Dec-03	09:23	100	50	--	10	0.63	--	25
Bromoform [ug/L]	23-Dec-03	09:23	--	--	--	--	0.56	--	0.56 <MDL
Bromodichloromethane [ug/L]	23-Dec-03	09:23	--	--	--	--	0.63	--	5.9
Chloroform [ug/L]	23-Dec-03	09:23	--	--	--	--	0.60	--	17
Dibromochloromethane [ug/L]	23-Dec-03	09:23	--	--	--	--	0.37	--	2.3
Diquat [ug/L]	22-Dec-03	08:45	70	35	--	7	1	1 <MDL	--
Paraquat [ug/L]	22-Dec-03	08:45	10	5	--	1	1	1 <MDL	--
Glyphosate [ug/L]	22-Dec-03	08:45	280	140	--	28	6	6 <MDL	--
Polychlorinated Biphenyls (PCBs) [ug/L]	22-Dec-03	13:32	3	1.5	--	0.3	0.04	0.04 <MDL	--
Benzo(a)pyrene [ug/L]	22-Dec-03	14:20	0.01	0.005	--	0.01	0.004	0.004 <MDL	--
2,4-dichlorophenol [ug/L]	22-Dec-03	14:20	900	450	0.3	90	0.15	0.15 <MDL	--
2,4,6-trichlorophenol [ug/L]	22-Dec-03	14:20	5	2.5	2	0.5	0.25	0.25 <MDL	--
2,3,4,6-tetrachlorophenol [ug/L]	22-Dec-03	14:20	100	50	1	10	0.14	0.14 <MDL	--
Pentachlorophenol [ug/L]	22-Dec-03	14:20	60	30	30	6	0.15	0.15 <MDL	--
Alachlor [ug/L]	22-Dec-03	13:21	5	2.5	--	0.5	0.11	0.11 <MDL	--



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

Works #: 210000728
Project : P.O. No. 008503
LR Report : CA6481-DEC03

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Chesterville Treated	9: TDW Chesterville System SPS
Aldicarb [ug/L]	22-Dec-03	13:21	9	4.5	---	9	0.30	0.30 <MDL	---
Aldrin + Dieldrin [ug/L]	22-Dec-03	13:21	0.7	0.35	---	0.07	0.067	0.067 <MDL	---
Aldrin [ug/L]	22-Dec-03	13:21	--	--	---	--	0.060	0.060 <MDL	---
Dieldrin [ug/L]	22-Dec-03	13:21	--	--	---	--	0.067	0.067 <MDL	---
Atrazine + N-dealkylated metabolites [ug/L]	22-Dec-03	13:21	5	2.5	---	1	0.12	0.12 <MDL	---
Atrazine [ug/L]	22-Dec-03	13:21	--	--	---	--	0.11	0.11 <MDL	---
De-ethylated atrazine [ug/L]	22-Dec-03	13:21	--	--	---	--	0.12	0.12 <MDL	---
Azinphos-methyl [ug/L]	22-Dec-03	13:21	20	10	---	2	0.21	0.21 <MDL	---
Bendiocarb [ug/L]	22-Dec-03	13:21	40	20	---	7.5	0.13	0.13 <MDL	---
Carbaryl [ug/L]	22-Dec-03	13:21	90	45	---	9	0.16	0.16 <MDL	---
Carbofuran [ug/L]	22-Dec-03	13:21	90	45	---	12.5	0.37	0.37 <MDL	---
Chlordane (Total) [ug/L]	22-Dec-03	13:21	7	3.5	---	0.7	0.11	0.11 <MDL	---
a-chlordane [ug/L]	22-Dec-03	13:21	--	--	---	--	0.069	0.069 <MDL	---
g-chlordane [ug/L]	22-Dec-03	13:21	--	--	---	--	0.063	0.063 <MDL	---
Oxychlordane [ug/L]	22-Dec-03	13:21	--	--	---	--	0.11	0.11 <MDL	---
Chlorpyrifos [ug/L]	22-Dec-03	13:21	90	45	---	9	0.18	0.18 <MDL	---
Cyanazine [ug/L]	22-Dec-03	13:21	10	5	---	1	0.18	0.18 <MDL	---
Diazinon [ug/L]	22-Dec-03	13:21	20	10	---	2	0.081	0.081 <MDL	---
(DDT) + Metabolites [ug/L]	22-Dec-03	13:21	30	15	---	3	0.14	0.14 <MDL	---
op-DDT [ug/L]	22-Dec-03	13:21	--	--	---	--	0.095	0.095 <MDL	---
pp-DDD [ug/L]	22-Dec-03	13:21	--	--	---	--	0.098	0.098 <MDL	---
pp-DDE [ug/L]	22-Dec-03	13:21	--	--	---	--	0.075	0.075 <MDL	---
pp-DDT [ug/L]	22-Dec-03	13:21	--	--	---	--	0.14	0.14 <MDL	---
Dimethoate [ug/L]	22-Dec-03	13:21	20	10	---	2.5	0.12	0.12 <MDL	---
Diuron [ug/L]	22-Dec-03	13:21	15	7.5	---	1	0.087	0.087 <MDL	---
Heptachlor + Heptachlor Epoxide [ug/L]	22-Dec-03	13:21	3	1.5	---	0.3	0.11	0.11 <MDL	---
Heptachlor [ug/L]	22-Dec-03	13:21	--	--	---	--	0.061	0.061 <MDL	---
Heptachlor epoxide [ug/L]	22-Dec-03	13:21	--	--	---	--	0.11	0.11 <MDL	---
Lindane [ug/L]	22-Dec-03	13:21	4	2	---	0.4	0.056	0.056 <MDL	---
Malathion [ug/L]	22-Dec-03	13:21	190	95	---	19	0.091	0.091 <MDL	---
Methoxychlor [ug/L]	22-Dec-03	13:21	900	450	---	90	0.14	0.14 <MDL	---
Metolachlor [ug/L]	22-Dec-03	13:21	50	25	---	5	0.092	0.092 <MDL	---
Metribuzin [ug/L]	22-Dec-03	13:21	80	40	---	8	0.12	0.12 <MDL	---
Parathion [ug/L]	22-Dec-03	13:21	50	25	---	5	0.18	0.18 <MDL	---



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Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Works #: 210000728
Project : P.O. No. 008503
LR Report : CA6481-DEC03

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Chesterville Treated	9: TDW Chesterville System SPS
Phorate [ug/L]	22-Dec-03	13:21	2	1	---	0.5	0.11	0.11 <MDL	---
Prometryne [ug/L]	22-Dec-03	13:21	1	0.5	---	0.25	0.23	0.23 <MDL	---
Simazine [ug/L]	22-Dec-03	13:21	10	5	---	1	0.15	0.15 <MDL	---
Temephos [ug/L]	22-Dec-03	13:21	280	140	---	28	0.31	0.31 <MDL	---
Terbufos [ug/L]	22-Dec-03	13:21	1	0.5	---	1	0.12	0.12 <MDL	---
Triallate [ug/L]	22-Dec-03	13:21	230	115	---	23	0.10	0.10 <MDL	---
Trifluralin [ug/L]	22-Dec-03	13:21	45	22.5	---	4.5	0.12	0.12 <MDL	---
2,4-dichlorophenoxyacetic acid (2,4-D) [ug/L]	22-Dec-03	15:56	100	50	---	10	0.11	0.11 <MDL	---
2,4,5-trichlorophenoxyacetic acid (2,4,5-T) [ug/L]	22-Dec-03	15:56	280	140	---	28	0.14	0.14 <MDL	---
Bromoxynil [ug/L]	22-Dec-03	15:56	5	2.5	---	0.5	0.094	0.094 <MDL	---
Dicamba [ug/L]	22-Dec-03	15:56	120	60	---	12	0.17	0.17 <MDL	---
Diclofop-methyl [ug/L]	22-Dec-03	15:56	9	4.5	---	0.9	0.13	0.13 <MDL	---
Dinoseb [ug/L]	22-Dec-03	15:56	10	5	---	1	0.084	0.084 <MDL	---
Picloram [ug/L]	22-Dec-03	15:56	190	95	---	19	0.20	0.20 <MDL	---

SDWA - Safe Drinking Water Act
MAC - Maximum Acceptable Concentration (SDWA)
Half MAC - Half of the Maximum Acceptable Concentration (SDWA)
AO/OG - Aesthetic Objective / Operational Guideline (SDWA)
RDL - MOE Required Reporting Detection Limit
MDL - SGS Method Detection Limit


Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical



SGS Lakefield Research Limited
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Lakefield - Ontario - K0L 2H0
Phone: 705-652-2038 FAX: 705-652-6441

Works #: 210000728
Project : P.O. No. 008503

OCWA-Chesterville (Chesterville WTP)

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

5 Industrial Drive, P.O. Box 460
Chesterville, ON, K0C 1H0

Phone: 613-448-3098
Fax:pdf

Tuesday, December 23, 2003

Date Rec. : 10 December 2003
LR Report: CA6481-DEC03

Copy: #1

CERTIFICATE OF ANALYSIS **Final Report**

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Chesterville Treated	9: TDW Chesterville System SPS
Sample Date & Time								09-Dec-03 11:00	09-Dec-03 09:00
Temperature [°C]	--	--	--	--	---	--	--	7.5	7.5
Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	1.0	0.5	---	0.1	0.011	0.011 <MDL	---
Nitrate (as nitrogen) [mg/L]	15-Dec-03	13:50	10.0	5	---	1	0.021	0.021 <MDL	---
Nitrate + Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	10	5	---	1	0.021	0.021 <MDL	---
Antimony [ug/L]	18-Dec-03	08:18	6	3	---	---	0.6	0.6 <MDL	---
Trihalomethanes (total) [ug/L]	23-Dec-03	09:23	100	50	---	10	0.63	---	25
Bromoform [ug/L]	23-Dec-03	09:23	---	---	---	---	0.56	---	0.56 <MDL
Bromodichloromethane [ug/L]	23-Dec-03	09:23	---	---	---	---	0.63	---	5.9
Chloroform [ug/L]	23-Dec-03	09:23	---	---	---	---	0.60	---	17
Dibromochloromethane [ug/L]	23-Dec-03	09:23	---	---	---	---	0.37	---	2.3
Diquat [ug/L]	22-Dec-03	08:45	70	35	---	7	1	1 <MDL	---
Paraquat [ug/L]	22-Dec-03	08:45	10	5	---	1	1	1 <MDL	---
Glyphosate [ug/L]	22-Dec-03	08:45	280	140	---	28	6	6 <MDL	---
Polychlorinated Biphenyls (PCBs) [ug/L]	22-Dec-03	13:32	3	1.5	---	0.3	0.04	0.04 <MDL	---
Benzo(a)pyrene [ug/L]	22-Dec-03	14:20	0.01	0.005	---	0.01	0.004	0.004 <MDL	---
2,4-dichlorophenol [ug/L]	22-Dec-03	14:20	900	450	0.3	90	0.15	0.15 <MDL	---
2,4,6-trichlorophenol [ug/L]	22-Dec-03	14:20	5	2.5	2	0.5	0.25	0.25 <MDL	---
2,3,4,6-tetrachlorophenol [ug/L]	22-Dec-03	14:20	100	50	1	10	0.14	0.14 <MDL	---
Pentachlorophenol [ug/L]	22-Dec-03	14:20	60	30	30	6	0.15	0.15 <MDL	---
Alachlor [ug/L]	22-Dec-03	13:21	5	2.5	---	0.5	0.11	0.11 <MDL	---



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Works #: 210000728
Project : P.O. No. 008503
LR Report : CA6481-DEC03

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Chesterville Treated	9: TDW Chesterville System SPS
Aldicarb [ug/L]	22-Dec-03	13:21	9	4.5	---	9	0.30	0.30 <MDL	---
Aldrin + Dieldrin [ug/L]	22-Dec-03	13:21	0.7	0.35	---	0.07	0.067	0.067 <MDL	---
Aldrin [ug/L]	22-Dec-03	13:21	--	--	---	--	0.060	0.060 <MDL	---
Dieldrin [ug/L]	22-Dec-03	13:21	--	--	---	--	0.067	0.067 <MDL	---
Atrazine + N-dealkylated metabolites [ug/L]	22-Dec-03	13:21	5	2.5	---	1	0.12	0.12 <MDL	---
Atrazine [ug/L]	22-Dec-03	13:21	--	--	---	--	0.11	0.11 <MDL	---
De-ethylated atrazine [ug/L]	22-Dec-03	13:21	--	--	---	--	0.12	0.12 <MDL	---
Azinphos-methyl [ug/L]	22-Dec-03	13:21	20	10	---	2	0.21	0.21 <MDL	---
Bendiocarb [ug/L]	22-Dec-03	13:21	40	20	---	7.5	0.13	0.13 <MDL	---
Carbaryl [ug/L]	22-Dec-03	13:21	90	45	---	9	0.16	0.16 <MDL	---
Carbofuran [ug/L]	22-Dec-03	13:21	90	45	---	12.5	0.37	0.37 <MDL	---
Chlordane (Total) [ug/L]	22-Dec-03	13:21	7	3.5	---	0.7	0.11	0.11 <MDL	---
a-chlordane [ug/L]	22-Dec-03	13:21	--	--	---	--	0.069	0.069 <MDL	---
g-chlordane [ug/L]	22-Dec-03	13:21	--	--	---	--	0.063	0.063 <MDL	---
Oxychlordane [ug/L]	22-Dec-03	13:21	--	--	---	--	0.11	0.11 <MDL	---
Chlorpyrifos [ug/L]	22-Dec-03	13:21	90	45	---	9	0.18	0.18 <MDL	---
Cyanazine [ug/L]	22-Dec-03	13:21	10	5	---	1	0.18	0.18 <MDL	---
Diazinon [ug/L]	22-Dec-03	13:21	20	10	---	2	0.081	0.081 <MDL	---
(DDT) + Metabolites [ug/L]	22-Dec-03	13:21	30	15	---	3	0.14	0.14 <MDL	---
op-DDT [ug/L]	22-Dec-03	13:21	--	--	---	--	0.095	0.095 <MDL	---
pp-DDD [ug/L]	22-Dec-03	13:21	--	--	---	--	0.098	0.098 <MDL	---
pp-DDE [ug/L]	22-Dec-03	13:21	--	--	---	--	0.075	0.075 <MDL	---
pp-DDT [ug/L]	22-Dec-03	13:21	--	--	---	--	0.14	0.14 <MDL	---
Dimethoate [ug/L]	22-Dec-03	13:21	20	10	---	2.5	0.12	0.12 <MDL	---
Diuron [ug/L]	22-Dec-03	13:21	15	7.5	---	1	0.087	0.087 <MDL	---
Heptachlor + Heptachlor Epoxide [ug/L]	22-Dec-03	13:21	3	1.5	---	0.3	0.11	0.11 <MDL	---
Heptachlor [ug/L]	22-Dec-03	13:21	--	--	---	--	0.061	0.061 <MDL	---
Heptachlor epoxide [ug/L]	22-Dec-03	13:21	--	--	---	--	0.11	0.11 <MDL	---
Lindane [ug/L]	22-Dec-03	13:21	4	2	---	0.4	0.056	0.056 <MDL	---
Malathion [ug/L]	22-Dec-03	13:21	190	95	---	19	0.091	0.091 <MDL	---
Methoxychlor [ug/L]	22-Dec-03	13:21	900	450	---	90	0.14	0.14 <MDL	---
Metolachlor [ug/L]	22-Dec-03	13:21	50	25	---	5	0.092	0.092 <MDL	---
Metribuzin [ug/L]	22-Dec-03	13:21	80	40	---	8	0.12	0.12 <MDL	---
Parathion [ug/L]	22-Dec-03	13:21	50	25	---	5	0.18	0.18 <MDL	---



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

Works #: 210000728
Project : P.O. No. 008503
LR Report : CA6481-DEC03

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Chesterville Treated	9: TDW Chesterville System SPS
Phorate [ug/L]	22-Dec-03	13:21	2	1	---	0.5	0.11	0.11 <MDL	---
Prometryne [ug/L]	22-Dec-03	13:21	1	0.5	---	0.25	0.23	0.23 <MDL	---
Simazine [ug/L]	22-Dec-03	13:21	10	5	---	1	0.15	0.15 <MDL	---
Temephos [ug/L]	22-Dec-03	13:21	280	140	---	28	0.31	0.31 <MDL	---
Terbufos [ug/L]	22-Dec-03	13:21	1	0.5	---	1	0.12	0.12 <MDL	---
Triallate [ug/L]	22-Dec-03	13:21	230	115	---	23	0.10	0.10 <MDL	---
Trifluralin [ug/L]	22-Dec-03	13:21	45	22.5	---	4.5	0.12	0.12 <MDL	---
2,4-dichlorophenoxyacetic acid (2,4-D) [ug/L]	22-Dec-03	15:56	100	50	---	10	0.11	0.11 <MDL	---
2,4,5-trichlorophenoxyacetic acid (2,4,5-T) [ug/L]	22-Dec-03	15:56	280	140	---	28	0.14	0.14 <MDL	---
Bromoxynil [ug/L]	22-Dec-03	15:56	5	2.5	---	0.5	0.094	0.094 <MDL	---
Dicamba [ug/L]	22-Dec-03	15:56	120	60	---	12	0.17	0.17 <MDL	---
Diclofop-methyl [ug/L]	22-Dec-03	15:56	9	4.5	---	0.9	0.13	0.13 <MDL	---
Dinoseb [ug/L]	22-Dec-03	15:56	10	5	---	1	0.084	0.084 <MDL	---
Picloram [ug/L]	22-Dec-03	15:56	190	95	---	19	0.20	0.20 <MDL	---

SDWA - Safe Drinking Water Act
MAC - Maximum Acceptable Concentration (SDWA)
Half MAC - Half of the Maximum Acceptable Concentration (SDWA)
AO/OG - Aesthetic Objective / operational Guideline (SDWA)
RDL - MOE Required Reporting Detection Limit
MDL - SGS Method Detection Limit

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CHESTERVILLE WELL SUPPLY

Report Number: 2300816
Date: 2003-02-06
Date Submitted: 2003-01-21

ATT: Mr. Blair Henderson

Project: Chesterville Wells Quarterly Chemicals
Sample Matrix: Supply Water

LAB ID:			229212				
Sample Date:			2003-01-20				
Sample ID:			CW-01				
PARAMETER	UNITS	MDL					
PESTICIDES & PCB's							
Alachlor	ug/L	0.5	✓ <0.5				
Aldicarb	ug/L	5	✓ <5				
Aldrin	ug/L	0.006	✓ <0.006				
Aldrin + Dieldrin	ug/L	0.012	✓ <0.012				
Atrazine	ug/L	0.5	✓ <0.5				
Desethyl-atrazine	ug/L	0.5	<0.5				
Atrazine+Desethyl-atrazine	ug/L	1	<1				
Azinphos-methyl	ug/L	2	✓ <2				
Bendiocarb	ug/L	2	✓ <2				
Chloroxynil	ug/L	0.5	✓ <0.5				
Carbaryl	ug/L	5	✓ <5				
Carbofuran	ug/L	5	✓ <5				
Chlordane (Total)	ug/L	0.012	✓ <0.012				
α-Chlorodane	ug/L	0.006	<0.006				
γ-Chlorodane	ug/L	0.006	<0.006				
Oxychlorodane	ug/L	0.006	<0.006				
Chloropyrifos	ug/L	1	✓ <1				
Cyanazine	ug/L	1	✓ <1				
Diazinon	ug/L	1	✓ <1				
Dicamba	ug/L	1	✓ <1				
Dieldrin	ug/L	0.006	<0.006				
Diquat	ug/L	7	✓ <7				
2,4-Dichlorophenol	ug/L	0.5	✓ <0.5				
DDT + Metabolites	ug/L	0.024	✓ <0.024				
o,p'-DDT	ug/L	0.006	<0.006				
p,p'-DDT	ug/L	0.006	<0.006				
2,4-D	ug/L	1	✓ <1				
p,p'-DDE	ug/L	0.006	<0.006				

NOTE: mg/L (ppm)=1000ug/L (ppb)

MDL = Method Detection Limit

Comment:

Method References available upon request.

INC = Incomplete

APPROVAL:

 Mina Nasirai, B.Sc., C.Chem.
 Organic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CHESTERVILLE WELL SUPPLY

Report Number: 2300816
Date: 2003-02-06
Date Submitted: 2003-01-21

ATT: Mr. Blair Henderson

Project: Chesterville Wells Quarterly Chemicals
Sample Matrix: Supply Water

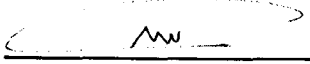
			LAB ID:	229212				
			Sample Date:	2003-01-20				
			Sample ID:	CW-01				
PARAMETER	UNITS	MDL						
p,p'-DDD	ug/L	0.006	<0.006					
Diclofop-methyl	ug/L	0.9	✓ <0.9					
Dimethoate	ug/L	2.5	✓ <2.5					
Dinoseb	ug/L	1	✓ <1					
Diuron	ug/L	10	✓ <10					
Glyphosate	ug/L	10	✓ <10					
Heptachlor	ug/L	0.006	<0.006					
Heptachlor epoxide	ug/L	0.006	<0.006					
Heptachlor + Hept. Epoxide	ug/L	0.012	✓ <0.012					
Indane	ug/L	0.006	✓ <0.006					
Malathion	ug/L	5	<5					
Methoxychlor	ug/L	0.024	✓ <0.024					
Metolachlor	ug/L	0.5	✓ <0.5					
Metribuzin	ug/L	5	✓ <5					
Paraquat	ug/L	1	✓ <1					
Parathion	ug/L	1	✓ <1					
Pentachlorophenol	ug/L	0.5	✓ <0.5					
Phorate	ug/L	0.5	✓ <0.5					
Picloram	ug/L	5	✓ <5					
PCB's (total)	ug/L	0.05	✓ <0.05					
Prometryne	ug/L	0.25	✓ <0.25					
Simazine	ug/L	1	✓ <1					
Temephos	ug/L	10	✓ <10					
Terbufos	ug/L	0.7	✓ <0.7					
2,3,4,6-Tetrachlorophenol	ug/L	0.5	✓ <0.5					
Triallate	ug/L	1	✓ <1					
2,4,6-Trichlorophenol	ug/L	0.5	✓ <0.5					
Trifluralin	ug/L	1	✓ <1					
2,4,5-T	ug/L	1	✓ <1					

NOTE: mg/L (ppm)=1000ug/L (ppb)

MDL = Method Detection Limit

Comment:

APPROVAL:


Mina Nasirai, B.Sc., C.Chem.
Organic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CHESTERVILLE WELL SUPPLY

Report Number: 2300816
Date: 2003-01-30
Date Submitted: 2003-01-21

ATT: Mr. Blair Henderson

Project: Chesterville Wells Quarterly Chemicals

P.O. Number:

Matrix: Supply Water

LAB ID: 229212						
Sample Date: 2003-01-20						
Sample ID: CW-01						
PARAMETER	UNITS	MDL				
BTEX / 624 / PURGEABLE HYDROCARBONS						
Benzene	ug/L	0.5	✓ <0.5			
Toluene	ug/L	0.5	✓ <0.5			
Ethylbenzene	ug/L	0.5	✓ <0.5			
m/p-xylene	ug/L	1.0	✓ <1.0			
o-xylene	ug/L	0.5	✓ <0.5			
Bromodichloromethane	ug/L	0.3	✓ 2.2			
Bromoform	ug/L	0.4	✓ <0.4			
Carbon Tetrachloride	ug/L	0.9	✓ <0.9			
Monochlorobenzene	ug/L	0.2	✓ <0.2			
Chloroform	ug/L	0.5	✓ 3.5			
Dibromochloromethane	ug/L	0.3	✓ 1.4			
1,2-dichlorobenzene	ug/L	0.4	✓ <0.4			
1,4-dichlorobenzene	ug/L	0.4	✓ <0.4			
1,2-dichloroethane	ug/L	0.7	✓ <0.7			
1,1-dichloroethylene	ug/L	0.5	✓ <0.5			
Dichloromethane	ug/L	4.0	✓ <4.0			
Tetrachloroethylene	ug/L	0.3	✓ <0.3			
Trichloroethylene	ug/L	0.3	✓ <0.3			
Vinyl Chloride	ug/L	0.5	✓ <0.5			
TOTALS						
Trihalomethanes (total)	ug/L	2.0	✓ 7.1			
Xylene; total	ug/L	2.0	✓ <2.0			
BTEX / 624 Surrogate Recoveries						
Toluene-d8	%		97			
1,2-dichloroethane-d4	%		99			
4-bromofluorobenzene	%		102			

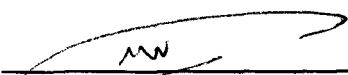
MDL = Method Detection Limit

INC = Incomplete

Method References available upon request.

Comment:

APPROVAL:


Mina Nasirai, B.Sc., C.Chem.
Organic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CHESTERVILLE WELL SUPPLY

ATT: Mr. Blair Henderson

Report Number: 2300816
Date: 2003-01-31
Date Submitted: 2003-01-21

Project: Chesterville Wells Quarterly Chemicals

P.O. Number:
Matrix: Supply Water

LAB ID:			229212				
Sample Date:			2003-01-20				
Sample ID:			CW-01				
PARAMETER	UNITS	MDL	TREATED WATER				
As	mg/L	0.001	✓ <0.001				
B	mg/L	0.05	✓ <0.05				
Ba	mg/L	0.01	✓ 0.12				
Cd	mg/L	0.0001	✓ <0.0001				
Cr	mg/L	0.001	✓ 0.002				
Cu	mg/L	0.001	✓ 0.007				
F	mg/L	0.10	✓ 0.15				
Fe	mg/L	0.01	✓ 0.05				
Pb	mg/L	0.001	✓ <0.001				
Mn	mg/L	0.005	✓ 0.026				
	mg/L	0.0001	✓ <0.0001				
NO2	mg/L	0.10	✓ <0.10				
N-NO3	mg/L	0.10	✓ <0.10				
Se	mg/L	0.001	✓ <0.001				
U	mg/L	0.001	✓ <0.001				

MDL = Method Detection Limit
Comment:

INC = Incomplete

Method references available upon request.

APPROVAL:

Ewan McRobbie
Inorganic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: CHESTERVILLE WELL SUPPLY

Report Number: 2300817
Date: 2003-01-30
Date Submitted: 2003-01-21

ATT: Mr. Blair Henderson

Project: Chesterville Wells Quarterly
Chemicals

P.O. Number:
Matrix: Supply Water

LAB ID: 229213						
Sample Date: 2003-01-20						
Sample ID: CW-System						
PARAMETER	UNITS	MDL				
BTEX / 624 / PURGEABLE HYDROCARBONS						
Bromodichloromethane	ug/L	0.3	2.8			
Bromoform	ug/L	0.4	<0.4			
Chloroform	ug/L	0.5	5.4			
Dibromochloromethane	ug/L	0.3	1.6			
TOTALS						
Trihalomethanes (total)	ug/L	2.0	~9.8			
BTEX / 624 Surrogate Recoveries						
Toluene-d8	%		97			

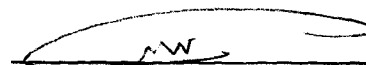
MDL = Method Detection Limit

INC = Incomplete

Method References available upon request.

Comment:

APPROVAL:


Mina Nasirai, B.Sc., C.Chem.
Organic Lab Supervisor

REPORT OF ANALYSIS

608 Norris Court, Kingston, ON, K7P 2R9



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To MOH MOE

Company _____

Fax Number 933-7930 800-268-6061

From Dave Markell

Date May 22/03

Number of Pages 3 (including this page)

Subject Chesterville Adverse Water

- Turb exceedance.
- Works # 210000728
- Fire pump exercised while flushing dist system caused turb. exceedance.

Notice of Drinking Water Analysis and Remedial Actions for Waterworks as Required under Drinking Water Protection Regulation

In accordance with the Drinking Water Protection Regulation, Laboratories and Water Works Owners must immediately provide oral notification to the MOE Spills Action Centre (SAC) at 1-800-268-6060 or 1-416-325-3000 and the local Medical Officer of Health (MOH) of indicators of adverse drinking water quality and exceedances of standards as outlined in the Regulation and remedial actions taken. Further, within 24 hours of the oral notification, the party shall provide written notification on this completed form by Fax to the Spills Action Centre at 1-800-268-6061 or 1-416-325-3011 and the local Medical Officer of Health. Failure to notify these parties in accordance with the Regulation constitutes an offence under the Act. A copy of this form may be acquired through the Ministry of the Environment (MOE) public web site (www.ene.gov.on.ca) or by contacting any MOE office.

PART 1 - NOTIFICATION BY LABORATORY

Indicators of Adverse Water Quality <input checked="" type="checkbox"/>	Phys/Chem <input checked="" type="checkbox"/> Exceeds MAC <input type="checkbox"/> Exceeds IMAC	Radiological <input type="checkbox"/> Exceeds IMAC CofA/Order <input type="checkbox"/> Exceeds Limit
ORAL NOTIFICATION to SPILLS ACTION CENTRE by LABORATORY		
Date:	Time:	By:
Laboratory Name:	Laboratory Emergency Contact Name	
Address	Position	
Email address	Phone #	Fax #
Waterworks Name	Waterworks Emergency Contact	
Works #	Name	
Location	Position	
Email Address	Phone #	Fax #
NOTIFICATION OF WATER WORKS OWNER		NOTIFICATION OF LOCAL MEDICAL OFFICER OF HEALTH
Person Contacted		Person Contacted
Position		Position
Date	Time	Date
Laboratory Written Notification Prepared by: (Lab Results must be attached using Part 3 of form)		Name (please print)
Signature		Date

PART 2 - NOTIFICATION BY WATER WORKS OWNER

Indicators of Adverse Water Quality <input checked="" type="checkbox"/>	Phys/Chem <input checked="" type="checkbox"/> Exceeds MAC <input type="checkbox"/> Exceeds IMAC	Radiological <input type="checkbox"/> Exceeds IMAC CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> This notification is for operational problems identified at the waterworks; there is no Laboratory notification associated with this report		
SPILLS ACTION CENTRE ORAL NOTIFICATION BY OWNER		WATERWORKS EMERGENCY CONTACT
Date May 21/03	Time 13:31	Name Dave Markell
Waterworks Name Chesterville		Position Process Tech.
Works # 210000323		Phone # 613-448-3038 Fax # 449-1616
Works Person Providing Oral Notification Dave Markell		
MEDICAL OFFICER OF HEALTH ORAL NOTIFICATION BY OWNER		REMEDIAL ACTIONS TAKEN BY OWNER:
Date May 21/03	Time 13:30	Resampling Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted Adalia		Increase Chlorine Dose <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Special Projects		Flushing Mains <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # 613-867-7120 Fax # 1-613-933-7930		Other Actions Taken <input type="checkbox"/> Yes <input type="checkbox"/> No
Works Person Providing Oral Notification Dave Markell		Describe:
Water Works Written Notification Prepared by: Name (please print) Dave Markell		Other information attached <input checked="" type="checkbox"/>
Signature Dave Markell		Date May 22/03
For Ministry Use Only:		Occurrence Report #:

PART 3:

**ADVERSE ANALYTICAL RESULTS - For Indicators Listed in SCHEDULE 6 -
Drinking Water Protection Regulation**
Microbiological Testing

Lab Sample ID No.	Sample Field ID No.	Date/Time Collected (M/D/Y) (: am pm)	Sample Type / Location	Membrane Filtration Count/100mL			P-A/100mL Presumptive/ Confirmed (if applicable)	HPC/ 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)
				Total Coliforms	Back- ground	E.coli <input type="checkbox"/> Fecal C. <input type="checkbox"/>				

**ADVERSE ANALYTICAL RESULTS - For Parameters Listed in SCHEDULE 4 and 5 or in a C of A or Order
Drinking Water Protection Regulation**
Physical/Chemical/Radiological Testing

Lab Sample ID No.	Sample Field ID No.	Date/Time Collected (M/D/Y) (: am pm)	Sample Type / Location	Parameter	Result	Unit	MAC/ IMAC	Date - Analysis Completed (M/D/Y)	Date - Data Approved (M/D/Y)
		(13:20 am pm)	ON LINE	TURBIDITY	2.1	NTU.	1.0	May 21/03	

Results Authorized By:

Authorization Date:

For Ministry Use Only:

Occurrence Report #:

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

Log for
OCWA
(613) 448-1616
May 22 2003 12:17pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
May 22	12:16pm	Fax Sent	18002686061	1:08	3	OK

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

Log for
OCWA
(613) 448-1616
May 22 2003 12:19pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
May 22	12:18pm	Fax Sent	16139337930	1:39	3	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To MOH MOE

Company _____

Fax Number 933-7930 800-268-6061

From Dave Markell

Date May 23/03

Number of Pages 3 (including this page)

Subject Chesterville Adverse Water

- Turb. exceedance
- Work# 210000728
- Hydrant flushing

Notice of Drinking Water Analysis and Remedial Actions for Waterworks as Required under Drinking Water Protection Regulation

In accordance with the Drinking Water Protection Regulation, Laboratories and Water Works Owners must immediately provide oral notification to the MOE Spills Action Centre (SAC) at 1-800-268-6060 or 1-416-325-3000 and the local Medical Officer of Health (MOH) of indicators of adverse drinking water quality and exceedances of standards as outlined in the Regulation and remedial actions taken. Further, within 24 hours of the oral notification, the party shall provide written notification on this completed form by Fax to the Spills Action Centre at 1-800-268-6061 or 1-416-325-3011 and the local Medical Officer of Health. Failure to notify these parties in accordance with the Regulation constitutes an offence under the Act. A copy of this form may be acquired through the Ministry of the Environment (MOE) public web site (www.ene.gov.on.ca) or by contacting any MOE office.

PART 1 - NOTIFICATION BY LABORATORY

Indicators of Adverse Water Quality <input type="checkbox"/>	Phys/Chem <input type="checkbox"/> Exceeds MAC <input type="checkbox"/> Exceeds IMAC	Radiological <input type="checkbox"/> Exceeds IMAC CofA/Order <input type="checkbox"/> Exceeds Limit
ORAL NOTIFICATION to SPILLS ACTION CENTRE by LABORATORY		
Date:	Time:	By:
Laboratory Name:		Laboratory Emergency Contact Name
Address		Position
Email address	Phone #	Fax #
Waterworks Name		Waterworks Emergency Contact
Works #		Name
Location		Position
Email Address	Phone #	Fax #
NOTIFICATION OF WATER WORKS OWNER		NOTIFICATION OF LOCAL MEDICAL OFFICER OF HEALTH
Person Contacted		Person Contacted
Position		Position
Date	Time	Date
Laboratory Written Notification Prepared by: (Lab Results must be attached using Part 3 of form)		Name (please print)
Signature		Date

PART 2 - NOTIFICATION BY WATER WORKS OWNER

Indicators of Adverse Water Quality <input checked="" type="checkbox"/>	Phys/Chem <input type="checkbox"/> Exceeds MAC <input type="checkbox"/> Exceeds IMAC	Radiological <input type="checkbox"/> Exceeds IMAC CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> This notification is for operational problems identified at the waterworks; there is no Laboratory notification associated with this report		
SPILLS ACTION CENTRE ORAL NOTIFICATION BY OWNER		WATERWORKS EMERGENCY CONTACT
Date May 23/03	Time 15:30	Name Dave Markell
Waterworks Name Chesterville		Position Process Tech
Works # 210000728		Phone # 613-448-3098 Fax # 613-448-1616
Works Person Providing Oral Notification Dave Markell		
MEDICAL OFFICER OF HEALTH ORAL NOTIFICATION BY OWNER		REMEDIAL ACTIONS TAKEN BY OWNER:
Date May 23/03	Time 15:29	Resampling Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted Adalin		Increase Chlorine Dose <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Special Projects		Flushing Mains <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # 800-267-7120	Fax # 933-7930	Other Actions Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Works Person Providing Oral Notification Dave Markell		Describe:
		Other information attached <input checked="" type="checkbox"/>
Water Works Written Notification Prepared by:		Name (please print)
Signature Dave Markell		Date May 23/03
For Ministry Use Only:		Occurrence Report #:

PART 3:

**ADVERSE ANALYTICAL RESULTS - For Indicators Listed in SCHEDULE 6 -
Drinking Water Protection Regulation**
Microbiological Testing

Lab Sample ID No.	Sample Field ID No.	Date/Time Collected (M/D/Y) (: am pm)	Sample Type / Location	Membrane Filtration Count/100mL			P-A/100mL Presumptive/ Confirmed (if applicable)	HPC/ 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)
				Total Coliforms	Back- ground	E.coli <input type="checkbox"/> Fecal C. <input type="checkbox"/>				

**ADVERSE ANALYTICAL RESULTS - For Parameters Listed in SCHEDULE 4 and 5 or in a C of A or Order
Drinking Water Protection Regulation**
Physical/Chemical/Radiological Testing

Lab Sample ID No.	Sample Field ID No.	Date/Time Collected (M/D/Y) (: am pm)	Sample Type / Location	Parameter	Result	Unit	MAC/ IMAC	Date - Analysis Completed (M/D/Y)	Date - Data Approved (M/D/Y)
			Contin.	Turbidity	2.9	NTU	MAC	May 23/03	

Results Authorized By:

Authorization Date:

For Ministry Use Only:

Occurrence Report #:

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

Log for
OCWA
(613) 448-1616
May 23 2003 3:46pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
May 23	3:45pm	Fax Sent	18002686061	0:47	3	OK

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

Log for
OCWA
(613) 448-1616
May 23 2003 3:44pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
May 23	3:43pm	Fax Sent	16139337930	1:37	3	OK



Fax

To MOH MOE

Company _____

Fax Number 933-7930 800-268-6061

From Dave Markell

Date Aug 13/03

Number of Pages 5 (including this page)

Subject Adverse Water.

- Chesterville @ 61 Albert street.
- Works 210000728
- TC 22
- Resampling Initiated.



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard		Phys/Chem <input type="checkbox"/> Exceeds Standard		Radiological <input type="checkbox"/> Exceeds Standard		CofA/Order <input type="checkbox"/> Exceeds Limit	
Oral Notification to SPILLS ACTION CENTRE									
Person Contacted: <u>Jason Mitchell</u>			Date: <u>13/08/03</u>			Time: <u>11:50 am</u>			
Person Notifying: <u>Andrea Schneider</u>			AWQI Notification No (s) <u>14226</u>						
Laboratory Name: <u>Caduceon Environmental Laboratory</u>			Laboratory Emergency Contact Name <u>Krystyna Pipin</u>						
Address <u>2378 Holly Lane Ottawa</u>			Position <u>Laboratory Supervisor</u>						
Telephone # of Lab (613) <u>526-0123</u>			Phone # (613) <u>526-0123</u>			Fax # (613) <u>526-1244</u>			
Drinking-Water System (DWS) Name <u>Chesterville WTP</u>			DWS Emergency Contact <u>OCWR</u>						
DWS (Waterworks) # <u>210000728</u>			Name <u>Dave Maxwell</u>						
Location			Position						
Telephone # of Waterworks (613) <u>448-3098</u>			Phone # (613) <u>448-3098</u>			Fax # (613) <u>448-1616</u>			
Oral Notification to Drinking-Water System Owner					Oral Notification to Local Medical Officer of Health				
Person Contacted <u>Dave Maxwell</u>			Person Contacted <u>Manon Carrière</u>						
Position <u>Process Tech</u>			Position <u>Admin Assit.</u>						
Date <u>13/08/03</u>		Time <u>10:55 am</u>		Date <u>13/08/03</u>		Time			
Laboratory Written Notification Prepared by: <u>Andrea Schneider</u> (Lab Results must be attached using Section 3 of this form)									
Signature <u>Andrea Schneider</u>			Date <u>13/08/03</u>						
For Ministry Use Only:					Report No.				



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 <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)		Details:			
Oral Notification to SPILLS ACTION CENTRE					
Date	Aug 13/03	Time	11:52	AWQI Notification No (s)	
Person Contacted		DWS EMERGENCY CONTACT			
DWS Name		Name			
DWS (Waterworks) #		Position			
DWS Person Providing Oral Notification		Phone #		Fax #	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:			
Date	Aug 13/03	Time	11:50	Resample/Re-test	
Person Contacted		Disinfectant Restored/ Increased		Flushing Mains/Pipos	
Position		Users Advised to Boil/Seek Alternate		OTHER - Describe:	
Phone #		Fax #		DWS Person Providing Oral Notification	
Initial DWS Notification Prepared by:		Other information attached			
Signature		Date			

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

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

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

ADVERSE ANALYTICAL RESULTS

For Indicators Listed in – Drinking-Water Systems Regulation

Microbiological Testing

AWQI Notification Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type/ Location Identifier	Membrane Filtration Count/100 mL			P-A / 100mL Confirmed	HPC / 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)	Date - Data Approved (M/D/Y)
					Total Coliforms	TC Back- ground	E. coli Fecal C.					
14226	B03-68403		11/08/03	Distrib.	22	-	-	-	-	12/08/03	13/08/03	13/08/03
			11/08/03				-	-	-	12/08/03	13/08/03	13/08/03

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

Physical/Chemical/Radiological Testing

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

Results Authorized By: Andrea Schneider

Authorization Date: 13/08/03

For Ministry Use Only:

Report No.:



CERTIFICATE OF ANALYSIS Preliminary Report

REPORT No. B03-6840

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: 12-Aug-03

DATE REPORTED: 13-Aug-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:	Total Coliform				
Units:	cts/100ml				
MDL:	1				
Reference Method:	MOE E3371				
Date Analyzed:	12-Aug-03				

Client I.D.	Sample I.D.	Date Collected				
Well #5 Raw	B03-6840-1	11-Aug-03	--			
Well #5 Treated, Lot 12 Conc. 5, HWY 43	B03-6840-2	11-Aug-03	--			
61 Albert Street	B03-6840-3	11-Aug-03	22			
BBL Ltd. Main Street	B03-6840-4	11-Aug-03	--			
LCBO Queen Street	B03-6840-5	11-Aug-03	--			

K. P.
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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

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

Log for
OCWA
613 448-1616
Aug 13 2003 1:37pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	1:36pm	Fax Sent	18002686061	1:09	5	OK

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

Log for
OCWA
613 448-1616
Aug 13 2003 1:34pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	1:32pm	Fax Sent	16139337930	1:51	5	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To

Dan / Cindy

Company

Fax Number

416-314-5455 613-969-7452

From

Dave Markell

Date

Aug 13/03.

Number of Pages

8 (including this page)

Subject

Adverse Water.

Chesterville

TC 22.

Rosample started

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

Log for
OCWA
613 448-1616
Aug 13 2003 1:52pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	1:50pm	Fax Sent	16139697452	1:29	8	OK

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

Log for
OCWA
613 448-1616
Aug 13 2003 1:49pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 13	1:47pm	Fax Sent	14163145455	2:23	8	OK



Fax

To MOH MOE

Company _____

Fax Number 268-6061 933-7930

From Dave Markell

Date Aug 21/03

Number of Pages 4 (including this page)

Subject AWQ1 14226

Notice of Issue resolution.

- Resample results collected immediately
after Adverse notification were deemed not
reliable because of Power Black-out at Lab.
Through consultation with Jan Franssen water
inspector cornwall office a further set of
samples were collected and sent to a
Branch of the Lab (caduceon) not affected
by the power outages.

Dave

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details:		
Oral Notification to SPILLS ACTION CENTRE					
Date	Time	AWQI Notification No (s)			
Aug 13/03	11:52	14226			
Person Contacted			DWS EMERGENCY CONTACT		
Michael G			Name Dave Markell		
DWS Name			Position		
Chesterville WTP			Process Tech		
DWS (Waterworks) #			Phone #		
210000728			(613) 448-3098		
DWS Person Providing Oral Notification			Fax #		
Dave Markell			(613) 448-1616		
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Time	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Aug 13/03	11:50				
Person Contacted		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Manon Carriere		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Admin. Ass.		OTHER - Describe:			
Phone #	Fax #	Other information attached			
(800) 283-7120	(613) 933-7930	✓			
DWS Person Providing Oral Notification					
Dave Markell					
Initial DWS Notification Prepared by:			Date		
Dave Markell			Aug 13/03		
Signature			Date		
Dave Markell			Aug 13/03		

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

Date Resolved:	Date Resolution Notice Provided:
Aug 20/03	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
Find Attached resample results for site of Adverse. 61 Albert st. Chesterville.	
Prepared By:	Signature:
Dave Markell	Dave Markell
Date:	
Aug 21/03	
For Ministry Use Only:	Report No.

C.O.C.: --

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6964

Rev. 1

Report To:

Ontario Clean Water Agency - Chesterville
6 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: 13-Aug-03

DATE REPORTED: 19-Aug-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100ml	cts/100mL	cts/1mL	mg/L	
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	13-Aug-2003	13-Aug-2003	13-Aug-2003	19-Aug-2003	

Client I.D.	Sample I.D.	Date Collected				
17 Albert Street	B03-6964-1	13-Aug-03	< 1	< 1	< 2	1.13
Post Office, Queen Street	B03-6964-2	13-Aug-03	< 1	< 1	--	1.09
61 Albert Street	B03-6964-3	13-Aug-03	< 1	< 1	--	1.24


Krystyna Pipiri, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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

C.O.C.: —

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7220

Rev. 1

Report To:

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

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

DATE SUBMITTED: 16-Aug-03

DATE REPORTED: 20-Aug-03

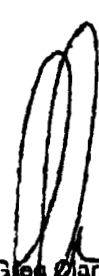
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000720

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	16-Aug-2003	16-Aug-2003	16-Aug-2003	16-Aug-2003	
Client I.D.	Sample I.D.	Date Collected			
Post Office	B03-7220-1	15-Aug-03	< 1	< 1	10
61 Albert Street	B03-7220-2	15-Aug-03	< 1	< 1	1.40
Beckers	B03-7220-3	15-Aug-03	< 1	< 1	1.29


Greg Markin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

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

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

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

Log for
OCWA
613 448-1616
Aug 21 2003 4:18pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 21	4:17pm	Fax Sent	18002686061	0:56	4	OK

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

Log for
OCWA
613 448-1616
Aug 21 2003 4:22pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 21	4:20pm	Fax Sent	16139337930	1:32	4	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To Angela Rutley
Company Imp. North Dundas
Fax Number 774-5699
From Kim Baker
Date Aug 22/03
Number of Pages 10 (including this page)
Subject Chesterville Water Results
- Please find attached an Adverse
Notification and Summary to be
filed in binder.

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

Log for
OCWA
613 448-1616
Aug 22 2003 10:38am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 22	10:36am	Fax Sent	774-5699	2:03	10	OK



Fax

To MOT MOE

Company _____

Fax Number 933-7530 800-268-6061

From Dave Martell

Date Oct. 17/03.

Number of Pages 5 (including this page)

Subject Adverse (18320)

- Adverse @ 61 Abert St Chesterville
- AWQI # 18320
- Works # 210000728

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details:		
Oral Notification to SPILLS ACTION CENTRE					
Date	Time	AWQI Notification No (s)			
OCT 16/03	13:50	18320			
Person Contacted			DWS EMERGENCY CONTACT		
JANET			Name		
DWS Name			BLAIR HENDERSON		
DWS (Waterworks) #			Position		
210000728			OPERATIONS MANAGER		
DWS Person Providing Oral Notification			Phone #	Fax #	
BLAIR HENDERSON			(613) 448-3098	(613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Time	Resample/Re-test		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OCT. 16/03	13:59				
Person Contacted		Disinfectant Restored/ Increased		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IDEALIA		Flushing Mains/Pipes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		Users Advised to Boil/Seek Alternate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL PROJECT					
Phone #	Fax #	OTHER - Describe:			
(800) 267-7120	(613) 933-7930				
DWS Person Providing Oral Notification			Other information attached <input type="checkbox"/>		
BLAIR HENDERSON					
Initial DWS Notification Prepared by:			Signature		
BLAIR HENDERSON			Date		
Signature			OCT 16/03		

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

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


 Ministry of the Environment
 Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03
SECTION 1 - WRITTEN NOTICE BY LABORATORY

Indicators of Adverse		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
Water Quality		Col/Order <input type="checkbox"/> Exceeds Limit		
Oral Notification to SPILLS ACTION CENTRE				
Person Contacted: <u>Jason Mitchell</u>		Date: 16/10/03	Time: 2:05pm	
Person Notifying: Andrea Schneider		AWQI Notification No (s) <u>18320</u>		
Laboratory Name: Caduceon Environmental Laboratory		Laboratory Emergency Contact Name Krystyna Pipin		
Address 2378 Holly Lane, Ottawa, ON		Position Laboratory Supervisor		
Telephone # of Lab (613) 526-0123		Phone # (613) 526-0123	Fax # (613) 526-1244	
Drinking-Water System (DWS) Name Chesterville WTP		DWS Emergency Contact OCWA		
DWS (Waterworks) # 210000728		Name Dave Markell		
Location		Position Senior Operator		
Telephone # of Waterworks (613) 448-3098		Phone # (613) 448-3098	Fax # (613) 448-1616	
Oral Notification to Drinking-Water System Owner		Oral Notification to Local Medical Officer of Health		
Person Contacted <u>Blair Henderson</u>		Person Contacted <u>Idalia</u>		
Position		Position		
Date 16/10/03	Time 1:45pm	Date 16/10/03	Time 1:47pm	
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form)		Andrea Schneider		
Signature <u>Andrea Schneider</u>		Date 16/10/03		
For Ministry Use Only:		Report No.		



Ministry of the Environment
Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

ADVERSE ANALYTICAL RESULTS

For Indicators Listed in – Drinking-Water Systems Regulation

Microbiological Testing

AWQI Notification Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type/ Location Identifier	Membrane Filtration Count/100 mL			P-A / 100mL Confirmed	HPC / 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)	Date - Data Approved (M/D/Y)
					Total Coliforms	TC Back- ground	E. coli Fecal C.					
18320	B03-1C445-3		14/10/03	61 Albert	1	-	-	-	-	15/10/03	16/10/03	16/10/03

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

Physical/Chemical/Radiological Testing

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

Results Authorized By: Andrea Schneider

Authorization Date: 16/10/03

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 4 of 4

10/16/2003 16:51

6135261244

CADUCEON

PAGE 01/03

C.O.C.: 42519

CERTIFICATE OF ANALYSIS Preliminary Report

REPORT No. B03-10445

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: 15-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 16-Oct-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	15-Oct-2003	15-Oct-2003	15-Oct-2003	15-Oct-2003	16-Oct-2003

Client I.D.	Sample I.D.	Date Collected					
CW-01 Well#5	B03-10445-1	14-Oct-03	< 1	< 1	< 1	--	--
CW-02 Treat(well#5)	B03-10445-2	14-Oct-03	< 1	--	< 1	--	1.18
CW-03 G1 Albert	B03-10445-3	14-Oct-03	1	--	< 1	--	0.88
CW-04 Lannins	B03-10445-4	14-Oct-03	< 1	--	< 1	--	0.64
CW-05 LCBO	B03-10445-5	14-Oct-03	< 1	--	< 1	--	0.97

Adverse

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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

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Log for
OCWA
613 448-1616
Oct 17 2003 11:34am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Oct 17	11:26am	Fax Sent	1 800 268-6061	1:09	5	OK
Oct 17	11:29am	Fax Sent	1 613 933-7930	1:53	5	OK
Oct 17	11:32am	Fax Sent	1 416 314-5455	1:58	5	OK



Fax

To MOE MOE

Company _____

Fax Number 268-6061 933-7930

From _____

Date _____

Number of Pages 3 (including this page)

Subject Issue Resolution.

AWQI # 18320

Resamples good.

Dwe

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input checked="" type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard
				CofA/Order <input type="checkbox"/> Exceeds Limit
<input type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details:	
Oral Notification to SPILLS ACTION CENTRE				
Date	Time	AWQI Notification No (s)		
OCT 16/03	13:50	18320		
Person Contacted		DWS EMERGENCY CONTACT		
JANET				
DWS Name		Name		
CHESTERVILLE		BLAIR HENDERSON		
DWS (Waterworks) #		Position		
210000728		OPERATIONS MANAGER		
DWS Person Providing Oral Notification		Phone #	Fax #	
BLAIR HENDERSON		(613) 448-3098	(613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH		CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Time	Resample/Re-test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OCT 16/03	13:59			
Person Contacted		Disinfectant Restored/ Increased	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IDEALIA		Flushing Mains/Pipes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position		Users Advised to Boil/Seek Alternate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL PROJECT		OTHER - Describe:		
Phone # (800) 267-7120	Fax # (613) 933-7930			
DWS Person Providing Oral Notification		Other information attached <input type="checkbox"/>		
BLAIR HENDERSON				
Initial DWS Notification Prepared by:		Signature		
BLAIR HENDERSON		Date		
		OCT 16/03		

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

Date Resolved:	Date Resolution Notice Provided:
OCT 20/03	OCT 20/03
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
Resamples collected as per regulation. Oct. 17.	
Results received Oct 20/03 (Attached.) all good.	
Prepared By:	Signature:
Dave Markill	Dave Markill
Date:	
OCT 20/03	
For Ministry Use Only:	Report No.

C.O.C.: 42518

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-10593

Report To:

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

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

DATE SUBMITTED: 17-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 20-Oct-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	17-Oct-2003	17-Oct-2003	17-Oct-2003	17-Oct-2003	17-Oct-2003

Client I.D.	Sample I.D.	Date Collected					
61 Albert	B03-10593-1	18-Oct-03	<1 ✓	<1 ✓	<1 ✓	2 ✓	0.93
17 Albert	B03-10593-2	16-Oct-03	<1 ✓	<1 ✓	<1 ✓	--	1.03
Post Office Queen St	B03-10593-3	16-Oct-03	<1 ✓	<1 ✓	<1 ✓	--	0.90

*faxed
Oct. 20/03
Dave*

K. Pipin
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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

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Log for
OCWA
613 448-1616
Oct 20 2003 4:08pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Oct 20	3:58pm	Fax Sent	1 800 268-6061	0:45	3	OK
Oct 20	3:59pm	Fax Sent	1 416 314-5455	1:16	3	OK
Oct 20	4:07pm	Fax Sent	1 613 933-7930	1:13	3	OK



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

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

Fax

To MOH NOE
Company _____
Fax Number 933-9930 600-268-6061
From Dave McMill
Date Dec 11/03
Number of Pages 2 (including this page)
Subject Adverse Water

AWQI # 21353

- Major water main break Chesterville
- Elevated tank empty @ 5:30 a.m.
- Re-established system pressure 7:00 a.m.
- When sufficient water is in elevated tank all water main ends will be flushed.
- 4 bacti sample will be collected
- chlorine feed rate has been increased.

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: No Water Pressure (Main Break)		
Oral Notification to SPILLS ACTION CENTRE					
Date	Dec 11/03	Time	7:30	AWQI Notification No (s) 21353	
Person Contacted Tina			DWS EMERGENCY CONTACT		
DWS Name Chesterville			Name Dave Markell		
DWS (Waterworks) # 210000729			Position Process Tech		
DWS Person Providing Oral Notification Dave Markell			Phone # (613) 449-3093	Fax # (613) 448-1616	
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Dec 11/03	Time	7:29	Resample/Re-test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted Liane			Disinfectant Restored/ Increased	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Position Answering Service			Flushing Mains/Pipes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Phone # (800) 267-7120			Fax # (613) 933-7930	Users Advised to Boil/Seek Alternate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DWS Person Providing Oral Notification Dave Markell			OTHER - Describe:		
Initial DWS Notification Prepared by:			Other information attached <input type="checkbox"/>		
Signature Dave Markell			Date Dec 11/03		

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

Date Resolved:	Date Resolution Notice Provided:
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)	
<div style="height: 100px;"></div>	
Prepared By:	Signature:
Date:	
For Ministry Use Only:	Report No.

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

Log for
OCWA
613 448-1616
Dec 11 2003 11:05am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Dec 11	11:02am	Fax Sent	1 613 933-7930	0:53	2	OK
Dec 11	11:03am	Fax Sent	1 800 268-6061	0:44	2	OK
Dec 11	11:04am	Fax Sent	1 416 314-5455	0:54	2	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To MOH MOE

Company _____

Fax Number 933-7930 800-268-6061

From Dave Markell

Date Dec 15/03

Number of Pages 3 (including this page)

Subject Issue Resolution

AWQI # 21353

Drinking-Water Systems Regulation O. Reg 170/03

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

Indicators of Adverse Water Quality		Micro <input type="checkbox"/> Exceeds Standard	Phys/Chem <input type="checkbox"/> Exceeds Standard	Radiological <input type="checkbox"/> Exceeds Standard	CofA/Order <input type="checkbox"/> Exceeds Limit
<input checked="" type="checkbox"/> Indicator of Adverse Water Quality (operational / on-site observations or test result; no associated lab notification)			Details: No Water Pressure (Main Break)		
Oral Notification to SPILLS ACTION CENTRE					
Date	Dec 11/03	Time	7:30	AWQI Notification No (s) 21353	
Person Contacted Tina			DWS EMERGENCY CONTACT		
DWS Name Chesterville			Name Dave Markell		
DWS (Waterworks) # 210000728			Position Process Tech		
DWS Person Providing Oral Notification Dave Markell			Phone # (613) 448-3098		Fax # (613) 448-1616
Oral Notification to MEDICAL OFFICER OF HEALTH			CORRECTIVE ACTION(S) TAKEN BY OWNER:		
Date	Dec 11/03	Time	7:29	Resample/Re-test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Person Contacted Liane			Disinfectant Restored/ Increased <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			Flushing Mains/Pipes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Position Answering Service			Users Advised to Boil/Seek Alternate <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Phone # (800) 267-7120		Fax # (613) 533-9930		OTHER - Describe:	
DWS Person Providing Oral Notification Dave Markell			Other information attached <input type="checkbox"/>		
Initial DWS Notification Prepared by:					
Signature Dave Markell			Date Dec 11/03		

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

Date Resolved:	Dec 15/03	Date Resolution Notice Provided:	Dec 15/03
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)			
<ul style="list-style-type: none"> - All water main ends flushed. - System samples collected & results attached. 			
Prepared By:	Dave Markell	Signature:	Dave Markell
		Date:	Dec 15/03
For Ministry Use Only:		Report No.	

C.O.C.: c-00285

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-13753

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: 12-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 15-Dec-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	12-Dec-2003	12-Dec-2003	12-Dec-2003	12-Dec-2003	

Client I.D.	Sample I.D.	Date Collected					
LCBO	B03-13753-1	11-Dec-03	< 1	< 1	< 2	1.16	
Public School	B03-13753-2	11-Dec-03	< 1	< 1	< 2	1.18	
Lannin's Garage	B03-13753-3	11-Dec-03	< 1	< 1	< 2	0.78	
5 Industrial Dr	B03-13753-4	11-Dec-03	< 1	< 1	< 2	1.14	

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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

HP OfficeJet K Series K80
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Log for
OCWA
613 448-1616
Dec 15 2003 4:27pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Dec 15	4:16pm	Fax Sent	1 800 268-6061	0:43	3	OK
Dec 15	4:17pm	Fax Sent	1 416 314-5455	1:12	3	OK
Dec 15	4:25pm	Fax Sent	1 613 933-7930	1:11	3	OK

Client: CHESTERVILLE WELL SUPPLY

5 Industrial Drive

Chesterville, ON

K0C 1H0

Attention: Mr. Blair Henderson

Report Number: 2306770

Date: 2003-05-26

Date Submitted: 2003-05-13

Project:

P.O. Number:

Matrix: Supply Water

PARAMETER	UNITS	MDL	LAB ID:		TREATED	DISTRIBUTION				GUIDELINE		
			Sample Date:	Sample ID:						TYPE	LIMIT	UNITS
			247865	247866								
			2003-05-12	2003-05-12								
			CW-01	CW-SYSTEM								
											MOE REG 459/00	
TABLE B COMPOUNDS (VOCs)												
1,1-dichloroethylene	ug/L	0.5	<0.5							MAC	14	ug/L
1,2-dichlorobenzene	ug/L	0.4	<0.4							MAC	200	ug/L
1,2-dichloroethane	ug/L	0.7	<0.7							IMAC	5	ug/L
1,4-dichlorobenzene	ug/L	0.4	<0.4							MAC	5	ug/L
Benzene	ug/L	0.5	<0.5							MAC	5	ug/L
Carbon Tetrachloride	ug/L	0.9	<0.9							MAC	5	ug/L
Dichloromethane	ug/L	4.0	<4.0							MAC	50	ug/L
Ethylbenzene	ug/L	0.5	<0.5							AO	2.4	ug/L
Monochlorobenzene	ug/L	0.2	<0.2							MAC	80	ug/L
Tetrachloroethylene	ug/L	0.3	<0.3							MAC	30	ug/L
Toluene	ug/L	0.5	<0.5							AO	24	ug/L
Trichloroethylene	ug/L	0.3	<0.3							MAC	50	ug/L
Vinyl Chloride	ug/L	0.5	<0.5							MAC	2	ug/L
Bromodichloromethane	ug/L	0.3	2.9	3.3								
Bromoform	ug/L	0.4	<0.4									
Chloroform	ug/L	0.5	4.5	6.9								
Dibromochloromethane	ug/L	0.3	1.3	1.5								
Trihalomethanes (total)	ug/L	2.0	8.7	11.7						MAC	100	ug/L
m/p-xylene	ug/L	1.0	<1.0									
o-xylene	ug/L	0.5	<0.5									
Xylene; total	ug/L	2.0	<2.0							AO	300	mg/L
TABLE B SURROGATES												
Toluene-d8	%		103	108								
4-bromofluorobenzene	%		99									
1,2-dichloroethane-d4	%		103									

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

Client: CHESTERVILLE WELL SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: Mr. Blair Henderson

Report Number: 2306770
Date: 2003-05-26
Date Submitted: 2003-05-13

Project:

P.O. Number:

Matrix:

Supply Water

LAB ID: Sample Date: Sample ID:			247865					GUIDELINE		
			2003-05-12					MOE REG 459/00		
			CW-01							
PARAMETER	UNITS	MDL	TREATED					TYPE	LIMIT	UNITS
N-NO2 (Nitrite)	mg/L	0.10	<0.10					MAC	1.0	mg/L
N-NO3 (Nitrate)	mg/L	0.10	<0.10					MAC	10.0	mg/L

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

Comment:

APPROVAL:

Ewan McRobbie
Inorganic Lab Supervisor

Client: CHESTERVILLE W. SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: Mr. Blair Henderson

Report Number: 2313358
Date: 2003-08-29
Date Submitted: 2003-08-27

Project:

P.O. Number:

Matrix: Supply Water

			LAB ID:	268508					Supply Water			
			Sample Date:	2003-08-26						GUIDELINE		
			Sample ID:	Chesterville Dist Sewage Pump						MOE REG 170/03		
PARAMETER			UNITS	MDL	DISTRIBUTION					TYPE	LIMIT	UNITS
VOLATILE ORGANIC COMPOUNDS - VOCs												
Bromodichloromethane			ug/L	0.3	3.4					MAC	100	ug/L
Bromoform			ug/L	0.4	<0.4							
Chloroform			ug/L	0.5	7.1							
Dibromochloromethane			ug/L	0.3	1.9							
Trihalomethanes (total)			ug/L	2.0	12.4 ✓							
VOC SURROGATES												
Toluene-d8			%		98							

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

Client: CHESTERVILLE W. SUPPLY
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: Mr. Blair Henderson

Report Number: 2313358
Date: 2003-08-29
Date Submitted: 2003-08-27

Project:

P.O. Number:

Matrix: Supply Water

LAB ID: 268507 Sample Date: 2003-08-26 Sample ID: Chesterville Reservoir								GUIDELINE MOE REG 170/03		
PARAMETER	UNITS	MDL	TREATED					TYPE	LIMIT	UNITS
N-NO2 (Nitrite)	mg/L	0.10	<0.10					MAC	1.0	mg/L
N-NO3 (Nitrate)	mg/L	0.10	<0.10					MAC	10.0	mg/L

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

Comment:

APPROVAL: Ewan McRobbie
Inorganic Lab Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Attention: Dave Markell

Report:

230000131

Project:

Chesterville WTP

Date Sampled:

January 6, 2003

Date Received:

January 7, 2003

Date Printed:

January 09, 2003

Matrix:

Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well #5 Raw	absent	absent			absent	
Well #5 Treated		absent	1.18	4	absent	1.21
Dist. MacEwen Fuels		absent	1.12	absent	absent	1.15
Dist. Liquor Store		absent	1.10		absent	1.15
Dist. Sewage Pump Stn #1		absent	1.00		absent	1.10

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Report:

230000447

Project:

Chesterville WTP

Date Sampled:

January 13, 2003

Date Received:

January 14, 2003

Date Printed:

January 16, 2003

Attention: Dave Markell

Matrix:

Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05

Sample ID

Well # 5 Raw	absent	absent			absent	
Well # 5 Treated		absent	1.24	8	absent	1.25
Dist. St. Mary's School		absent	1.20	124	absent	1.30
Dist. Public School		absent	1.10		absent	1.20
Dist. Community Centre		absent	1.10		absent	1.20

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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

Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Report:

230000764

Project:

Chesterville WTP

Date Sampled:

January 20, 2003

Date Received:

January 21, 2003

Date Printed:

January 23, 2003

Attention: **Dave Markell**

Matrix:

Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well #5 Raw	1	absent			absent	
Well #5 Treated		absent	1.09	absent	absent	1.14
Dist. Stinsons		absent	1.10	absent	absent	1.20
Dist. S.P.S		absent	0.90		absent	1.10
Dist. 5 Industrial Dr.		absent	1.20		absent	1.30

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Attention: Dave Markell

Report:

230001077

Project:

Chesterville WTP

Date Sampled:

January 27, 2003

Date Received:

January 28, 2003

Date Printed:

January 30, 2003

Matrix:

Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05

Sample ID

Well # 5 Raw	absent	absent			absent	
Well # 5 Treated		absent	0.94	absent	absent	0.98
Dist. MacEwen Gas		absent	1.00	absent	absent	1.10
Dist. Kick Boxing		absent	0.90		absent	1.00
Dist. Public School		absent	1.00		absent	1.10

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:
Ontario Clean Water Agency
Industrial Dr.
Chesterville, ON
K0C 1H0

Report: 230001153
Project: Chesterville WTP
Date Sampled: January 28, 2003
Date Received: January 29, 2003
Date Printed: January 30, 2003

Attention: Dave Markell
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification
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Well #5 Raw
Stand By
Well

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.
Chesterville, ON
K0C 1H0

Attention: Dave Markell

Report:

230001373

Project:

Chesterville WTP

Date Sampled:

February 3, 2003

Date Received:

February 4, 2003

Date Printed:

February 06, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification					
			Well #5 Raw	Well #5 Treated, Lot 12, Con 5	Dist. MacEwen Fuel Riverside	Dist. Curran's Auto	Dist. LCBO	Dist. Stand-by Well (Raw)
Total Chlorine	mg/L	0.05		1.11	1.10	1.10	1.10	
Free Chlorine	mg/L	0.05		1.06	1.00	1.00	1.00	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		absent	absent			
Background bacteria	/100mL	1	absent					absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Attention: Dave Markell

Report:

230001693

Project:

Chesterville WTP

Date Sampled:

February 10, 2003

Date Received:

February 11, 2003

Date Printed:

April 22, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification					
			Well #6 Raw	Well #6 Treated	Dist. St. Mary's Catholic	Dist. 6 Industrial	Dist. D&D Auto	Stand-by Well
Total Chlorine	mg/L	0.05		1.14	1.50	1.44	1.30	
Free Chlorine	mg/L	0.05		1.06	1.40	1.20	1.40	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		absent	absent			
Background bacteria	/100mL	1	1					
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230002037

Project:

Chesterville WTP

Date Sampled:

February 17, 2003

Date Received:

February 18, 2003

Date Printed:

February 20, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
-----------	------	-----	-----------------------	--	--	--	--

			Well #5 Raw	Well #5 Treated	Dist. LCBO	Dist. Post Office	Dist. Chestervill e PS	Stand by Well
Total Chlorine	mg/L	0.05		0.81	1.15	1.18	1.13	
Free Chlorine	mg/L	0.05		0.79	1.03	1.08	1.03	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		absent	2			
Background bacteria	/100mL	1	absent					2
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230002330

Project:

Chesterville WTP

Date Sampled:

February 24, 2003

Date Received:

February 25, 2003

Date Printed:

February 27, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
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			Well #5 Raw	Well #5 Treated	Dist. Arena	Dist. St. Mary's School	Dist. SPS River Rd.	Stand By Well
Total Chlorine	mg/L	0.05		1.03	0.93	0.79	0.81	
Free Chlorine	mg/L	0.05		0.88	0.90	0.74	0.72	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		2	absent			
Background bacteria	/100mL	1	absent					absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230002641

Project:

Chesterville WTP

Date Sampled:

March 3, 2003

Date Received:

March 4, 2003

Date Printed:

March 12, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification					
			Well #5 Raw	Well #5 Treated	Dist. McEwen Petro	Dist. Canada Post	Dist. 5 Industrial	Stand By Pump Well #5
Total Chlorine	mg/L	0.05		1.20	1.00	0.90	1.00	
Free Chlorine	mg/L	0.05		1.10	1.00	0.90	1.00	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		absent	150			
Background bacteria	/100mL	1	1					absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230002987

Project:

Chesterville WTP

Date Sampled:

March 10, 2003

Date Received:

March 11, 2003

Date Printed:

March 13, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #5 - Raw	Well #5 - Treated	Dist. MB Foster	Dist. LCBO	Dist. D&D Auto
Total Chlorine	mg/L	0.05		1.31	1.16	1.26	1.07
Free Chlorine	mg/L	0.05		1.15	1.18	1.24	1.09
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	2		
Background bacteria	/100mL	1	absent				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

ario Clean Water Agency
Industrial Dr.
Chesterville, ON
K0C 1H0

Attention: Dave Markell

Report:

230003038

Project:

Chesterville WTP

Date Sampled:

March 11, 2003

Date Received:

March 12, 2003

Date Printed:

March 14, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification
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Stand By Well #5

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230003265

Project:

Chesterville WTP

Date Sampled:

March 17, 2003

Date Received:

March 18, 2003

Date Printed:

March 20, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #5 Raw	Well #5 Treated	Dist. St. Mary's School	Dist. McEwen Gas Bar	Dist. 43 Mill St.
Total Chlorine	mg/L	0.05		1.00	0.90	0.90	0.80
Free Chlorine	mg/L	0.05		0.95	0.90	0.90	0.70
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	2		
Background bacteria	/100mL	1	absent				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Attention: **Dave Markell**

Report:

230003264

Project:

Chesterville WTP

Date Sampled:

March 17, 2003

Date Received:

March 18, 2003

Date Printed:

March 20, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification
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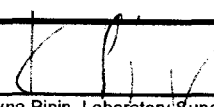
Stand By Well
Raw

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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


Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230003598

Project:

Chesterville WTP

Date Sampled:

March 24, 2003

Date Received:

March 25, 2003

Date Printed:

March 27, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #5 Raw	Well #5 Treated	Dist. Post Office	Dist. St. Mary's School	Dist. LCBO
Total Chlorine	mg/L	0.05		1.27	1.13	1.21	1.17
Free Chlorine	mg/L	0.05		1.21	0.99	1.17	1.01
E. coli	/100mL	1	4	absent	absent	absent	absent
HPC	/mL	2		4	4		
Background bacteria	/100mL	1	4				
Total Coliforms	/100mL	1	4	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:
Ontario Clean Water Agency
Industrial Dr.
Chesterville, ON
K0C 1H0

Attention: Dave Markell

Report: **230003599**
Project: Chesterville WTP
Date Sampled: March 24, 2003
Date Received: March 25, 2003
Date Printed: March 26, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification
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Stand By Well
Raw

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Client:

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

Attention: Dave Markell

Report:

230003990

Project:

Chesterville WTP

Date Sampled:

March 31, 2003

Date Received:

April 1, 2003

Date Printed:

April 03, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #5 - Raw	Well #5 - Treated	Dist. 232 Queen St. W.	Dist. 13347 Forward Rd.	Dist. Co-op King St.
Total Chlorine	mg/L	0.05		1.15	0.80	1.00	0.90
Free Chlorine	mg/L	0.05		1.13	0.70	1.00	0.90
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		4	4		
Background bacteria	/100mL	1	absent				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Report:

230003988

Project:

Chesterville WTP

Date Sampled:

March 31, 2003

Date Received:

April 1, 2003

Date Printed:

April 03, 2003

Attention: Dave Markell

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification
Stand By Well Raw			
E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Client:

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

Report: 230004338
Project: Chesterville WTP
Date Sampled: April 7, 2003
Date Received: April 8, 2003
Date Printed: April 10, 2003
Matrix: Drinking Water

Attention: Dave Markell

Parameter	Unit	MDL	Sample Identification				
-----------	------	-----	-----------------------	--	--	--	--

		Well #5 Raw	Well #5 Treated	Dist. 37 Joseph St.	Dist. SPS #1	Dist. ESSO Gas Bar	Stand By Well Raw
Total Chlorine	mg/L	0.05	1.10	1.00	1.00	1.00	
Free Chlorine	mg/L	0.05	1.00	1.00	0.90	1.00	
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2	absent	absent			
Background bacteria	/100mL	1	absent				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230004782

Project:

Chesterville WTP

Date Sampled:

April 14, 2003

Date Received:

April 15, 2003

Date Printed:

April 17, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #5 Raw	Well #5 Treated	Dist. Mackewen	Dist. MB Foster & Ass.	Dist. 5 Industrial Dr.
Total Chlorine	mg/L	0.05		1.41	1.60	1.39	1.27
Free Chlorine	mg/L	0.05		1.29	1.50	1.38	1.21
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	absent		
Background bacteria	/100mL	1	absent				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230004780

Project:

Chesterville WTP

Date Sampled:

April 14, 2003

Date Received:

April 15, 2003

Date Printed:

April 17, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification
-----------	------	-----	-----------------------

Stand By Well
Raw

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	3
Total Coliforms	/100mL	1	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell

Report:

230005153

Project:

Chesterville WTP

Date Sampled:

April 22, 2003

Date Received:

April 23, 2003

Date Printed:

April 25, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification					
			Well #5 Raw	Well #5 Treated	Dist. LCBO	Dist. McEwen Convle	Dist. Separate School	Stand By Well
Total Chlorine	mg/L	0.05		1.41	1.29	1.30	1.32	
Free Chlorine	mg/L	0.05		1.29	1.20	1.24	1.26	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		2	absent			
Background bacteria	/100mL	1	absent					absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis**Client:****Ontario Clean Water Agency**

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: Dave Markell**Report:****230005372****Project:**

Chesterville WTP

Date Sampled:

April 28, 2003

Date Received:

April 28, 2003

Date Printed:

April 30, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #5 Raw	Well #5 Treated	Dist. M&T Advertising	Dist. Post Office	Dist. D&D Automotive
Total Chlorine	mg/L	0.05		1.24	1.24	1.07	1.05
Free Chlorine	mg/L	0.05		1.19	1.14	1.02	0.98
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2		absent	2		
Background bacteria	/100mL	1	absent				
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

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

Attention: **Dave Markell**

Report:

230005379

Project:

Chesterville WTP

Date Sampled:

April 28, 2003

Date Received:

April 28, 2003

Date Printed:

April 30, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification
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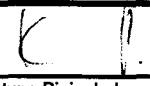
Stand By Well
- Raw

E. coli	/100mL	1	absent
Background bacteria	/100mL	1	absent
Total Coliforms	/100mL	1	absent

Caduceon Environmental Laboratories

2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada

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


Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention: **Dave Markell**

Report:

230005780

Project:

Chesterville WTP

Date Sampled:

May 5, 2003

Date Received:

May 5, 2003

Date Printed:

May 07, 2003

Matrix:

Drinking Water

Parameter	Unit	MDL	Sample Identification					
			Well #5 - Raw	Well #5 - Treated	Dist. 61 Albert St.	Dist. Elevated Tank	Dist. 232 Queen St. W.	Stand By Well
Total Chlorine	mg/L	0.05		1.20	1.10	1.05	1.10	
Free Chlorine	mg/L	0.05		1.10	0.90	1.00	0.90	
E. coli	/100mL	1	absent	absent	absent	absent	absent	absent
HPC	/mL	2		2	absent			
Background bacteria	/100mL	1	absent					absent
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent	absent

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3278
Rev. 3

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: 13-May-03

DATE REPORTED: 22-May-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO.: 210000728

Client ID:					Well #5 Raw	Well # 5 reated ot 12 Conc 5 Hwy 43 Chesterville	St. Mary's School	Chesterville SPS
Sample ID:					B03-3278-1	B03-3278-2	B03-3278-3	B03-3278-4
Date Collected:					12-May-03	12-May-03	12-May-03	12-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Free Chlorine	ppm			13-May-03	--	1.3	1.2	1.1
Total Chlorine	ppm			13-May-03	--	1.3	1.3	1.1
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	13-May-03	< 1	--	--	--
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--	< 2	< 2	--

MDL = Method Detection Limit


Krystyna Pipin, M. Sc.
Lab Supervisor

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

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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3278
Rev. 3

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: 13-May-03

JOB/PROJECT NO.:


DATE REPORTED: 22-May-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.: 210000728

			Client ID:	5 Industrial Drive	Standby Well		
			Sample ID:	B03-3278-5	B03-3278-6		
			Date Collected:	12-May-03	12-May-03		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Free Chlorine	ppm			13-May-03	1.2	--	
Total Chlorine	ppm			13-May-03	1.3	--	
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	
Background	cts/100mL	1	MOE E3371	13-May-03	--	< 1	
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--	--	


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS Final Reports

REPORT No. B03-3278 1

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 13-May-03

JOB/PROJECT NO.:

DATE REPORTED: 15-May-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.: 210000728

			Client ID:	Well #5 Raw	Well # 5 reated ot 12 Conc 5 Hwy 43 Chesterville	St. Mary's School	Chesterville SPS
			Sample ID:	B03-3278-1	B03-3278-2	B03-3278-3	B03-3278-4
			Date Collected:	12-May-03	12-May-03	12-May-03	12-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	13-May-03	< 1	--	--
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--	< 2	< 2

*No
cls
resids*

K. Pipin
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS Final Reports

REPORT No. B03-3278 1

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 13-May-03

DATE REPORTED: 15-May-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO.: 210000728

			Client ID:	5 Industrial Drive	Standby Well		
			Sample ID:	B03-3278-5	B03-3278-6		
			Date Collected:	12-May-03	12-May-03		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	
Background	cts/100mL	1	MOE E3371	13-May-03	--	< 1	
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--	--	

No Coli Resids

K. Pipin
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3554
Rev. 1

Report To:

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

Attention: Dave Markell

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

DATE SUBMITTED: 21-May-03

JOB/PROJECT NO.:


DATE REPORTED: 23-May-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO.: 210000728

Client ID:					Well #5 Raw	Well #5 Treated - Lot 12, Conc. 5, Hwy 43, Chest.	Well #1	Water Tower
Sample ID:					B03-3554-1	B03-3554-2	B03-3554-3	B03-3554-4
Date Collected:					20-May-03	20-May-03	20-May-03	20-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	21-May-03	< 1	--	--	--
E. coli	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--	< 2	< 2	--
Total Chlorine	mg/L			21-May-03	--	1.2	0.8	1.2
Free Chlorine	mg/L			21-May-03	--	1.2	0.7	1.1


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3554

Rev. 1

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 21-May-03

DATE REPORTED: 23-May-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO.: 210000728

			Client ID:	MacEwen Petro.	Stand By Well Raw		
			Sample ID:	B03-3554-5	B03-3554-6		
			Date Collected:	20-May-03	20-May-03		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	
Background	cts/100mL	1	MOE E3371	21-May-03	--	< 1	
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--	--	
Total Chlorine	mg/L			21-May-03	1.1	--	
Free Chlorine	mg/L			21-May-03	1.1	--	

MDL = Method Detection Limit

Krystyna Pipin, M. Sc.
Lab Supervisor

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

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

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-3686

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 27-May-03

DATE REPORTED: 29-May-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

			Client ID:	Well #5 - Raw Water	Well #5 - Treated	Chesterville LCBO	DOT Automotive
			Sample ID:	B03-3686-1	B03-3686-2	B03-3686-3	B03-3686-4
			Date Collected:	26-May-03	26-May-03	26-May-03	26-May-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	27-May-03	< 1	--	--
E coli	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	27-May-03	--	< 2	4
Total Chlorine	mg/L			27-May-03	--	1.4	1.4
Free Chlorine	mg/L			27-May-03	--	1.3	1.3

MDL = 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
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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3686

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 27-May-03

JOB/PROJECT NO.:

DATE REPORTED: 29-May-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

			Client ID:	Foster Computing	Stand By Well		
			Sample ID:	B03-3686-5	B03-3686-6		
			Date Collected:	26-May-03	26-May-03		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	
Background	cts/100mL	1	MOE E3371	27-May-03	--	< 1	
E coli	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	27-May-03	--	--	
Total Chlorine	mg/L			27-May-03	1.3	--	
Free Chlorine	mg/L			27-May-03	1.3	--	

K. P. J.

MDL = Method Detection Limit

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

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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3878

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 03-Jun-03

DATE REPORTED: 05-Jun-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Client ID:					Well #5 Raw	Well #5 Treated	37 Main St	Public School
Sample ID:					B03-3878-1	B03-3878-2	B03-3878-3	B03-3878-4
Date Collected:					02-Jun-03	02-Jun-03	02-Jun-03	02-Jun-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Total Coliform	cts/100mL	1	MOE E3371	03-Jun-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	03-Jun-03	7	--	--	--
E coli	cts/100mL	1	MOE E3371	03-Jun-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	03-Jun-03	--	< 2	< 2	--
Free Chlorine	mg/L			03-Jun-03	--	1.4	1.3	1.3
Total Chlorine	mg/L			03-Jun-03	--	1.4	1.3	1.3

MDL = Method Detection Limit

Krystyna Pipin M. Sc.
Lab Supervisor

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

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3878

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 03-Jun-03

JOB/PROJECT NO.:


DATE REPORTED: 05-Jun-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

			Client ID:	5 Industrial Dr			
			Sample ID:	B03-3878-5			
			Date Collected:	02-Jun-03			
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	03-Jun-03	< 1		
Background	cts/100mL	1	MOE E3371	03-Jun-03	--		
E coli	cts/100mL	1	MOE E3371	03-Jun-03	< 1		
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	03-Jun-03	--		
Free Chlorine	mg/L			03-Jun-03	1.3		
Total Chlorine	mg/L			03-Jun-03	1.3		


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4122
Rev. 1

Report To:

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

Attention: Dave Markell

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

DATE SUBMITTED: 10-Jun-03

JOB/PROJECT NO.:

DATE REPORTED: 12-Jun-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

			Client ID:	Well #5 Raw	Well #5 Treated	Chesterville Legion	MacEwen Service Centre
			Sample ID:	B03-4122-1	B03-4122-2	B03-4122-3	B03-4122-4
			Date Collected:	09-Jun-03	09-Jun-03	09-Jun-03	09-Jun-03
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	10-Jun-03	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	10-Jun-03	< 1	--	--
E coli	cts/100mL	1	MOE E3371	10-Jun-03	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	10-Jun-03	--	< 2	< 2
Free Chlorine	mg/L		n/a	10-Jun-03	--	1.3	1.2
Total Chlorine	mg/L		n/a	10-Jun-03	--	1.4	1.3



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4122
Rev. 1

Report To:

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

Attention: Dave Markell

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

DATE SUBMITTED: 10-Jun-03

JOB/PROJECT NO.:

DATE REPORTED: 12-Jun-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Client ID:	Chesterville Public Library			
Sample ID:	B03-4122-5			
Date Collected:	09-Jun-03			

Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Total Coliform	cts/100mL	1	MOE E3371	10-Jun-03	< 1			
Background	cts/100mL	1	MOE E3371	10-Jun-03	--			
E coli	cts/100mL	1	MOE E3371	10-Jun-03	< 1			
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	10-Jun-03	--			
Free Chlorine	mg/L		n/a	10-Jun-03	1.3			
Total Chlorine	mg/L		n/a	10-Jun-03	1.3			



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4332

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: 17-Jun-03

DATE REPORTED: 19-Jun-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	17-Jun-03	17-Jun-03	17-Jun-03	17-Jun-03	17-Jun-03

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-4332-1	16-Jun-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-4332-2	16-Jun-03	< 1	--	< 1	< 2	1.4
St.Mary's	B03-4332-3	16-Jun-03	< 1	--	< 1	2	1.3
McEwen Gas	B03-4332-4	16-Jun-03	< 1	--	< 1	--	1.3
69 East South St	B03-4332-5	16-Jun-03	< 1	--	< 1	--	1.2

K P
Krystyna Pipin, M. Sc.
Lab Supervisor

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4332

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: 17-Jun-03

JOB/PROJECT NO.:


DATE REPORTED: 19-Jun-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter:		Total Chlorine				
Units:		mg/L				
MDL:						
Reference Method:		n/a				
Date Analyzed:		17-Jun-03				
Client I.D.	Sample I.D.	Date Collected				
Well #5 Raw	B03-4332-1	16-Jun-03	--			
Well #5 Treated	B03-4332-2	16-Jun-03	--			
St.Mary's	B03-4332-3	16-Jun-03	--			
McEwen Gas	B03-4332-4	16-Jun-03	--			
69 East South St	B03-4332-5	16-Jun-03	--			


Krystyna Pipin, M. Sc.
Lab Supervisor

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CERTIFICATE OF ANALYSIS Final Reports

REPORT No. B03-4516
Rev. 2

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: 24-Jun-03

DATE REPORTED: 27-Jun-03

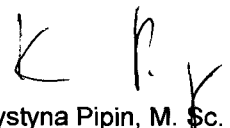
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			24-Jun-03	24-Jun-03	24-Jun-03	24-Jun-03	24-Jun-03
Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-4516-1	23-Jun-03	< 1	130	< 1	--	--
Well #5 Treated - Lot 12, Conc. 5, HWY 43	B03-4516-2	23-Jun-03	< 1	--	< 1	20	0.91
St. Mary's School	B03-4516-3	23-Jun-03	< 1	--	< 1	< 2	1.20
Post Office	B03-4516-4	23-Jun-03	< 1	--	< 1	--	1.14
D&D Performance	B03-4516-5	23-Jun-03	< 1	--	< 1	--	1.31


Krystyna Pipin, M. Sc.
Lab Supervisor

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4837

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: 30-Jun-03

JOB/PROJECT NO.:

DATE REPORTED: 02-Jul-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter:			Total Coliform	E coli	Background	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			01-Jul-03	01-Jul-03	01-Jul-03	01-Jul-03	01-Jul-03
Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-4837-1	30-Jun-03	< 1	< 1	< 1	--	--
Well #5 Treated - Lot12, Conc. 5, Hwy 43	B03-4837-2	30-Jun-03	< 1	< 1	--	2	1.24
Public Pool	B03-4837-3	30-Jun-03	< 1	< 1	< 1	< 2	1.35
D&D Performance	B03-4837-4	30-Jun-03	< 1	< 1	--	--	1.31
Post Office	B03-4837-5	30-Jun-03	< 1	< 1	--	--	1.29

K P
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

CERTIFICATE OF ANALYSIS
Final Report**REPORT No. B03-5174****Report To:****Ontario Clean Water Agency - Chesterville**
5 Industrial Dr.
Chesterville ON K0C 1H0**Attention:** Dave Markell**Caduceon Environmental Laboratories**2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 08-Jul-03

DATE REPORTED: 10-Jul-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	08-Jul-03	08-Jul-03	08-Jul-03	08-Jul-03	08-Jul-03

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-5174-1	07-Jul-03	< 1	21	< 1	--	--
Well #5 Treated - Lot 12 Conc.5, Hwy 43	B03-5174-2	07-Jul-03	< 1	--	< 1	< 2	1.00
Liquor Store	B03-5174-3	07-Jul-03	< 1	--	< 1	96	0.95
MacEwen	B03-5174-4	07-Jul-03	< 1	--	< 1	--	0.99
65 Harper	B03-5174-5	07-Jul-03	< 1	--	< 1	--	0.99


Krystyna Pipin, M. Sc.
Lab Supervisor

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-5482

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 14-Jul-03

DATE REPORTED: 16-Jul-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			14-Jul-03	14-Jul-03	14-Jul-03	14-Jul-03	14-Jul-03

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-5482-1	14-Jul-03	< 1	< 1	< 1	--	--
Well #5 Treated - Lot 12 Conc. 5 Hwy 43	B03-5482-2	14-Jul-03	< 1	--	< 1	< 2	1.16
Elm Albert Street	B03-5482-3	14-Jul-03	< 1	--	< 1	164	1.04
H. Curran 107, Main Street	B03-5482-4	14-Jul-03	< 1	--	< 1	--	1.06
Home Hardware, Industrial Drive	B03-5482-5	14-Jul-03	< 1	--	< 1	--	1.14


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-5840

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: 22-Jul-03

JOB/PROJECT NO.:

DATE REPORTED: 24-Jul-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	22-Jul-03	22-Jul-03	22-Jul-03	22-Jul-03	22-Jul-03

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Raw Well #5	B03-5840-1	21-Jul-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-5840-2	21-Jul-03	< 1	--	< 1	< 2	1.08
Fosters	B03-5840-3	21-Jul-03	< 1	--	< 1	< 2	0.94
7 Albert Street	B03-5840-4	21-Jul-03	< 1	--	< 1	--	0.94
LCBO	B03-5840-5	21-Jul-03	< 1	--	< 1	--	0.92

K
Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-6197

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: 29-Jul-03

DATE REPORTED: 31-Jul-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	30-Jul-03	30-Jul-03	30-Jul-03	30-Jul-03	30-Jul-03

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-6197-1	28-Jul-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-6197-2	28-Jul-03	< 1	--	< 1	< 2	1.50
BBL Main St	B03-6197-3	28-Jul-03	< 1	--	< 1	< 2	1.50
11 Riverside Drive	B03-6197-4	28-Jul-03	< 1	--	< 1	--	2.00
17 Ralph Street	B03-6197-5	28-Jul-03	< 1	--	< 1	--	1.50


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-6487

Rev. 1

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 06-Aug-03

DATE REPORTED: 12-Aug-03

SAMPLE MATRIX: Drinking Water


JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
MDL:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-6487-1	05-Aug-03	< 1	2	< 1	--	--
Well #5 Treated	B03-6487-2	05-Aug-03	< 1	--	< 1	< 2	1.25
Chesterville Pool	B03-6487-3	05-Aug-03	< 1	--	< 1	< 2	0.93
10 Queen Street	B03-6487-4	05-Aug-03	< 1	--	< 1	--	1.20
H. Curran Gas Station	B03-6487-5	05-Aug-03	< 1	--	< 1	--	1.15


Krystyna Pipin, M. Sc.
Lab Supervisor

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CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6840

Rev. 1

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 12-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 18-Aug-03

P.O. NUMBER: Chesterville WTP


SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	12-Aug-2003	12-Aug-2003	12-Aug-2003	12-Aug-2003	12-Aug-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-6840-1	11-Aug-03	< 1	1	< 1	--	--
Well #5 Treated, Lot 12 Conc. 5, HWY 43	B03-6840-2	11-Aug-03	< 1	--	< 1	< 2	1.00
1 Albert Street	B03-6840-3	11-Aug-03	22	--	< 1	44	1.05
BBL Ltd. Main Street	B03-6840-4	11-Aug-03	< 1	--	< 1	--	1.08
LCBO Queen Street	B03-6840-5	11-Aug-03	< 1	--	< 1	--	1.04

Adverse



Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

The analytical results reported herein re

specific tests.

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P.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-6964

Rev. 1

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 13-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 19-Aug-03


P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	13-Aug-2003	13-Aug-2003	13-Aug-2003	19-Aug-2003	

Client I.D.	Sample I.D.	Date Collected					
17 Albert Street	B03-6964-1	13-Aug-03	< 1	< 1	< 2	1.13	
Post Office, Queen Street	B03-6964-2	13-Aug-03	< 1	< 1	--	1.09	
61 Albert Street	B03-6964-3	13-Aug-03	< 1	< 1	--	1.24	


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7220

Rev. 1

Report To:

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

Caduceon Environmental Laboratories

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

Attention: Dave Markell

DATE SUBMITTED: 16-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 20-Aug-03


P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	16-Aug-2003	16-Aug-2003	16-Aug-2003	16-Aug-2003	

Client I.D.	Sample I.D.	Date Collected					
Post Office	B03-7220-1	15-Aug-03	< 1	< 1	10	1.25	
61 Albert Street	B03-7220-2	15-Aug-03	< 1	< 1	--	1.40	
Peckers	B03-7220-3	15-Aug-03	< 1	< 1	--	1.29	


Greg Markin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

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

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-7179

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

DATE SUBMITTED: 19-Aug-03

DATE REPORTED: 21-Aug-03

SAMPLE MATRIX: Drinking Water

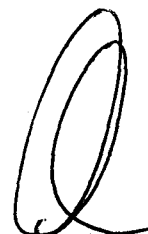
JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	19-Aug-2003	19-Aug-2003	19-Aug-2003	19-Aug-2003	19-Aug-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-7179-1	18-Aug-03	< 1	< 1	< 1	--	--
Well #5 Treated - Lot 12, Conc.5, Hwy 43	B03-7179-2	18-Aug-03	< 1	--	< 1	< 2	1.10
1 Albert Street	B03-7179-3	18-Aug-03	< 1	--	< 1	< 2	1.10
Chesterville Pool	B03-7179-4	18-Aug-03	< 1	--	< 1	--	1.20
H. Curran Automotive	B03-7179-5	18-Aug-03	< 1	--	< 1	--	0.94

Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

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

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.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7266

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-Aug-03

DATE REPORTED: 22-Aug-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:	cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:	1	1	2		
Reference Method:	MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:	21-Aug-2003	21-Aug-2003	21-Aug-2003	21-Aug-2003	

Client I.D.	Sample I.D.	Date Collected					
John Street 2nd Line	B03-7266-1	19-Aug-03	< 1	< 1	< 2	1.15	

*Process - disinfection
New main
No customers before
this day*



Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = 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.

.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7528

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 26-Aug-03

JOB/PROJECT NO.:

DATE REPORTED: 28-Aug-03


P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	26-Aug-2003	26-Aug-2003	26-Aug-2003	26-Aug-2003	26-Aug-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-7528-1	25-Aug-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-7528-2	25-Aug-03	< 1	--	< 1	< 2	0.74
Lannins Garage Victoria St	B03-7528-3	25-Aug-03	< 1	--	< 1	< 2	0.68
7 Albert Street	B03-7528-4	25-Aug-03	< 1	--	< 1	--	0.63
LCBO Queen Street	B03-7528-5	25-Aug-03	< 1	--	< 1	--	0.82


Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-7947

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 03-Sep-03

DATE REPORTED: 05-Sep-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-7947-1	02-Sep-03	< 1	1	< 1	--	--
Well #5 Treated-Lot 12 Conc.5, Hwy43	B03-7947-2	02-Sep-03	< 1	--	< 1	4	1.20
Posters Assoc. Main Street	B03-7947-3	02-Sep-03	< 1	--	< 1	< 2	1.00
Happy Face Nursery, Main Street	B03-7947-4	02-Sep-03	< 1	--	< 1	--	0.90
2 Industrial Drive	B03-7947-5	02-Sep-03	< 1	--	< 1	--	1.00

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-8317

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 09-Sep-03

DATE REPORTED: 11-Sep-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Total Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			09-Sep-2003	09-Sep-2003	09-Sep-2003	09-Sep-2003	11-Sep-2003
Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-8317-1	08-Sep-03	< 1	< 1	< 1	--	0
Well #5 Treated	B03-8317-2	08-Sep-03	< 1	--	< 1	4	0.88
LCBO	B03-8317-3	08-Sep-03	< 1	--	< 1	2	1.00
MacKewns	B03-8317-4	08-Sep-03	< 1	--	< 1	--	0.90
St.Mary's	B03-8317-5	08-Sep-03	< 1	--	< 1	--	1.00

Krystyna Pipin, M. Sc.
Lab Supervisor

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

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O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-8717

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 16-Sep-03

DATE REPORTED: 18-Sep-03

SAMPLE MATRIX: Drinking Water

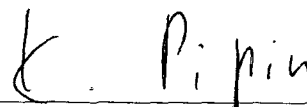
JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	16-Sep-2003	16-Sep-2003	16-Sep-2003	16-Sep-2003	16-Sep-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-8717-1	15-Sep-03	< 1	1	< 1	--	--
Well #5 Treated	B03-8717-2	15-Sep-03	< 1	--	< 1	< 2	1.11
Curran's Garage	B03-8717-3	15-Sep-03	< 1	--	< 1	< 2	0.82
2804 River Rd	B03-8717-4	15-Sep-03	< 1	--	< 1	--	0.79
20 South St	B03-8717-5	15-Sep-03	< 1	--	< 1	--	0.65



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-9088

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 23-Sep-03

DATE REPORTED: 25-Sep-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Parameter Symbol:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
Scheme Code:	1	1	1	2	
Units:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
M.D.L.:	23-Sep-2003	23-Sep-2003	23-Sep-2003	23-Sep-2003	23-Sep-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-9088-1	22-Sep-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-9088-2	22-Sep-03	< 1	--	< 1	< 2	0.99
61 Albert St	B03-9088-3	22-Sep-03	< 1	--	< 1	6	0.93
Chesterville Public School	B03-9088-4	22-Sep-03	< 1	--	< 1	--	0.95
Cotnam Hardware	B03-9088-5	22-Sep-03	< 1	--	< 1	--	0.92

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

O.C.: 42448

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-9536

Rev. 1

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 30-Sep-03

DATE REPORTED: 03-Oct-03

SAMPLE MATRIX: Drinking Water

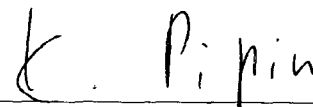
JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	30-Sep-2003	30-Sep-2003	30-Sep-2003	30-Sep-2003	30-Sep-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-9536-1	29-Sep-03	< 1	2	< 1	--	--
Well #5 Treated	B03-9536-2	29-Sep-03	< 1	--	< 1	< 2	1.03
Bowling Alley	B03-9536-3	29-Sep-03	< 1	--	< 1	2	0.43
H Curran Main St	B03-9536-4	29-Sep-03	< 1	--	< 1	--	1.00
Legion Industrial St	B03-9536-5	29-Sep-03	< 1	--	< 1	--	0.58



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

P.O.C.: 42461

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-9986

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 07-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 09-Oct-03

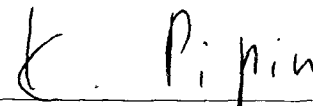
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	07-Oct-2003	07-Oct-2003	07-Oct-2003	07-Oct-2003	07-Oct-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-9986-1	06-Oct-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-9986-2	06-Oct-03	< 1	--	< 1	< 2	0.95
LCBO Treated	B03-9986-3	06-Oct-03	< 1	--	< 1	< 2	0.95
St. Mary's Treated	B03-9986-4	06-Oct-03	< 1	--	< 1	--	0.88
Cork & Barrel Treated	B03-9986-5	06-Oct-03	< 1	--	< 1	--	0.88



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

O.C.: 42519

CERTIFICATE OF ANALYSIS
Preliminary Report

REPORT No. B03-10445

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: 15-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 16-Oct-03

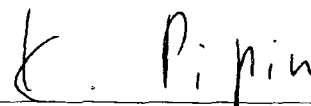
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:			1	1	1		
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			15-Oct-2003	15-Oct-2003	15-Oct-2003	15-Oct-2003	16-Oct-2003
Client I.D.	Sample I.D.	Date Collected					
CW-01 Well#5	B03-10445-1	14-Oct-03	< 1	< 1	< 1		--
CW-02 Treat(well#5)	B03-10445-2	14-Oct-03	< 1	--	< 1		1.18
CW-03 61 Albert	B03-10445-3	14-Oct-03		--	< 1		0.88
CW-04 Lannins	B03-10445-4	14-Oct-03	< 1	--	< 1		0.64
CW-05 LCBO	B03-10445-5	14-Oct-03	< 1	--	< 1		0.97

It did not
send HPLC results
that would have been
read Oct. 17/03
Dave



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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

C.O.C.: 42519

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-10445

Rev. 1

Report To:

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

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 15-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 20-Jan-04

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	15-Oct-2003	15-Oct-2003	15-Oct-2003	15-Oct-2003	16-Oct-2003

Client I.D.	Sample I.D.	Date Collected					
CW-01 Well#5	B03-10445-1	14-Oct-03	< 1	< 1	< 1	--	--
CW-02 Treat(well#5)	B03-10445-2	14-Oct-03	< 1	--	< 1	2	1.18
CW-03 61 Albert	B03-10445-3	14-Oct-03	< 1	--	< 1	< 2	0.88
CW-04 Lannins	B03-10445-4	14-Oct-03	< 1	--	< 1	--	0.64
CW-05 LCBO	B03-10445-5	14-Oct-03	< 1	--	< 1	--	0.97

HPC results were not on original report. (see adverse notification) lab sent adverse results a day before HPC could be read.

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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

O.C.: 42518

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-10593

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: 17-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 20-Oct-03

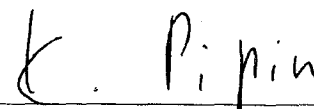
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	17-Oct-2003	17-Oct-2003	17-Oct-2003	17-Oct-2003	17-Oct-2003

Client I.D.	Sample I.D.	Date Collected					
61 Albert	B03-10593-1	16-Oct-03	< 1	< 1	< 1	2	0.93
17 Albert	B03-10593-2	16-Oct-03	< 1	< 1	< 1	--	1.03
Post Office Queen St	B03-10593-3	16-Oct-03	< 1	< 1	< 1	--	0.90



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-10701

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: 21-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 23-Oct-03

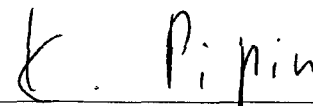
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	21-Oct-2003	21-Oct-2003	21-Oct-2003	21-Oct-2003	21-Oct-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Well #5 Raw	B03-10701-1	20-Oct-03	< 1	2	< 1	--	--
Well #5 Treated	B03-10701-2	20-Oct-03	< 1	--	< 1	< 2	1.08
18 Industrial	B03-10701-3	20-Oct-03	< 1	--	< 1	2	0.96
Happy Face Nursery	B03-10701-4	20-Oct-03	< 1	--	< 1	--	1.10
61 Albert	B03-10701-5	20-Oct-03	< 1	--	< 1	--	1.10



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

O.C.: 00228

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-11169

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: 28-Oct-03

JOB/PROJECT NO.:

DATE REPORTED: 30-Oct-03

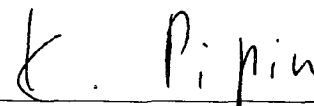
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	28-Oct-2003	28-Oct-2003	28-Oct-2003	28-Oct-2003	28-Oct-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Chesterville Well #5 Raw	B03-11169-1	27-Oct-03	< 1	< 1	< 1	--	--
Chesterville Well #5 Treated	B03-11169-2	27-Oct-03	< 1	--	< 1	< 2	1.10
Fosters, Main Street	B03-11169-3	27-Oct-03	< 1	--	< 1	< 2	1.14
Warrans Automotive	B03-11169-4	27-Oct-03	< 1	--	< 1	--	1.10
Legion, Queen Street	B03-11169-5	27-Oct-03	< 1	--	< 1	--	0.91



Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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

C.O.C.: C-00230

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-11597

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

40 Camelot Drive
Ottawa Ontario K2G 5X8
Tel: 228-1145
Fax 228-1148

DATE SUBMITTED: 04-Nov-03

DATE REPORTED: 06-Nov-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	04-Nov-2003	04-Nov-2003	04-Nov-2003	04-Nov-2003	04-Nov-2003

Client I.D.	Sample I.D.	Date Collected	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Chesterville Well #5 - Raw	B03-11597-1	03-Nov-03	< 1	6	< 1	--	--
Chesterville Well #5 - Treated	B03-11597-2	03-Nov-03	< 1	--	< 1	< 2	0.91
Lannins Garage	B03-11597-3	03-Nov-03	< 1	--	< 1	< 2	0.96
Flair to Fabrics	B03-11597-4	03-Nov-03	< 1	--	< 1	--	0.99
LCBO	B03-11597-5	03-Nov-03	< 1	--	< 1	--	0.86



Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

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

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

C.O.C.: 42508

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-11949

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: 11-Nov-03

DATE REPORTED: 13-Nov-03

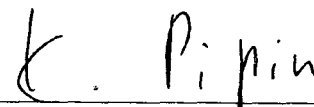
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			11-Nov-2003	11-Nov-2003	11-Nov-2003	11-Nov-2003	11-Nov-2003
Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-11949-1	10-Nov-03	< 1	1	< 1	--	--
Well #5 Treated	B03-11949-2	10-Nov-03	< 1	--	< 1	2	1.08
L.C.B.O. 140 Queen	B03-11949-3	10-Nov-03	< 1	--	< 1	10	0.60
St.Mary's 37 Main St	B03-11949-4	10-Nov-03	< 1	--	< 1	--	0.98
MacEwens Main & Queen	B03-11949-5	10-Nov-03	< 1	--	< 1	--	0

see
lab
submission
sheet.Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = 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.

O.C.: C-00232

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-12378

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: 18-Nov-03

JOB/PROJECT NO.:

DATE REPORTED: 20-Nov-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			18-Nov-2003	18-Nov-2003	18-Nov-2003	18-Nov-2003	18-Nov-2003
Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-12378-1	17-Nov-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-12378-2	17-Nov-03	< 1	--	< 1	10	0.97
Post Office	B03-12378-3	17-Nov-03	< 1	--	< 1	< 2	0.83
CBO Queen St	B03-12378-4	17-Nov-03	< 1	--	< 1	--	0.74
17 Ralph Street	B03-12378-5	17-Nov-03	< 1	--	< 1	--	0.96

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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

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O.C.: C-00233

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-12750

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: 25-Nov-03

JOB/PROJECT NO.:

DATE REPORTED: 27-Nov-03

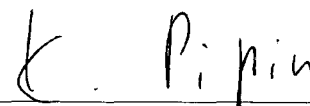
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:			Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:			cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:			1	1	1	2	
Reference Method:			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:			25-Nov-2003	25-Nov-2003	25-Nov-2003	25-Nov-2003	25-Nov-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-12750-1	24-Nov-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-12750-2	24-Nov-03	< 1	--	< 1	< 2	1.06
Happy Face Nursury	B03-12750-3	24-Nov-03	< 1	--	< 1	< 2	1.03
61 Albert St	B03-12750-4	24-Nov-03	< 1	--	< 1	--	0.99
egion	B03-12750-5	24-Nov-03	< 1	--	< 1	--	1.03



Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

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

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O.C.: C-00234

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-13134

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: 02-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 04-Dec-03

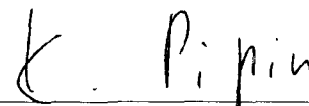
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	02-Dec-2003	02-Dec-2003	02-Dec-2003	02-Dec-2003	02-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-13134-1	01-Dec-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-13134-2	01-Dec-03	< 1	--	< 1	< 2	--
20 South Street	B03-13134-3	01-Dec-03	< 1	--	< 1	< 2	1.02
LCBO	B03-13134-4	01-Dec-03	< 1	--	< 1	--	1.02
S.P.S	B03-13134-5	01-Dec-03	< 1	--	< 1	--	0.41

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.

O.C.: C-00247

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-13547

Report To:

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

Attention: Dave Markell

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 09-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 11-Dec-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	09-Dec-2003	09-Dec-2003	09-Dec-2003	09-Dec-2003	09-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-13547-1	08-Dec-03	< 1	< 1	< 1	--	0.79
Well #5 Treated	B03-13547-2	08-Dec-03	< 1	--	< 1	6	1.09
LCBO Queen St	B03-13547-3	08-Dec-03	< 1	--	< 1	< 2	1.05
St.Mary's School	B03-13547-4	08-Dec-03	< 1	--	< 1	--	1.05
Cork & Barrel	B03-13547-5	08-Dec-03	< 1	--	< 1	--	1.03

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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

O.C.: c-00285

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-13753

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: 12-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 15-Dec-03

P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:			cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:			12-Dec-2003	12-Dec-2003	12-Dec-2003	12-Dec-2003	
Client I.D.	Sample I.D.	Date Collected					
LCBO	B03-13753-1	11-Dec-03	< 1	< 1	< 2	1.16	
Public School	B03-13753-2	11-Dec-03	< 1	< 1	< 2	1.18	
Lannin's Garage	B03-13753-3	11-Dec-03	< 1	< 1	< 2	0.78	
5 Industrial Dr	B03-13753-4	11-Dec-03	< 1	< 1	< 2	1.14	

*Samples collected
because of water
break @ Bridge*

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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

O.C.: C-00235

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-13913

Report To:

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

Attention: Dave Markell**Caduceon Environmental Laboratories**

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

DATE SUBMITTED: 16-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 18-Dec-03

P.O. NUMBER: Chesterville WTP

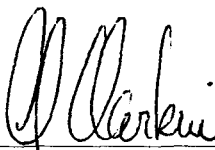
SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	16-Dec-2003	16-Dec-2003	16-Dec-2003	16-Dec-2003	16-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-13913-1	15-Dec-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-13913-2	15-Dec-03	< 1	--	< 1	< 2	1.37
Chesterville Bowling	B03-13913-3	15-Dec-03	< 1	--	< 1	2	1.18
17 Albert St	B03-13913-4	15-Dec-03	< 1	--	< 1	--	1.32
Chesterville Arena	B03-13913-5	15-Dec-03	< 1	--	< 1	--	1.29

M.D.L. = Method Detection Limit


Greg Clarkin
Lab Manager - Ottawa District

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.

O.C.: C-00237

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-14193

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: 22-Dec-03

JOB/PROJECT NO.:

DATE REPORTED: 24-Dec-03

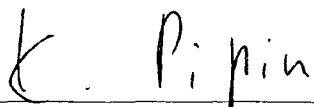
P.O. NUMBER: Chesterville WTP

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	22-Dec-2003	22-Dec-2003	22-Dec-2003	22-Dec-2003	22-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-14193-1	22-Dec-03	< 1	< 1	< 1	--	--
Well #5 Treated	B03-14193-2	22-Dec-03	< 1	--	< 1	8	1.19
H. Curran 109 Main St	B03-14193-3	22-Dec-03	< 1	--	< 1	< 2	1.12
Post Office	B03-14193-4	22-Dec-03	< 1	--	< 1	--	1.38
Cotnam Hardware	B03-14193-5	22-Dec-03	< 1	--	< 1	--	1.24


Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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

C.O.C.: C-00238

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-14417

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

DATE SUBMITTED: 27-Dec-03

DATE REPORTED: 31-Dec-03

SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:

P.O. NUMBER: Chesterville WTP

WATERWORKS NO. 210000728

Parameter Name:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
Units:	cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
M.D.L.:	1	1	1	2	
Reference Method:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
Date Analyzed:	29-Dec-2003	29-Dec-2003	29-Dec-2003	29-Dec-2003	29-Dec-2003

Client I.D.	Sample I.D.	Date Collected					
Well #5 Raw	B03-14417-1	29-Dec-03	< 1 ✓	< 1	< 1 ✓	--	--
Well #5 Treated	B03-14417-2	29-Dec-03	< 1 ✓	--	< 1 ✓	< 2 ✓	1.18
21 Albert St	B03-14417-3	29-Dec-03	< 1 ✓	--	< 1 ✓	4 ✓	1.11
Lannins garage	B03-14417-4	29-Dec-03	< 1 ✓	--	< 1 ✓	--	1.24
17 Ralph Street5 Industrial Dr	B03-14417-5	29-Dec-03	< 1 ✓	--	< 1 ✓	--	1.29

Jan 2/04
EOK
Fareed

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

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

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

BOZ 7520

BOZ 7520

[illegible]

c.c. Township of North Stormont, Fax: (613) 984-2908

Caduceon Laboratories 2378 Holly Lane, Ottawa, ON K1V 7P1 Tel: (613) 523-0123 Fax: (613) 731-0851

Caduceon Laboratories

B03-7947 
Bacteriological Sample Submission Form

[illegible]

c.c. Township of North Stormont, Fax: (613) 984-2908

c.c. Township of North Stormont, Fax: (613) 984-2908

c.c. Township of North Stormont, Fax: (613) 984-2908

B03 - 9008

[illegible]

c.c. Township of North Stormont, Fax: (613) 984-2908

Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax: (506) 855-8294, Email: contactmoncton@caduceonlabs.com

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax: (506) 855-8294, Email: contactmoncton@caduceonlabs.com

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 8Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax: (506) 855-8294, Email: contactmoncton@caduceonlabs.com



<input type="checkbox"/> ODWS Drinking Water Samples (459 505)		<input type="checkbox"/> ODWS (Non Regulatory)		<input type="checkbox"/> MISA Guidelines		<input type="checkbox"/> Clean Up Criteria (A B C D E F)	
<input type="checkbox"/> Provincial Water Quality Objectives		<input type="checkbox"/> Provincial Sediment Quality Guideline		<input type="checkbox"/> Landfill Analysis		<input type="checkbox"/> Other:	

Client: OCWA	Address: OCWA 5 Industrial PO Box 460 Chesterville, Ont K0C-1H0	ANALYSES REQUESTED (Print in Boxes) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">E.coli</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Coli</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Bacterium</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">HPC</div> </div> <div style="text-align: right; font-size: 2em; font-weight: bold; margin-top: 20px;">B03-10313</div>
Contact: Blair Henderson	Tel: 613-448-3098	
Fax: 613 448-1616	Waterwork's/ Project#: R10006728	
Email:	Project Name: Chesterville Quote No.: P.O. No.:	

Sample ID	Sample Name	Date Collected	Time	Regulatory	E.coli	Total Coli	Bacterium	HPC	pH	DO	Temp	TSS	Turbidity	Specific Gravity	Total Solids	Dissolved Solids	Total Hardness	Calcium Hardness	Magnesium Hardness	Sulfate	Chloride	Nitrate	Ammonia	Phosphate	Silica	Fluoride	Cyanide	Copper	Zinc	Lead	Cadmium	Mercury	Silver	Nickel	Chromium	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron	Aluminum	Selenium	Boron	Molybdenum	Cobalt	Manganese	Iron</
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Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax: (506) 855-8294, Email: contactmoncton@caduceonlabs.com

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CofC., Aug. 2003, Revision No: 6

CofC., Aug. 2003, Revision No: 6



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON, K0L 2H0. Phone (705) 652-2038. Fax (705) 652-6441

Report Suite to:	Name: <u>OCWA</u>	LRL LIMS No.: _____
	Company: <u>Dave Markell</u>	Received by (Date & Time): _____
	Address: <u>5 Industrial</u>	Logged in by (Date): _____
	City: <u>Chesterville</u>	Lab Batch ID: _____
	Province, Postal Code: <u>ONT K0C-1H0</u>	Project No.: _____
Send Invoice to:	Telephone Number: <u>613-442-3618</u> Fax: <u>442-1616</u>	Plant No.: _____
	Name: _____	Quote No.: _____
	Company: _____	Purchase Order No.: _____
	Address: _____	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City: _____	Standard: _____ RUSH _____ Specify Date: _____
Chain of Custody	Province, Postal Code: _____	Time: _____
	Telephone Number: _____ Fax: _____	PLEASE CONTACT LAB DIRECT TO SUBMITTING REQUESTS
	Sampled by: <u>Lisa</u>	Sample condition upon receipt: _____
Please specify any guideline or regulations that these samples may apply (i.e. CDWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).	Packed and Shipped by: <u>Dave</u> Date /Time: <u>13:00</u>	Temperature upon receipt: _____
	Shipment Method and WB#: _____ Date /Time: _____	
	Guideline: _____ Regulation: <u>170</u> Initial: _____	

Special Instructions:

Analysis Requested (X) as Required

(Enter an 'X' in the boxes to indicate which regulations apply to each sample)

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Antimony	Schedule 24	NH ₂	NH ₃	THAN
1	TDW Chesterville Treated	10	9/12/03	11:00	X	X	X	X	
2	TDW Chesterville System SPS	1	9/12/03	9:00					X
3									
4									
5									
6									
7									
8									
9									
10									

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request): [Signature]Date: Dec 9/03

Note: Please read reverse page for terms and conditions. Priority service of 24 to 48 hours may be available at twice the quoted price. Please confirm with the laboratory prior to shipping priority samples.

Chain of Custody Distribution: White copy retained by sampler. Yellow & Pink copies accompany samples. Pink retained by laboratory. Yellow copy returned with certificate of analysis.

[illegible]

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

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13753-03

☒ ODWS Drinking Water Samples (459 - 505)
 ☐ Non Regulated - Drinking Water
 ☐ Provincial Water Quality Objectives
 ☐ Provincial Sediment Quality Guideline
 ☐ MISA Guidelines
 ☐ Landfill Analysis
 ☐ Other:
 ☐ Clean Up Criteria (A B C D E F)

Analyses Requested (Print Test in Boxes)
 Address: 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0
 Client: Ontario Clean Water Agency
 Contact: Dave Markell
 Tel: (613) 448-3098
 Fax: (613) 448-1616
 Email: dmarkell@ocwa.com
 Waterworks/Project#: 210000728
 Project Name: CHESTERVILLE
 P.O. No.:
 E. Coli
 Total Coliform
 Background
 H.P.C.
 REPORT NUMBER:

Lab No.	Sample Identification	Sample Date Collected (dd-mm-yy)	Time Collected	Reportable	Indicate Test For Each Sample By Using A Check Mark In The Box Provided										Free Chlorine	# Bottles/ Sample	Field Filtered (Y/N)
C001	Chesterville Distribution	11/12/2003	14:56	Y	X	X	X	X	X	X	X	X	X	X		1	U
C002	Chesterville Distribution	11/12/2003	15:05	Y	X	X	X	X	X	X	X	X	X	X		1	U
C003	Chesterville Distribution	11/12/2003	15:26	Y	X	X	X	X	X	X	X	X	X	X		1	U
C004	Chesterville Distribution	11/12/2003	15:45	Y	X	X	X	X	X	X	X	X	X	X		1	U
C001	LCB0																
C002	Public School																
C003	Kenneth's Garage																
C004	Industrial Dr.																


Sample Submission Information
 Turnaround Time Requested: 24 Hrs ☐ 48 Hrs ☐ 72 Hrs ☐
 Specific Date: 5-7 Day ☐
 Signature: *[Signature]*
 Submitted By (print): *[Name]*
 Date (dd-mm-yy): 11-12-03
 Method of Shipment: *[Signature]*

LABORATORY USE ONLY
 Received By (print):
 Signature:
 Date (dd-mm-yy) Received:
 Time Received:
 Comments:
 Laboratory Prepared Bottles: YES ☐ NO ☐

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter
 Kingston Lab - 285 Dorton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contact@kingston@caduceonlabs.com
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Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

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ODWS Drinking Water Samples (459 505) <input type="checkbox"/> Non Regulated - Drinking Water Client: Ontario Clean Water Agency		Contact: Dave Markell Tel: (613) 448-3098 Fax: (613) 448-1616 Email: dmarkell@ocwa.com		Address: 5 Industrial Drive P.O. Box 460 Chesterville, ON K0C 1H0		Waterworks/Project#: 210000728 Project Name: CHESTERVILLE		Quote No.: P.O. No.:							
ANALYSES REQUESTED (Print Test in Boxes)															
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MISA Guidelines <input type="checkbox"/> Clean Up Criteria (A B C D E F) <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Landfill Analysis </div> </div>															
<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">  <p>OCWA Ontario Clean Water Agency</p> </div> </div> <div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">E. Coli</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Total Coliform</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Background</div> <div style="border: 1px solid black; padding: 5px;">H.P.C.</div> </div> </div> </div>															
Lab No.		Sample Identification		Sample Matrix		Date Collected (dd/mm/yy)		Time Collected (h/m)		Reportable (Y/N)		Indicate Test for each sample by using a checkmark in the box (provide)		CHESTERVILLE WELL #5 - RAW CHESTERVILLE WELL #5 - TREATED H. Chester, 109 Main St Post Office Chesterford, Ontario	
1		DW		aa-1a-03		8:25		N		X		X		1	
2		DW		"		8:40		Y		X		X		1	
3		DW		"		7:50		Y		X		X		1	
4		DW		"		8:00		Y		X		X		1	
5		DW		"		8:10		Y		X		X		1	

Ministry of
the Environment

135 St. Clair Avenue West
Toronto, ON M4V 1P5

Ministère de
l'Environnement

135 avenue St. Clair ouest
Toronto, ON M4V 1P5



Integrated Environmental Planning Division
Tel: (416) 314-6310 Fax: (416) 314-6346

February 19, 2003

MEMORANDUM

TO: Municipal Heads of Council
Other Affected Water Works Owners

FROM: Doug Barnes
Assistant Deputy Minister
Integrated Environmental Planning Division

SUBJECT: **Changes to the Submission Date of Second Engineers' Reports**

You are being contacted as an owner of a water works currently required to submit Engineers' Reports under provisions of Regulation 459/00 and in accordance with conditions which may exist on your Certificate of Approval for the water works.

As you may be aware, the Government has recently posted a new regulation respecting water works on the Environmental Registry for comment. One component of the proposed regulation is to extend the submission period of second and subsequent Engineer's Reports, required under Section 13 of Ontario Regulation 459/00, from the current within a three year period to within a five year period.

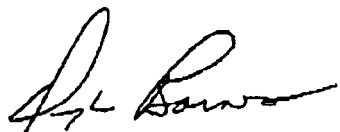
In accordance with the attached Update, if you are required to submit a second Engineer's Report, that report will not be due on the date specified in Condition 6 of your Consolidated Certificate of Approval or specified by O. Reg. 459, but will instead be due within five years of your original Engineer's Report submission date.

If the new regulation under the *Safe Drinking Water Act* is made, the Ministry will be providing information respecting requirements for Engineers' Reports in the context of the 5 year period at a future date. This information will be provided at such a time and in such a manner as to enable compliance with these requirements.

- 2 -

Also note that all other requirements of your Consolidated Certificate of Approval continue to apply, including the date specified for the completion of any upgrades required to be made to your water works.

If you have any questions or comments in regards to the proposed regulation, please make them through the Environmental Registry. Should you have any questions in regards to your Consolidated Certificate of Approval, please contact the Environmental Assessment and Approvals Branch of the Ministry at (416) 314-8001 or 1-800-461-6290.



Doug Barnes

Attachment

Pour obtenir une version française de ce document, veuillez téléphoner au 416 314-6654.



Ministry
of the
Environment

Ministère
de
l'Environnement

February 2003

Update

O. Reg. 459/00 Drinking Water Protection – Larger Water Works

The Drinking Water Protection Regulation - Large Waterworks, promulgated in August 2000, requires clarification to reflect a proposed change in Government policy to ensure that no waterworks is mistakenly deemed out of compliance and to provide clear direction regarding the Ministry's enforcement policy, while ensuring safe drinking water. The following clarification has been approved by Doug Barnes, Assistant Deputy Minister, Ministry of the Environment, and as such, by way of this bulletin, shall be considered for the purpose of assessing compliance until such time as O. Reg. 459/00 has been amended, or revoked and replaced with a regulation under the *Safe Drinking Water Act*.

Section 13: Engineer's Reports

Section 13 of O. Reg. 459 requires the owners of certain waterworks to submit engineers' reports in accordance with the Ministry of the Environment Publication entitled "Terms of Reference for Engineers' Reports for Water Works", originally dated August 2000, as amended from time. Clauses 13(3) (b) and (c), and subsection 13(7), require subsequent engineers' reports to be submitted every 3 years.

Ministry Position

The Government is considering extending the period within which subsequent engineers' reports are to be submitted from 3 years to 5 years. More detailed information regarding these proposals can be obtained through the EBR Registry, posting RA03E0001, posted on January 14, 2003, regarding a new regulation under the *Safe Drinking Water Act*.

Given that the submission period may be extended, it is the Ministry's position that the owner of a water works that is required under O. Reg 459, or an approval or order granted or issued before December 31, 2002, to submit an Engineer's Report shall not be required to submit such reports further to these provisions. If a provincial officer or other Ministry staff find that the owner of a waterworks has not submitted an Engineer's Report the provincial officer should not take abatement measures or refer the matter for investigation. All other requirements in O. Reg. 459 and any approval or order continue to apply.

If the new regulation under the *Safe Drinking Water Act* is made, the Ministry will be providing information respecting requirements for engineers' reports in the context of the 5 year period at a future date. This information will be provided at such a time and in such a manner as to enable compliance with these requirements.

Pour obtenir une version française de ce document, veuillez téléphoner au 416 314-6654.

FAX COVER SHEET

Swish Maintenance Limited
P.O. BOX 3000 - 2060 FISHER DRIVE,
PETERBOROUGH, ONTARIO, K9J 8N4
TELEPHONE (705) 740-2880 EXT. 242
FAX (705) 745-0220
E-mail somer@swish.ca

TO: Roger Luu
Ontario Clean Water Association

DATE: August 16, 2002

FROM: **JOE SOMER**

OF SHEETS INCLUDING THIS ONE: 1

RE: Bleach Certification

Our Swish Brite-12 meets the following standards:

- NSF Certification under NSF 60-1997, Drinking Water Treatment Chemicals
- Canadian General Standards Board: CAN/CGSB-15.31-93 Standard for Sodium Hypochlorite
- ANSI/AWWA B300-92 Standard for Hypochlorites
- Health Canada Pest Management Control Registration No. 15692

If you have any questions please call or email me.

Joe Somer
Development Chemist

Scott Burrows

(613) 544-2770

CADUCEON



Environmental Laboratories

(Division of Caduceon Enterprises Inc)

MEMO

Date: June 17th 2002.

Re: Microbiological Testing and Reporting as per Reg 459/00 and 505/01

I want to assure you that all drinking water samples submitted to ETRL/Caduceon Environmental Laboratories are being tested for both E. coli and Total Coliform. Samples are tested by either membrane filtration or presence/absence at your request by acceptable accredited methods.

As well all procedures pertaining to reporting of adverse results required by the regulations are being followed by ETRL/Caduceon Laboratories staff.

If you require copies of our microbiological methods and/or reporting procedures please email Angela Henderson at etrlinfo@kingston.net.

If you have any questions or concerns please do not hesitate to call.

Sincerely,

Steve Garrett

Branch Offices

Kingston Lab, 135 Dalton Ave., Kingston, ON K7K 6C2 Tel: (613) 544-2001 Fax: (613) 544-2770
Napanee Lab, 40 Carleton Dr. Napanee, ON K2G 6X8 Tel: (613) 228-1146 Fax: (613) 228-1148
Ottawa Lab, 2378 Holly Lane Ottawa, ON K1V 7P1 Tel: (613) 528-0123 Fax: (613) 528-1244



ONTARIO CLEAN WATER AGENCY

April 1, 2003

REC'D APR - 7 2003

CHESTERVILLE CROSSING 120 110

Ontario Clean Water Agency
5 Industrial Drive
Chesterville, Ontario
K0C 1H0

Attn: Blair Henderson & John Kingsbury

RE: Presentation to Council - 2002 Compliance Reports Winchester & Chesterville Water Treatment Facilities:

Dear Gentlemen:

Thank-you for your very informative presentation to Council on March 31, 2003.

As requested, please find enclosed a copy of Resolution No. 2 passed by the Council of the Township of North Dundas.

I trust the above to be satisfactory and remain.

Yours very truly,

Jo-Anne McCaslin
Clerk

encl.

cc: Howard F. Smith

THE CORPORATION OF THE TOWNSHIP OF NORTH DUNDAS

MOVED BY: Dave Sloane

SESSION March 31 20 03

SECONDED BY: Master Schwan

RESOLUTION NO. (2)

THAT the 2002 Annual Compliance Reports for the Winchester and Chesterville Water Treatment Facilities were presented by OCWA and reviewed by Council of the Township of North Dundas this 31st day of March, 2003.

I, Jo-Anne McCaslin, Clerk of the Township of North Dundas, in the County of Dundas, hereby certify this to be a true copy, this April 10 day of 2003 (year)

DIVISION	FOR	AGAINST
VOTE		

CARRIED ☒

DEFEATED ☐

AMENDED BY ☐

SIGNATURE: PRESIDING OFFICER

ONTARIO CLERK/REGISTRATION AGENCY

REC'D APR - 7 2003

DECLARATION CONFLICT OF INTEREST

(a) DISCLOSED HIS (THEIR) HER INTEREST(S).

(b) VACATED HIS (THEIR) HER SEAT.

(c) ABSTAINED FROM DISCUSSION AND DID NOT VOTE ON THIS QUESTION

Clerk _____



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive
Chesterville, Ontario
K0C 1H0

tel (613) 448-3098
fax (613) 448-1616

March 26, 2003

Township of North Dundas
P.O. Box 489
636 St. Lawrence Street
Winchester, Ontario
K0C 2K0

Attention: Howard Smith and Council

Dear Howard and Council;

SUBJECT: Chesterville Water Treatment Facility - Annual Compliance Report for 2002

Attached please find the Annual Compliance Report for the Chesterville Water Treatment Facility for the operating year 2002, prepared by the Ontario Clean Water Agency. This report is submitted in accordance with Condition 4 of Certificate of Approval # 5513-5K5U23.

Conditions 4.1(d) through 4.1(f) state:

4.1(d) *"The Compliance Report shall be signed by a person designated by the Council of the municipality that owns the works or, where there is a Public Utilities Commission responsible for the works, the chief officer of the Public Utilities Commission or person designated by the chief officer of the Public Utilities Commission."*

4.1(e) *"Within three months of completion of the Compliance Report, the Owner shall confirm by a resolution of council that the Compliance Report has been presented to council."*

4.1(f) *"The Owner shall ensure that copies of the Compliance Report are available for inspection by any member of the public during normal business hours without charge and at the same location as that required by s.11 of O.Reg 459/00 for reports under that regulation".*

The Council members representing the Township of North Dundas have designated the Ontario Clean Water Agency as capable of signing the annual compliance report on their behalf.

To fulfill condition 4(e) of the Cof A, please submit this report to Council for review at their next Council meeting, where it will need to be confirmed by a resolution of council that the Compliance Report has been presented to council. Confirmation must be completed within three months of the date of this report.

../2



Page 2

March 26, 2003

Township of North Dundas

SUBJECT: **Chesterville Water Treatment Facility - Annual Compliance Report for 2002**

To fulfill condition 4(f) of the C of A, please make this report available for inspection by any member of the public during normal business hours without charge at the Municipal Office, along with the quarterly water quality reports required by s.11 of O.Reg 459/00.

I certify that I have reviewed the attached report on behalf of the Township of North Dundas.

If you have any questions regarding this report, please feel free to contact this office.

Sincerely,

Dave Markell

Process/Compliance Technician
Chesterville Hub

- c.c. Blair Henderson, Operations Manager, Chesterville Hub, OCWA
- c.c. Cindy Spencer, Regional Compliance Advisor, Eastern Region, OCWA
- c.c. John Kingsbury, Client Services Representative, Chesterville Hub, OCWA



A stipulation of the Chesterville Water Treatment Plant Certificate of Approval Number 5513-5K5U23 requires the Owner prepare an Annual Report detailing compliance with all Terms and Conditions of the Certificate of Approval.

A brief description of the Terms and Conditions of the Certificate of Approval Number 5513-5K5U23 are as follows:

Performance

Condition 1.0 through 1.5 inclusive

- to ensure water delivered to the consumer satisfies current Ontario Drinking Water Standards.
- to ensure flow rate of water through the works is within the approved capacity of the works.

Monitoring and Recording

Condition 2 through 2.2 inclusive

- to ensure all pertinent data is available for the works performance evaluation and so that the works is operated and maintained at a level consistent with design objectives.

Operations and Maintenance

Condition 3.0 through 3.14 inclusive

- to ensure works will be operated, maintained, funded, staffed and equipped sufficiently to meet the terms of the Certificate of Approval and deal with emergency situations.

Compliance Report

Condition 4.0 through 4.1 inclusive

- to ensure the Owner will regularly review the Certificate of Approval, be alerted to its obligations and allow the public enhanced participation in monitoring of compliance.

Upgrading Requirements

Condition 5.0 through 5.4 inclusive

- to ensure implementation of recommendations contained in the Engineer's Report prepared in 2000.

Subsequent Engineer's Reports

Condition 6.0 through 6.2 inclusive

- to ensure a second and subsequent Engineer's Reports are prepared by specific dates.

Revocation of Existing Approvals

Condition 7.0 through 7.3 inclusive

- to stipulate that the new Consolidated Certificate of Approval replaces only those Certificates pertaining to the water treatment works, and that existing Certificates of Approval remain in force for the distribution system and elevated storage tanks.

Information

Condition 8.0 through 8.2 inclusive

- to emphasize the distinction between the requirements of the Certificate of Approval and other legal requirements with which the Owner is required to comply.

Change of Ownership

Condition 9.0 through 9.3 inclusive

- to ensure Ministry of Environment records are kept accurate and current and new Owners of water works are made aware of the Certificate of Approval.

Interpretation

Condition 10.0 through 10.2 inclusive

- to clarify that the Certificate of Approval is to be judicially interpreted, and specifically, to clarify that the requirements of the Certificate of Approval are severable and that they prevail over supporting documentation.



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

**Annual Compliance Report
for the
Chesterville Water Treatment Facility
for the year
2002**

prepared for the Township of North Dundas
by the Ontario Clean Water Agency

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SECTION 1 "Compliance with Terms and Conditions of the Certificate of Approval"

The Annual compliance report for the Chesterville Water Treatment Facility for the operating year 2002, has been prepared by the Ontario Clean Water Agency. This report is submitted to the Owner in accordance with Condition 4 of Certificate of Approval (C of A) # 5513-5K5U23, to ensure that a written report detailing compliance with all Terms and Conditions of this approval is completed annually. The Terms and Conditions of this approval are defined under Condition 1 - Performance, Condition 2 - Monitoring and Recording, Condition 3 - Operations and Maintenance, Condition 4 - Annual Compliance Report, Condition 5 - Upgrading Requirements, Condition 6 - Subsequent Engineer's Reports, Condition 7 - Revocation of Existing C of A s, Condition 8 - Information, Condition 9 - Change of Ownership, and Condition 10 - Interpretation (Severability and Conflicts).

In accordance with C of A Condition 4(c)(i), under the heading of "Compliance with Terms and Conditions of the Certificate of Approval" the following is a statement as to the compliance of the Chesterville Water Treatment Facility.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Conditions 1.1 through 1.5: Performance

Condition 1.1 The Chesterville Water Treatment Facility and Distribution System was operated such that water supplied to the consumers serviced by the system satisfied the requirements of the "Ontario Drinking Water Standards" and met all conditions set out in Conditions 3.1 through 3.14 of C of A # 5513-5K5U23.

Condition 1.2 (a) Permit To Take Water # 88-P-4083; Expiry Date May 30, 2003 (Well #1)
Permit To Take Water # 89-P-4052; Expiry Date July 31, 2009 (Well #5)
(b) Should maximum total flow rate exceed the rate specified in the Permits To Take Water, an application for amendment will be submitted.

Condition 1.3 The Chesterville water treatment plant is operated to treat water at a rate not exceeding the maximum flow rate of 586 L/min (844 m³/day) for Well No. 1 and 1380 L/min (1987 m³/day) for Well No. 5.

Condition 1.4 (a) no unusual water demand was experienced in 2002
(b) no maintenance was performed in 2002 that necessitated flow rates through the water plant exceeding 568 L/min (818 m³/day) for Well No. 1 or 1380 L/min (1950 m³/day) for Well No. 5.

Condition 1.5 The disinfection facilities for Well No. 5 in the Chesterville water treatment plant were operated and maintained in accordance with the Ministry Procedure B13-3 entitled "Chlorination of Potable Water Supplies in Ontario", dated January 2001, as amended from time to time. The disinfection facilities for Well No. 1 in the Chesterville water treatment plant were NOT operated and maintained in accordance with the Ministry Procedure B13-3 entitled "Chlorination of Potable Water Supplies in Ontario", dated January 2001, as amended from time to time. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".

C of A Compliance Reporting Condition 4(c)(i) - Compliance With Terms and Conditions -

The following is a detailed description of the measures taken to ensure compliance with Conditions 2.1 through 2.2 of the Certificate of Approval, related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate;

Chesterville WTF - Compliance With Terms and Conditions of the Certificate of Approval
<u>Conditions 2.1 through 2.2: Monitoring and Recording</u>
<u>Condition 2.1(a)(i)</u> A sufficient number of flow measuring devices are NOT installed to measure the daily quantity and flow rate of water being taken from each well. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".
<u>Condition 2.1(a)(ii)</u> A sufficient number of flow measuring devices are installed, maintained, and operated to measure the flow rate of treated water water being supplied to the distribution system.
<u>Condition 2.1(b)</u> All flow measuring devices are calibrated at regular intervals not exceeding one year to ensure the required accuracy.
<u>Condition 2.1(c)</u> Total daily flows and daily peak flows are NOT recorded. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".
<u>Condition 2.1(d)</u> The date, time, duration and cause of any flow rate exceedence CANNOT be recorded. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".
<u>Condition 2.1(e)(i)</u> A continuous free chlorine analyzer with an acceptable quality control band and an alarm system is installed at the point of entrance to the distribution system and is calibrated as per the manufacture's instructions.
<u>Condition 2.1(e)(ii)</u> A turbidimeter with an acceptable quality control band and an alarm system is installed at the point of entrance to the distribution system and is calibrated as per the manufacturer's instructions.
<u>Condition 2.1(f)</u> All water sampling and analysis was completed in accordance with Ontario Regulation 459/00.
<u>Condition 2.1(g)</u> All water samples collected to satisfy clause (f) above have a composition which is representative of the water stream from which they are taken, and also in accordance with the instructions provided by the accredited laboratory performing the analysis.
<u>Condition 2.2</u> All records and information related to or resulting from the monitoring, sampling, and analyzing activities required by the C of A are retained for a minimum of five (5) years from the date of their creation.

In addition to providing a Statement of Compliance, C of A Condition 4(c)(i), requests a detailed description of the measures taken to ensure compliance with all of the terms and conditions of this Certificate, Conditions 3.1 through 3.14, and the requirements of the "Ontario Drinking Water Standards", including any supporting data or other information. As stated earlier the Terms and Conditions of this approval are defined under Condition 1 - Performance.

The following tables represent a detailed description of the measures taken to ensure compliance with this Certificate, including any supporting data or other information.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Conditions 3.1 through 3.14: Operations and Maintenance

Condition 3.1 - The Owner, when making decisions within its authority, considered the impact of these decisions on the drinking water source for water works approved by this Certificate. As such, the Municipality, in conjunction with the Raisin Region Conservation Authority and the Ministry of the Environment initiated a regional groundwater study. The primary goal of the study is to develop effective groundwater strategies and promote groundwater source protection. The primary objectives of the study are to define wellhead protection areas, assess contaminant sources and contaminant pathways, and recommend components of a groundwater protection strategy.

Condition 3.2 - There were no repairs to the water supply or distribution system, or interruptions in the operation of the water supply in 2002 that resulted in negative pressure conditions in the distribution system. A contingency plan has been developed to be followed should such an event occur.

Condition 3.3 - The OCWA, on behalf of the owner, ensured that there was an operator who holds a valid licence that is applicable to the Chesterville Water Treatment Facility, and that is of the same class as or higher class than the class determined for the water treatment plant in accordance with O. Reg 435/93, as amended from time to time, and who was responsible for the operation of the water treatment plant.

Condition 3.4 - The OCWA, in conjunction with the owner, ensured that, at all times, the works and the related equipment and appurtenances used to achieve compliance with this certificate were properly operated. Proper operation and maintenance shall include effective performance, adequate funding, adequate operator staffing and training, including training in all procedures, and other requirements of the certificate and the Act and regulations, adequate laboratory facilities, process controls and alarms, and the use of process chemicals and other substances that come in contact with water being treated, that are suitable for the process, compatible with each other, and appropriate for drinking water.

Condition 3.5 - The OCWA, on behalf of the owner, ensured that all chemicals used in the treatment process and all materials contacting the water met both the American Water Works Association (AWWA) quality criteria as set out in AWWA standards and the American National Standards Institute (ANSI) safety criteria as set out in ANSI standard NSF/60 or NSF/61.

Condition 3.6 - The OCWA, on behalf of the owner, was not notified by the Director to discontinue use of any chemical.

Condition 3.7 - The OCWA, on behalf of the owner, has established written procedures for notification of the Medical Officer of Health and the Ministry of the Environment required by O. Reg 459/00, and ensured that these procedures are followed. These procedures have been prepared as part of OCWA's Environmental Management System (EMS) and are contained in the site specific Environmental Contingency Plan binder. A copy of these procedures are attached as Appendix I.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Conditions 3.1 through 3.14: Operations and Maintenance (cont'd)

Condition 3.8 - The OCWA, on behalf of the owner, has established site specific contingency plans and procedures and ensure that adequate equipment and material are available for dealing with emergencies, upset conditions and equipment breakdowns in the works, and that such plans and procedures are implemented. This will be available for inspection by Ministry personnel and/or the public upon request.

Condition 3.9 - The OCWA, on behalf of the owner, provided an operations manual that incorporated, at a minimum, the requirements of the C of A, and any adopted operation and maintenance recommendations of the Engineer's Report based on which this Certificate has been issued.

Condition 3.10 - The OCWA, on behalf of the owner, has ensured that the operations manual includes any monitoring and reporting of necessary raw water and in-process parameters that are essential for control of the treatment process. The manual also contains procedures that are required for adequate operation and maintenance of the monitoring equipment.

Condition 3.11 - In 2002, there were no new water works completed.

Condition 3.12 - The Owner ensured that a Process and Instrumentation Diagram (PID) for the entire water treatment plant was prepared and kept-up-to-date, including timely incorporation of all modifications made to the works throughout its operations life. A copy of these drawings is stored either at the facility or at the OCWA Hub Office, and will be made available for inspection by Ministry personnel upon request.

Condition 3.13 - The Owner keeps a complete set of up-to-date drawings and diagrams required to be prepared by Conditions 3.11 and 3.12, and all existing record drawings which are currently in retention throughout the operational life of the water works, and shall make them readily available for inspection by Ministry personnel upon request.

Condition 3.14 - The OCWA, on behalf of the owner, has established procedures for receiving, responding to, and recording complaints about any aspects of the works, including recording the steps that were taken, if any, to determine the cause of the complaint and the corrective measures taken to alleviate the cause and prevent its reoccurrence.

Attached as Appendix II, please find a blank copy of a Community Complaint Report. OCWA staff record all pertinent information regarding the complaint including the facility name and address, the complainant's name, date of complaint, nature of complaint, complaint description, and action taken in response. Once the complaint has been addressed and remedied, all pertinent information is recorded and stored in an electronic database created by the OCWA. Currently OCWA staff are required to submit all community complaints forms (if any) to the Hub Office.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 4: Annual Compliance Report

Condition 4.1(a) The Owner shall ensure that a written report detailing compliance with all terms and conditions of this approval is completed annually ("Compliance Report").

Condition 4.1(b) The first Compliance Report shall cover a period commencing not later than the date indicated in the C of A and shall be completed and made available not later than March 31 of the following year. Each subsequent Compliance Report shall be completed and made available not later than March 31 following the end of the calendar year to which the Compliance Report applies.

Condition 4.1(c) A Compliance Report shall include, at a minimum, the following information:

- (i) Under a heading of 'Compliance with Terms and Conditions of the Certificate of Approval', a statement as to compliance with all of the terms and conditions of the Certificate and a detailed description of the measures taken to ensure compliance with the Certificate, including any supporting data or other information;
- (ii) In the event of any non-compliance during the reporting period, and under a heading of 'Non-Compliance with Terms and Conditions of the Certificate of Approval', details of the non-compliance as well as details of how and when any non-compliance was corrected;
- (iii) A summary and discussion of the quantity of water supplied during the reporting period compared to the rated capacity specified in this Certificate of approval, including monthly average and maximum daily flows;
- (iv) A summary of records made under Condition 2.1 related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate, including raw water and in-process parameters as specified in the operations manual in accordance with Condition 3.10; and
- (v) A summary listing treatment chemicals used, including average dosage rates with special reference to any abnormal usages.

Condition 4.1(d) The Compliance Report shall be signed by a person designated by the Council of the municipality that owns the works.

Condition 4.1(e) Within three months of completion of the Compliance Report, the Owner shall confirm by a resolution of council that the Compliance Report has been presented to Council.

Condition 4.1(f) The Owner shall ensure that copies of the Compliance Report are available for inspection by any member of the public during normal business hours without charge and at the same location as that required by s.II of O.Reg. 459/00 for reports under that regulation. Each 4th quarter report required under section 12 of that regulation shall include information about when the Compliance Report is required to be completed, an outline of the requirements for its contents, and the location where the completed report can be inspected.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 5: **Upgrading Requirements**

Condition 5.1(a) The Municipality has contracted Stantec Consulting Ltd. to ensure that a free chlorine residual of >0.2 mg/L after adequate contact time and before the first customer is maintained in all disinfected water entering the distribution system in accordance with the requirements of "Procedure B13-3 Chlorination of Potable Water Supplies in Ontario".

Condition 5.1(b)

- (i) The Municipality has contracted Stantec Consulting Ltd. to ensure the installation of chlorination equipment (duty and stand-by) at Well No. 5,
- (ii) The Municipality has contracted Stantec Consulting Ltd. to ensure that stand-by chlorine solution tanks are provided at all chlorination points,
- (iii) The Municipality has contracted Stantec Consulting Ltd. to ensure spill containment is provided for all chlorine solution tanks,
- (iv) A pump has been installed in stand-by Well No. 5, and
- (v) The Municipality has contracted Stantec Consulting Ltd. to ensure that pipe work and seal openings inside the water storage reservoir are modified to protect potential entry of surface water.

Condition 5.2 There were no new water works completed in 2002.

Condition 5.3 Stantec Consulting Ltd. is in the process of submitting an application for approval under the *Ontario Water Resources Act* or the *Environmental Protection Act* on behalf of the municipality to the Ministry of the Environment to allow construction necessary to comply with requirements of Condition 5.1 above.

Physical improvements at Well No. 1 (not used) are dependent on finding a new well or re-rating Well No. 5. The Municipality has contracted Golder Associates to proceed with this work. Construction of this work will proceed when the Ministry of the Environment and Council have confirmed the preferred option.

Condition 5.4 The Municipality has contracted Stantec Consulting Ltd. to ensure that the design of the proposed physical improvements are based on the complete raw water characterization data.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 6: **Subsequent Engineer's Reports**

Condition 6.1 The Owner will ensure that a second Engineer's Report will be prepared no later than July 31, 2003, or as amended by the Ministry of the Environment

Condition 6.2 The owner will ensure that subsequent Engineer's Reports will be submitted to the Director not later than the third anniversary of the previous report, or as amended by the Ministry of the Environment.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 7: Revocation of Existing Certificates of Approval

All previous water treatment facility Certificates of Approval have been replaced with C of A # 5513-5K5U23.

Any works Certificate of Approval which are not subject to C of A # 5513-5K5U23 remain in force. (i.e., distribution system or its portion including distribution storage facilities not associated with a water treatment process).

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 8: Information

Condition 8.1 The requirements in this Certificate shall not be construed as limiting in any way the ability of the Ministry to request or require the Owner to furnish any information related to compliance with this Certificate, as limiting in any way the authority of the Ministry to require certain steps be taken, or as evidence of the fulfillment of the obligation to report or notify of non-compliance where reporting or notification is required by a statute, regulation, order or other approval.

Condition 8.2 In the event the Owner provides the Ministry with information, records, documentation or notification in accordance with this Certificate ("Information"),

- (a) the receipt of the Information by the Ministry;
- (b) the acceptance by the Ministry of the Information's completeness or accuracy; or
- (c) the failure of the Ministry to prosecute the Owner or to require the Owner to take any action, under this Certificate or any statute or regulation in relation to the Information shall not be construed as an approval, excuse or justification by the Ministry of any act or omission of the Owner relating to the Information, amounting to non-compliance with the Certificate.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 9: Change of Ownership

- Condition 9.1
- (a) Neither the Owner nor the Operating Authority changed in 2002.
 - (b) The address for the Owner changed in 2002 and the Ministry was duly notified.
 - (c) The Owner did not enter into a partnership in 2002.
 - (d) Neither the Owner nor the Operating Authority incorporated or changed names in 2002.

Condition 9.2 Ownership of this facility did not change in 2002

Condition 9.3 Communications with the Ministry relating to Conditions 9.1 and 9.2 included reference to the C of A number.

**Chesterville WTF - Compliance With Terms and Conditions
of the Certificate of Approval**

Condition 10: Interpretation (Severability and Conflicts)

Condition 10.1 The requirements of this Certificate are severable. If any requirement of this Certificate, or the application of any requirement of this Certificate to any circumstance, is held invalid, the application of such requirement to other circumstances and the remainder of this Certificate shall not be affected thereby.

Condition 10.2 In all matters requiring the interpretation and implementation of this Certificate, the conditions of the Certificate shall take precedence, followed by the documentation submitted in support of the applications associated with any previously issued Certificates of approval for works which are part of the works approved by this Certificate.

The following is a detailed description of the measures taken to ensure compliance with the requirements of the "Ontario Drinking Water Standards", dated January 2001, as amended from time to time.

**Chesterville WTF - Compliance Measures With Respect to
The Ontario Drinking Water Standards**

Measures Taken to Ensure Compliance

The Ontario Drinking Water Standards (ODWS) are established to assist with meeting the legislated requirements governing water works under the Ontario Water Resources Act (OWRA) and should be used in conjunction with the Drinking Water Protection Regulation.

In Section 2.3 of the ODWS, the Municipality ensures responsibility for water quality, even though a third party (OCWA) is contracted for the treatment and/or distribution of water and acts as a statutory agent for the Municipality. OCWA has ensured that a protocol has been established for the purpose of notification and corrective action. The protocol is attached as Appendix I.

The Ontario Clean Water Agency ensures compliance is met with the requirements of the ODWS by operating the water treatment facility so that water intended for human consumption does not exceed the standards described in the ODWS. These standards are defined as Maximum Acceptable Concentration (MAC) standards, and Interim Maximum Acceptable Concentration (IMAC) standards. In the event that ODWS standards are exceeded, OCWA will follow the requirements of Sections 8, 9 and 10 of O.Reg 459/00 - notifying the Medical Officer of Health and the MOE, perform corrective action as required, and if necessary, post a warning notice in a prominent location. This procedure is provided in Appendix I.

OCWA also operates the water treatment facility so that aesthetic objectives (which are non health related) are controlled to ensure efficient and effective treatment and distribution of water.

The raw water supplied at the Chesterville Water Treatment Facility is from a groundwater source. The Chesterville Water Treatment Facility complies with the minimum level of water treatment which is equivalent to chlorine disinfection.

The Ontario Clean Water Agency also ensures compliance with the ODWS by establishing a sampling schedule based on O.Reg 459/00, Schedule 2, and section 2(1)(e) through 2(1)(g) of the facility C of A. All sampling is performed in accordance with the Ministry of the Environment's "Guide to Collection and Submission of Samples for Laboratory Analysis". Compliance is also ensured by having all laboratory samples analyzed by a laboratory accredited by the Canadian Association for Environmental Analytical Laboratories (C.A.E.A.L.) of Canada.

All water supplied by the Chesterville Water Treatment Facility is disinfected to meet those requirements described in Procedure B13-3 Chlorination of Potable Water Supplies in Ontario.

SECTION 2 "Non-Compliance With Terms and Conditions of the Certificate of Approval"

In accordance with C of A Condition 4(c)(ii), in the event of any non-compliance during the reporting period, and under a heading of "Non-Compliance with Terms and Conditions of the Certificate of Approval" provide details of the non-compliance as well as details of how and when any non-compliance was corrected.

The following table provides a detailed description of non-compliance with the terms and conditions of the C of A.

Chesterville WTF - Non-Compliance With Terms and Conditions of the Certificate of Approval
<u>Performance</u>
<u>Condition 1.5</u> The disinfection facilities for Well No. 1 in the Chesterville Water Treatment plant were NOT operated and maintained in accordance with the Ministry Procedure B13-3 entitled "Chlorination of Potable Water Supplies in Ontario", dated January 2001, as amended from time to time. Well No. 1 was not in use in 2002.
<u>Monitoring and Recording</u>
<u>Condition 2.1(a)(i)</u> : A sufficient number of flow measuring devices are NOT installed to measure the daily quantity and flow rate of water being taken from each well. The installation of a flow meter on the stand-by well flush line will be necessary. Stantec Consulting Ltd. has been contracted by the Municipality of North Dundas to implement this work.
<u>Condition 2.1(c)</u> : Total daily flows and daily peak flows are NOT recorded. Software modifications to the existing SCADA system will be necessary to record daily flows and daily peak flows. Stantec Consulting Ltd. has been contracted by the Municipality of North Dundas to implement this work.
<u>Condition 2.1(d)</u> : The date, time, duration and cause of any flow rate exceedence CANNOT be recorded. Software modifications to the existing SCADA system will be necessary to record daily flows and daily peak flows. Stantec Consulting Ltd. has been contracted by the Municipality of North Dundas to implement this work.

The following table provides a detailed description of non-compliance with the requirements of the "Ontario Drinking Water Standards".

Chesterville WTF - Non-Compliance With The Ontario Drinking Water Standards
<p>During the First Quarter of 2002, Sodium was found to exceed the Ontario Drinking Water Standards concentration of 20 mg/L as set out in Ontario Regulation 459/00. The result of the first sample was 23 mg/L. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Results of subsequent resampling were 26 mg/L.</p>
<p>On May 19, 2002 a turbidity exceedance spike of 1.2 NTU was reported. This has been attributed to iron buildup in the turbidimeter feed line. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Free chlorine residuals were over 1.0 mg/L.</p>
<p>During routine fire hydrant flushing on May 24, 2002, the fire flow pumps were exercised. A subsequent turbidity exceedance of 5.2 NTU was reported. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Free chlorine residuals were over 1.0 mg/L.</p>
<p>On October 7, 2002, a distribution sample collected at the Nestle's Lagoon Laboratory sink faucet exceeded the Ontario Drinking Water Standards as set out in Ontario Regulation 459/00. The sample was found to have an overgrown HPC count. There were no E. Coli or Total Coliforms present. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Subsequent resampling as per O. Reg. 459/00 was completed with no adverse results.</p>
<p>On October 21, 2002, the treated water sample collected at Well # 5 exceeded the Ontario Drinking Water Standards as set out in Ontario Regulation 459/00. The sample was found to have an overgrown HPC count. There were no E. coli or Total Coliforms present. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Subsequent resampling as per O. Reg. 459/00 was completed with no adverse results.</p>

SECTION 3 Summary & Discussion of Quantity of Water Supplied, etc.

In accordance with Certificate of Approval Condition 4(c)(iii), attached find a summary and discussion of the quantity of water supplied during the reporting period compared to the rated capacity specified in this Certificate of Approval, including monthly average and maximum daily flows;

The rated capacity specified in this C of A for the Chesterville Water Treatment Facility is 818 m³/day (568 L/min) for Well No. 1 and 1987 m³/day (1380 L/min) for Well No. 5. The monthly average flow for the reporting period was 596 m³/day, and the maximum daily flow for the reporting period was 853 m³/day.

Attached as Appendix III, find a summary of raw water flows including total, average, and maximum day flows during the reporting period.

The quantity of water supplied during the reporting period did not exceed the rated maximum capacity.

SECTION 4 Summary of Records Related to Flow Rate Exceedances, and a Summary of Analytical Results of Sampling

In accordance with Certificate of Approval Condition 4(c)(iv) find a summary of records made under Condition 2.1 related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate, including raw water and in-process parameters as specified in the operations manual in accordance with Condition 3.10 as follows;

Flow Rate Exceedances:

Certificate of Approval Condition 2.1(d) as previously identified in Section 2, the necessary equipment is not in place to monitor well flow rates in L/min as specified in the PTTW.

Summary of Analytical Results of Sampling:

Samples of raw and treated water have been collected and analyzed for parameters at locations and frequencies in accordance with Ontario Regulation 459/00. A copy of the analyses performed during the reporting period are found in Appendix IV. The summary report provides microbiological results for Raw, Treated, and Distribution system samples, in-house process parameters such as Free and Total Chlorine Residuals, and Turbidity results. The tables summarize the results for treated water Volatile Organics results, Inorganic Chemical results, and Pesticides and Polychlorinated Biphenyl (PCB) results.

SECTION 5

Summary Listing Treatment Chemicals used, including average dosage rates with special reference to any abnormal usages.

Attached as Appendix V is a summary listing the treatment chemicals used at the Chesterville WTF during the reporting period along with the corresponding treated water flows.

The treatment system provides disinfection. The type of chemicals used in the system are as follows:

1. Sodium Hypochlorite - A 12% solution of sodium hypochlorite is used for disinfection. It is fed to a single injection point located in the water pumping station. The flow of hypochlorite is controlled at the metering pump. The frequency and stroke length can be adjusted to achieve the desired flow. The chemical dosage range is 1.20 to 1.65 mg/L. Free chlorine residual is measured at the outlet of the pumping station. A chlorine residual of <0.5 mg/L at the pumping station will lock out the duty well pump. The chlorine residual is maintained at 0.5 to 1.5 mg/L to ensure the water meets the minimum of 0.2 mg/L free chlorine residual at the furthestmost point in the distribution system.

Interpretation of Results:

The chemical dosage amounts used during the reporting period were consistent with the water demands of the system (i.e. flow). A review of the results shows that there were no abnormal usages of treatment chemicals during the reporting period.


END

APPENDIX I

Written Procedures for Notification of the Medical Officer of Health

&

the Ministry of the Environment Spills Action Centre

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
<p style="text-align: center;">Chesterville Water Treatment Facility</p>	

ADVERSE WATER QUALITY

CLASSIFICATION: Compliance - Regulatory (O. Reg. 459/00)

SOLUTION: To report indicators of adverse water quality, OCWA as the operating authority will be acting on behalf of the owner (client) to fulfil the obligations on notifications to the proper authority i.e.. Ministry of the Environment Spills Action Centre (SAC), Medical Officer of Health (MOH) and the Owner of the water works (client).


1. Laboratory will notify water works sampler (operating authority, i.e. OCWA) of an adverse water quality sample, verbally by telephone and by faxing the notification form, Notice of Drinking Water Analysis and Remedial Action for Waterworks, Part 1- Notification by Laboratory. To the (operating authority, i.e. OCWA)

1.(a) Laboratory will notify the Ministry of the Environment, Spill Action Centre and the Local Medical Officer of Health or his/her designate.

2. The operating authority will **immediately** notify the Ministry of the Environment, Spills Action Center at 1-800-268-6060 or 1-416-325-3000 and **immediately** notify the area Medical Officer of Health 1-800-267-7120. The operating authority must record the **name** of the person the notification was reported to, the **time** and **date** of the incident, and record the information in the water works daily plant log at the water works plant for OCWA verification.

3. After receiving Part 1, Notification faxed by Laboratory, the operator must fill out the section labelled - Part 2 (Notification by Waterworks Owner).

4. The filled out form Part 1 and Part 2(**Notice of Drinking Water Analysis and Remedial Actions for Waterworks as Required under Drinking Water Protection Regulation**) is to be faxed to SAC MOE (1-800-268-6061 or 1-416-325-3011) and to the local MOH 1-613-933-7930.

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
<p align="center">Chesterville Water Treatment Facility</p>	

Indicators of Adverse Water Quality:


- ♦ E.Coli, fecal coliform, or total coliform detected in any required sample other than a raw water sample.
Corrective Action: Increase the chlorine dosage and flush the mains to ensure that a total chlorine residual of at least 1.0 mg/L or a free chlorine residual of 0.2 mg/L is achieved at all points in the affected parts of the distribution system. Resample and analyze. Corrective action should begin immediately and continue until bacteria are not detected in two consecutive sets of samples, or as instructed by the local Medical Officer of Health.

- ♦ Unchlorinated water is directed to the distribution system, where chlorination is used or required. This includes water in the distribution system which has less than 0.05 mg/L of free chlorine when tested.
Corrective Action: Restore chlorine immediately and follow instructions as directed by local Medical Officer of Health.

- ♦ Samples other than raw water samples contain more than 500 colonies per mL on an HPC plate count or more than 200 background colonies on a total coliform membrane filter analysis.
Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

- ♦ Aeromonas spp., pseudomonas aeruginosa, staphylococcus aureus, clostridium spp., or fecal streptococci (group D) are detected in samples other than raw water.
Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

- ♦ Laboratory results show that a parameter exceeds the MAC or IMAC set out for the parameters in Schedule 4 or 5.
Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
Chesterville Water Treatment Facility	

Resampling: should consist of a minimum of 3 samples to be collected for each positive sampling site: one sample should be collected at the affected site; one at an adjacent location on the same distribution line; and a third sample should be collected some distance upstream on a feeder line toward the water source. The chlorine residual and the time of sampling for each site should also be noted at each sampling location. The collection of three samples is considered the minimum number for each positive sampling site. The measurement of the chlorine residual in the vicinity of the positive sampling site may assist in determining the extent of the contamination within the distribution system.

Posting Warning Notice


If resample analysis still shows contamination then a warning notice must be posted. At all effective area of the water system. Section 10 - Posting Warning Notice Reg. 495/00.

This statement will change with the level of water contamination. In some cases the water contamination maybe very difficult to correct and pending on the chemical analysis involved this may require some sort of special treatment process to correct the problem. The local medical officer of health may go directly to an MOH order.

Owner/Operator must post a warning notice to the public in the following situation:

(1) non - compliance with sampling and analysis requirements of Section 7(1) for microbiological parameters (set out in Schedule 2 or as an additional requirements of an approval, order or direction) Reg./495/00 ; or

(2) if notice is required to be given to the Local Medical Officer of Health and the Ministry of the Environment because of a microbiological parameter in Schedule 6 and the owner has not taken corrective action for an indicator of adverse water quality set out in Schedule 6. Reg. 495/00

ONTARIO CLEAN WATER AGENCY 	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson
Chesterville Water Treatment Facility	

Where Should the Notice be posted? (Section 10 (2) and (3)) Reg. 495/00

The notice should be posted in such a place where it would be easy for members of the community to see it. If the owner doesn't post the notice, a provincial officer from the Ministry of the Environment or the public health inspector may post warning and issue a Provincial Officer's Order.

Notifying the Press

All press related issues will be handled by the Client Service Representative (CSR) or the Hub manager.

APPENDIX II

Blank Community Complaints Form

Ontario Clean Water Agency Community Complaints

Facility ID: _____
Facility Name: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Name of Person who filed
Complaint: _____

NOTE: If there were multiple complaints, provide the name of the person who filed the initial complaint and note the number and details in the "Description" field below

Date of Complaint: 03/19/2003
Time of Complaint: 11:35:13 AM

Nature of Complaint

- | | | |
|---------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Water Supply Taste/Colour | <input type="checkbox"/> Water Pressure/No Water |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Service Problem | <input type="checkbox"/> Basement Flooding |
| <input type="checkbox"/> Odour | <input type="checkbox"/> Sludge Related | |
| Other: _____ | | |

Description:

Action taken in response:

Was the source of the problem identified?: ☐ Yes ☐ No

Was the source an OCWA facility/activity?: ☐ Yes ☐ No If "Yes", describe:

If any remedial action is required, complete action plan form

Updated By: Kimberley Baker 03/19/2003 11:35:13 AM

Comments:

APPENDIX III

Annual Summary of Raw Water Flows

Annual Record Of Ground Water Taking
Registre annuel de prélèvement d'eau souterr.

Information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form is to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional office in your area.

Les renseignements personnels qui figurent dans le présent formulaire sont recueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Prière d'adresser toute question au bureau régional du ministère de l'Environnement le Plus proche.

Year: 2002
Année

Permit No.: 89-P-4052
N° de permis

Source: Groundwater Well #5

Name of Permittee: VILLAGE OF CHESTERVILLE
Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE, ON K0C1H0
Adresse postale

Location Of Taking:
Lieu de la prise d'eau

Twp. or Municipality:
Canton ou municipalité
NORTH DUNDAS

Concession:
CON. 5

Lot:
LOT 12

Date Of Taking Date de la prise d'eau	Hours Of Taking Heure	Rate Of Taking Litres/sec Débit de prise d'eau	Amount Of Taking m ³ Volume des prises	Maximum Rate of Taking m ³ /day Taux de prélèvement maximum	Remarks Observations
JAN	319.81	15.36	17,680	663	
FEB	293.30	15.21	16,071	655	
MAR	318.70	15.17	17,415	706	
APR	304.00	15.23	16,665	706	
MAY	338.50	14.82	18,033	701	
JUN	325.00	15.41	18,057	831	
JUL	360.70	15.59	20,252	798	
AUG	377.00	15.67	21,284	852	
SEP	293.40	15.72	18,840	740	
OCT	328.70	15.96	18,726	805	
NOV	288.40	15.10	15,674	625	
DEC	298.30	15.59	16,744	580	

I certify that the above information is true, complete and accurate.
J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

Signature

Date

David Walker

Jan 23/03

Annual Record Of Ground Water Taking
Registre annuel de prélèvement d'eau souterraine

Information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form is to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional office in your area.

Les renseignements personnels qui figurent dans le présent formulaire sont recueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Prière d'adresser toute question au bureau régional du ministère de l'Environnement le Plus proche.

Year: 2002

Année

Permit No.: 88-P-4083

N° de permis

Source: GROUNDWATER WELL#1

Name of Permittee: VILLAGE OF CHESTERVILLE

Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE, ON K0C1H0

Adresse postale

Location Of Taking:

Lieu de la prise d'eau

232 QUEEN ST. WEST

Twp. or Municipality:

Canton ou municipalité

NORTH DUNDAS

Concession:

Lot:

Date Of Taking Date de la prise d'eau	Hours Of Taking Heure	Rate Of Taking Litres/sec Débit de prise d'eau	Amount Of Taking m ³ Volume des prises	Maximum Rate of Taking m ³ /day Taux de prélèvement maximum	Remarks Observations
------------------------------------------	--------------------------	------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------------------------------	-------------------------

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

I certify that the above information is true, complete and accurate.

J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

Signature

Date

[Signature]

Jan 23/03

APPENDIX IV

Raw, Treated, & Distribution Analytical Results.

ONTARIO CLEAN WATER AGENCY

WATER PLANT PERFORMANCE ASSESSMENT REPORT

MUNICIPALITY: CHESTERVILLE
 PROJECT: CHESTERVILLE WATER SUPPLY
 PROJ. NUM.: 6-0046-59-00
 WORKS NUM.: 210000728
 DESCRIPTION: A TWO WELL PUMPING SYSTEM WITH A THIRD WELL FOR STANDBY A .655m3 RESERVOIR AND FOUR HIGH LIFT PUMPS.
WELL # 1 WHICH UTILIZES SODIUM SILICATE FOR IRON CONTROL. DISINFECTION IS WITH SODIUM HYPOCHLORITE.

YEAR: 2002
 WATER SOURCE: GROUNDWATER
 DESIGN CAP.: 2.781 X 1000 M3/d

MONTH	SYSTEM FLOWS (TREATED)			PHYSICAL CHEMICAL					DISINFECTION		BACTI (INDICATE NO. OF SAMPLES)					
	TOTAL FLOW 1000 m3	AVG DAY FLOW 1000 m3	MAX DAY FLOW 1000 m3	AVG TURB. (NTU)	AVG SODIUM (mg/l)	AVG FREE CL2 RESID. (mg/l)	AVG TOT. CL2 RESID. (mg/l)	MIN FREE CL2 RESID. DIST(mg/l)	E.C. / T.C. Not Detected		E.C. / T.C. Detected		RAW WATER			
									HPC < 500		HPC >500		E.COLI			
									TREAT	DIST	TREAT	DIST	TAKEN	DETECTED		
JAN	18.340	0.592	0.688	0.12	23.00	1.11	1.17	0.90	15	30	0	0	5	0		
FEB	16.948	0.602	0.655	0.11		1.07	1.20	0.93	12	28	0	0	4	0		
MAR	18.093	0.584	0.730	0.09		1.10	1.11	0.70	12	28	0	0	4	0		
APR	17.200	0.573	0.730	0.06		1.06	1.11	0.70	15	35	0	0	5	0		
MAY	19.467	0.628	0.769	0.28		1.16	1.13	0.60	12	28	0	0	4	0		
JUN	18.114	0.604	0.819	0.18		1.20	1.19	0.90	12	28	0	0	4	0		
JUL	19.608	0.633	0.752	0.12		1.14	1.26	0.70	15	38	0	0	5	0		
AUG	20.087	0.648	0.792	0.13		1.03	1.06	0.70	12	28	0	0	4	0		
SEP	18.291	0.610	0.712	0.12		1.24	1.27	0.40	15	35	0	0	5	0		
OCT	18.670	0.602	0.814	0.10		1.08	1.17	0.60	17	51	1	1	6	0		
NOV	15.877	0.529	0.623	0.11		1.07	1.19	0.91	12	28	0	0	4	0		
DEC	16.866	0.544	0.853	0.11		1.10	1.19	0.68	15	35	0	0	5	0		
TOTAL	217.6								164	392	1	1	55	0		
AVG		0.596		0.13	23.00	1.11	1.17									
MAX			0.853	0.28	23.00			0.40								
CRITERIA				1.00	20.00	4.00		0.05								

MEETS ODWS (YES/NO)	YES	NO	YES	YES												
---------------------	-----	----	-----	-----	--	--	--	--	--	--	--	--	--	--	--	--

COMMENTS: WELL # 1 IS NOT BEING UTILIZED TO PROVIDE WATER TO THE DISTRIBUTION SYSTEM.

Chemical Sampling Results

Table B: Volatile Organics

Parameters	Units	Treated	System	MAC	IMAC	AO
Benzene	ug/L	<0.5		5		
Carbon Tetrachloride	ug/L	<0.9		5		
Dichloromethane	ug/L	<4.0		50		
1,2-Dichlorobenzene	ug/L	<0.4		200		3
1,4-Dichlorobenzene	ug/L	<0.4		5		1
1,2-Dichloroethane	ug/L	<0.7			5	
1,1-Dichloroethylene	ug/L	<0.5		14		
Ethylbenzene	ug/L	<0.5				2.4
Monochlorobenzene	ug/L	<0.2		80		30
Tetrachloroethylene	ug/L	<0.3		30		
Toluene	ug/L	<0.5				24
Trichloroethylene	ug/L	<0.3		50		
Vinyl Chloride	ug/L	<0.5		2		
Xylene	ug/L	<2.0				300
Bromodichloromethane	ug/L	1.4 - 2.6	0.8 - 1.6			
Bromoform	ug/L	<0.4	<0.4			
Chloroform	ug/L	1.7 - 4.5	1.1 - 2.1			
Dibromochloromethane	ug/L	1.0 - 2.6	0.7 - 1.0			
TOTAL THMs	ug/L	4.1 - 9.7	2.6 - 9.3	100		

- **MAC** - Maximum Acceptable Concentration.
- **IMAC** - Interim Maximum Acceptable Concentration.
- **AO** - Aesthetic Objective

Table C: Inorganics

Parameters	Units	Treated	System	MAC	IMAC	AO
Arsenic	mg/L				0.025	
Barium	mg/L			1.0		
Boron	mg/L				5.0	
Cadmium	mg/L			0.005		
Chromium (Total)	mg/L			0.05		
Copper	mg/L					1.0
Iron	mg/L	<0.01				0.30
Lead	mg/L		<0.001	0.01		
Manganese	mg/L					0.05
Mercury	mg/L			0.001		
Nitrite	mg/L	<0.1		1.0		
Nitrate	mg/L	<0.1		10.0		
Selenium	mg/L			0.01		
Uranium	mg/L			0.10		
Fluoride	mg/L	0.15		1.50		
Sodium	mg/L	23 - 26				200.00
Colour	TCU	<2	<2			5.00
Comments: Sodium exceeded ODWS of 20 mg/l at Well No. 5.						

Table D: Pesticides & PCB

Parameters	Units	Treated	MAC	IMAC	AO
Alachlor	ug/L	<0.5		5.0	
Aldicarb	ug/L	<5.0	9.0		
Aldrin + Dieldrin	ug/L	<0.012 - <0.07	0.7		
Atrazine	ug/L	<0.5 - <1.0		5.0	
Azinphos-methyl	ug/L	<2.0	20.0		
Bendiocarb	ug/L	<2.0	40.0		
Bromoxynil	ug/L	<0.5		5.0	
Carbaryl	ug/L	<5.0	90.0		
Carbofuran	ug/L	<5.0	90.0		
Chlordane	ug/L	<0.012 - <0.7	7.0		
Chlorpyrifus	ug/L	<1.0	90.0		
Cyanazine	ug/L	<1.0		10.0	
Diazinon	ug/L	<1.0	20.0		
Dicamba	ug/L	<1.0	120.0		
2,4-Dichlorophenol	ug/L	<0.5	900.0		0.3
DDT + Metabolites	ug/L	<0.024 - <3.0	30.0		
2,4-Dichlorophenoxy acetic acid (2,4-D)	ug/L	<1.0		100.0	
Diclofop-methyl	ug/L	<0.90	9.0		
Dimethoate	ug/L	<2.5		20.0	
Dinoseb	ug/L	<1.0	10.0		
Diquat	ug/L	<7.0	70.0		
Diuron	ug/L	<10	150.0		
Glyphosate	ug/L	<10		280.0	
Heptachlor + Heptachlor epoxide	ug/L	<0.012 - <0.3	3.0		
Lindane	ug/L	<0.006 - <0.4	4.0		
Malathion	ug/L	<5.0	190.0		
Methoxychlor	ug/L	<0.024 - <90	900.0		
Metolachlor	ug/L	<0.5		50.0	
Metribuzin	ug/L	<5.0	80.0		
Paraquat	ug/L	<1.0		10.0	
Parathion	ug/L	<1.0	50.0		
Pentachlorophenol	ug/L	<0.5	60.0		30.0
Phorate	ug/L	<0.5		2.0	
Picloram	ug/L	<5.0		190.0	
Polychlorinated Biphenyls	ug/L	<0.05 - <0.3		3.0	
Prometryne	ug/L	<0.25		1.0	
Simazine	ug/L	<1.0		10.0	
Temephos	ug/L	<10		280.0	
Terbufos	ug/L	<0.7		1.0	
2,3,4,6-Tetrachlorophenol	ug/L	<0.5	100.0		1.0
Triallate	ug/L	<1.0	230.0		
2,4,6-Trichlorophenol	ug/L	<0.5	5.0		
2,4,5-Trichlorophenoxy acetic acid	ug/L	<1.0	280.0		20.0
Trifluralin	ug/L	<1.0		45.0	

APPENDIX V

Summary of Treatment Chemicals Used

Summary of Treatment Chemicals and Average Dosages

Year 2002	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Kilograms of Chlorine used	22.2	20.0	21.8	20.0	21.9	22.9	27.5	31.4	31.0	28.0	20.5	22.9	290.1
Average Chlorine dosage mg/l	1.26	1.25	1.25	1.20	1.21	1.27	1.36	1.48	1.65	1.50	1.31	1.36	



Flow Meter Calibration Schedule

End Date: 12/31/2002

CHESTERVILLE HUB [CHES]

Equipment ID	Description	Manufacturer	Location	Service Status	Next Scheduled	Last Completed
PRESCOTT WWTP [5674]						
0000102096	METER FLOW PLANT EFF SPS6	MILL	FLOW	IN	03/01/2002	03/02/2000
0000102097	METER FLOW PLANT EFF SPS6	MILL	FLOW	IN	03/01/2002	08/29/2000
0000102098	METER FLOW BYPASS SPS6	MILL	FLOW	IN	03/01/2002	12/21/2000
0000102161	METER FLOW NEW WEXFORD SPS5	ABB	FLOW	IN	03/01/2002	08/29/2000
CHESTERVILLE WWTLCS [5677]						
0000101571	METER FLOW RAW SEWAGE	DANF	COLL	IN	08/01/2002	08/08/2000
WINCHESTER WWLCS [5679]						
0000073413	METER FLOW 01 MAGNETIC LAGOON	ENDRES	COLL	IN	08/01/2001	
0000101696	METER FLOW RAW SEWAGE OTTAWA S	VOLUME	FLOW	IN	08/01/2002	08/08/2000
0000101709	METER FLOW LAGOON DISCH CHAMB	MILL	FLOW	IN	08/01/2002	08/08/2000
WINCHESTER WW&DS [5705]						
0000101751	METER FLOW WELL 04	KENT	DIST	IN	08/01/2002	08/08/2000
0000101767	METER FLOW DISCH WELL 01	KENT	WWE	IN	08/01/2002	08/08/2000
0000101781	METER FLOW WELL 05	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101803	METER FLOW WELL 06	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101823	METER FLOW DISCHARGE WELL 07	ABB	WWE	IN	08/01/2002	08/08/2000
CHESTERVILLE WW&DS [5708]						
0000101625	METER FLOW HL TRT RESV BLDG	KENT	HL	IN	08/01/2002	08/08/2000
0000101628	METER FLOW LOW LIFT RESV BLDG	FISH	LL	IN	08/01/2002	08/08/2000
0000101650	METER FLOW WELL 1 DISCH	NEPTU	WWE	IN	08/01/2002	08/08/2000
FINCH WW&DS [5811]						
0000101219	METER FLOW RAW WATER	ROCK	FLOW	IN	08/01/2002	08/08/2000
0000101247	METER FLOW TREATED WATER	SIGNA	FLOW	IN	08/01/2002	08/08/2000
CHRYSLER WWTL [6053]						
0000101150	METER FLOW RAW SEWAGE SPS	ENDRES	COLL	IN	08/01/2002	08/08/2000
CHRYSLER WATER WELL SYSTEM [6054]						
0000101100	METER FLOW TREATED DISCH	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CREEK WWEDS [6608]						
0000101006	METER FLOW 01 WELL FS-1	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101007	METER FLOW 02 WELL FS-2	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101008	METER FLOW 03 WELL FS-3	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101030	METER FLOW TRT WATER	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CREEK WWLCS [6990]						
0000101073	METER FLOW LAGOON DISCH	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101087	METER FLOW RAW SEWAGE LAGOON	ABB	FLOW	IN	08/01/2002	08/08/2000

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 22/01/2002 02:24 PM

Submitted By

Page 1

Work Order # 285982 Activity A1625A METER FLOW

Equipment ID 0000101625 Description METER FLOW HL TRT RESV BLDG

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN/NORTHERN AREA Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WATER TREATMENT SYSTEM: METER FLOW HL RESV BLDG TRT H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer ABB ABB KENT INC.
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # PROCESS MAGMASTER Warranty Expires MTBF 0
Serial # V82985-1-1 Purchase Date Purchase Cost 0.00

Budget #
Asset Comments
MAKE: ABB Kent TYPE: Magmaster
MODEL: Process Magmaster SERIAL: V/82985/1/1
INT. DIA: 10" (250 mm)
CAL FAC: 1) 1.26599 2/3/4) -3/8/1.000
LINING:
PROBE MAT:
CONVERTER
MAKE: ABB Kent
TYPE: Digital
MODEL: Process Magmaster SERIAL: V/82985/1/1
/EL. SET. 0-1.0 m/sec (0-5301.5 m3/d) RANGE: 0-100 l/sec.
OUTPUT: 4-13.81 mAdc

VELOCITY SETTING 0 0.05 0.1 0.2 0.5 1 m/sec.
RANGE 0 864 2,160 4,320 6,480 8,640 m3/d
FLOW THEO 0 3.06 6.14 12.27 30.68 61.36 l/sec.
OUTPUT THEO 4 4.49 4.98 5.96 8.9 13.81 mAdc

Initiated By Initiated Date 15/08/2001 Scheduled 17/08/2001 00:00
Assigned To Service # Due

Authorization

Budget #
Crew CHESTE CHESTERVILLE HUB STAFF
Maint Type
Priority
Problem
Project 5708 CHESTERVILLE WW&DS Out of Service ☐
Source Potential Service Request ☐
Last Activity A1625A METER FLOW Last Activity Completed 15/08/2001

Work Order Comments

Annual inspection/calibration check completed. Meter performance found to be satisfactory.

ActDefn Comments

METER O&M MANUAL

Task A1625A METER FLOW				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 22/01/2002 02:24 PM**Submitted By**

Page 2

Work Order # 285982**Activity**

A1625A

METER FLOW

Task: A1625A METER FLOW			
Safety Message		Description	
SHOCK		ELECTRICAL SHOCK	
Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

Safety Procedure Message	Description	Activity	Comments
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ANNUAL ANNUAL PREVENTATIVE MTCE

A1625A INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Contractor			
Charge Date	Time	Contractor ID	Notes

Extra Item				
Charge Date	Time	Extra Item	Quantity	Rate

Labor							
Choose Crew Type, Crew ID or Job Class							
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Comments	

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 22/01/2002 02:24 PM**Submitted By**

Page 3

Work Order # 285982**Activity**

A1625A

METER FLOW

Started				Completed			
Date	15/08/2001	Time	00:00	By	80300	Date	15/08/2001
Time		By		Date		Time	00:00
Hour		Hour		Hour		Hour	1.00

Result	Condition	Quantity	Unit of Meas.
--------	-----------	----------	---------------

Job Notes

Date Closed	Sign-off
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Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 22/01/2002 02:19 PM**Submitted By**

Page 1

Work Order # 285984 **Activity** A1628A **METER FLOW****Equipment ID** 0000101628 **Description** METER FLOW LOW LIFT RESV BLDG

Site	FAC	5708	Description	CHESTERVILLE WW&DS	
Subunit Of					
Area	2	EASTERN/NORTHERN AREA	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	LL	INPLANT LOW LIFT PUMPING
Loc Qualifier	CHESTERVILLE WATER TREATMENT SYSTEM: METER FLOW LOW LIFT RESV BLDG				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	FISH	FISHER & PORTER (CANADA) LTD
Building	RESR	WATER RESERVOIR/TANK/AREA	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	6BE15PD21AY13CH		Warranty Expires		MTBF 0
Serial #	890882048-1-B1		Purchase Date		Purchase Cost 0.00

Budget #**Asset Comments**

MAKE: Fischer & Porter TYPE: Electromagnetic
MODEL: 10D1465BE15PD21AY13CA SERIAL: 890882048/1B1
INT. DIA: 100mm (4")
V CONST: 67.760 l/sec.
LINING:
PROBE MAT:
CONVERTER
MAKE: Fischer & Porter
TYPE: Digital
MODEL: B821A0051U05
SERIAL: 890882048/1B1
VEL. SET. 14.76 ft/sec. RANGE: 0-30 l/sec.
OUTPUT: 4-20 made

Initiated By
Assigned To**Initiated Date** 15/08/2001
Service #**Scheduled** 17/08/2001 00:00
Due**Authorization**

Budget #		
Crew	CHESTE	CHESTERVILLE HUB STAFF
Maint Type		
Priority		
Problem		
Project	5708	CHESTERVILLE WW&DS
Source		
Last Activity	A1628A	METER FLOW

Out of Service	<input type="checkbox"/>
Potential Service Request	<input type="checkbox"/>
Last Activity Completed	15/08/2001

Work Order Comments

Annual inspection/calibration check completed. Adjusted zero setting as required, meter performance satisfactory.

Act/Defn Comments

METER O&M MANUAL

Task A1628A METER FLOW				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		
Safety Message Description				
SHOCK	ELECTRICAL SHOCK			
Tool	Description	Qty Req'd	Qty Used	
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00		

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
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Equipment Work Order**Report Date** 22/01/2002 02:19 PM**Submitted By**

Page 2

Safety Procedures
Message Description**Activity** **Comments**

ANNUAL ANNUAL PREVENTATIVE MTCE

A1628A INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Contractor**Charge Code****Unit****Contractor ID****Extra Item****Charge Code****Unit****Extra Item****Quantity****Cost****Labour****Choose Crew Type, Crew ID or Job Class****Charge Code****Unit****Crew Type****Crew ID****Job Class****Employee ID****Pay Type****Hours Worked****Notes**

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
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Equipment Work Order**Report Date** 22/01/2002 02:19 PM**Submitted By**

Page 3

Work Order # 285984**Activity**

A1628A

METER FLOW

Started				Completed			
Date	15/08/2001	Time	00:00	By	80300	Date	15/08/2001
						Time	00:00
						Rate	1.00

Result		Condition		Rating		Final Meter	
--------	--	-----------	--	--------	--	-------------	--

Total Usage	
-------------	--

Signature		Sign-off	
-----------	--	----------	--

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 22/01/2002 03:15 PM

Submitted By

Page 1

Work Order #	347422		Activity	OG04	INSPECTION	
Equipment ID	0000170828			Description	METER FLOW 01	
Site	FAC	5677		Description	CHESTERVILLE WWT LCS	
Subunit Of						
Area	2	EASTERN/NORTHERN AREA		Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS		Loc	FLOW	FLOWMETER(FLOW MEASURING & REC
Loc Qualifier	CHESTERVILLE LAGOON: S.E. DISCHARGE CHAMBER					

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	MILL	MILLTRONICS	
Building	GROU	GROUNDS/YARD	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	0.00		Total Usage	0.00		
Model #	OCM111		Warranty Expires		MTBF	0
Serial #	090501102PB		Purchase Date	01/10/2001	Purchase Cost	0.00

Budget

Asset Comments

SEASONAL USE (SPRING & FALL DISCHARGE)

Primary Element:

Parshall Flume

Throat: 9" (.229 m)

Calibrated Flow:

0-245 l/sec

0-21168 m3/d

Calibrated Head:

0-.600 m

O/P 4-20 mAdc

Initiated By
Assigned To

Initiated Date 21/11/2001
Service #

Scheduled
Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project

Source

Last Activity OG04

INSPECTION

Out of Service ☐Potential Service Request ☐

Last Activity Completed 21/11/2001

Work Order Comments

Meter set-up and calibration completed, performance satisfactory.

Safety Precautions
Warning: Do not touch
Activity Comment

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

WPROT WORK PROTECTION

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE

Contractor	Start Date	Time	Contractor ID	Notes

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 22/01/2002 03:15 PM**Submitted By**

Page 2

Work Order # 347422**Activity**

OG04

INSPECTION

Extra Item				
Charge Date	Time	Extra Item	Part No.	Qty

Labor		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employment	Pay Rate	Hours Worked

Comments

Start				Completed							
Date	21/11/2001	Time	00:00	By	80300	Date	21/11/2001	Time	00:00	Rate	2.00
Result		Condition		Quantity		Discontinues					
Total Usage											
Part Used		Sign-off									

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 23/01/2002 02:19 PM**Submitted By**

Page 1

Work Order # 286823 **Activity** A1571A **METER FLOW****Equipment ID** 0000101571 **Description** METER FLOW RAW SEWAGE

Site	FAC	5677	Description	CHESTERVILLE WWTLCS	
Subunit Of					
Area	2	EASTERN/NORTHERN AREA	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	COLL	WASTE WATER COLLECTION
Loc Qualifier	CHESTERVILLE WWTP. SPS DIESEL ROOM RAW SEWAGE				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	DANF	DANFOSS MFG. CO LTD
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	083F3001		Warranty Expires		MTBF 0
Serial #			Purchase Date		Purchase Cost 0.00

Budget #
Asset Comments
PIPE SIZE: 12"
WELL DIAMETER: 2.743M
PIPE MATERIAL: DUCTILE IRON
WALL THICKNESS: 0.34"
O.D.: 13.2"
I.D: 12.52
WELL RADIUS: 137.16
PLANT METER
MAKE: DANFOSS TYPE: MAGNETIC
MODEL: 3100173F3001IP67
SERIAL: 3100-122905T433
CALIBRATED RANGE: 0-100%
OUTPUT: 4-20 mAdc

TEST #1

INTEGRATOR START: 1792617
INTEGRATOR STOP: 1792629
INTEGRATOR TOTAL: 12.0
CALCULATED VOL.: 12.2
DIFFERENCE: .2

TEST #2

INTEGRATOR START: 1792641
INTEGRATOR STOP: 1792636
INEGRATOR TOTAL: 5.0
CALCULATED VOL.: 5.1
DIFFERENCE: .1

Initiated By
Assigned To**Initiated Date** 15/08/2001
Service #**Scheduled** 17/08/2001 00:00
Due**Authorization**

Budget #		
Crew	CHESTE	CHESTERVILLE HUB STAFF
Maint Type		
Priority		
Problem		
Project	5677	CHESTERVILLE WWTLCS
Source		
Last Activity	A1571A	METER FLOW

Out of Service	<input type="checkbox"/>
Potential Service Request	<input type="checkbox"/>
Last Activity Completed	15/08/2001

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 23/01/2002 02:19 PM**Submitted By**

Page 2

Work Order # 286823**Activity** A1571A

METER FLOW

Work Order Comments

Annual inspection/calibration check completed,satisfactory volumetric test performed.

ActDefn Comments

METER O&M MANUAL

Task A1571A METER FLOW					
Safety Message		Description			
SHOCK		ELECTRICAL SHOCK			
Tool		Description		Qty Reqd	Qty Used
CALIBC		CERTIFIED CALIBRATION EQUIP.		1.00	

**Safety Procedures
Message Description****Activity Comments**

ANNUAL ANNUAL PREVENTATIVE MTCE

A1571A INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Comments	

Started				Completed							
Date	15/08/2001	Time	00:00	By	80300	Date	15/08/2001	Time	00:00	Hours	2.00

Result	Condition	Quantity	Unit of Meas
--------	-----------	----------	--------------

Total Usage	
-------------	--

Data Group	Sign-off
------------	----------

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
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(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 23/01/2002 02:20 PM**Submitted By**

Page 1

Work Order # 286823 **Activity** A1571A **METER FLOW****Equipment ID** 0000101571 **Description** METER FLOW RAW SEWAGE**Site** FAC 5677 **Description** CHESTERVILLE WWTLCS**Subunit Of****Area** 2 EASTERN/NORTHERN AREA **Sub-area** CHES CHESTERVILLE HUB**District** NDUN TOWNSHIP OF NORTH DUNDAS **Loc** COLL WASTE WATER COLLECTION**Loc Qualifier** CHESTERVILLE WWTP. SPS DIESEL ROOM RAW SEWAGE**Equipment Type** INSTRU INSTRUMENTATION **Manufacturer** DANF DANFOSS MFG. CO LTD**Building** PS PUMPING STATION BUILDING **Building Level** G GROUND LEVEL**Service Status** IN IN SERVICE (INCL. STANDBY) **Expected Life** 25**Avg Monthly Usage** 720.00 **Total Usage** 0.00**Model #** 083F3001 **Warranty Expires** **MTBF** 0**Serial #** **Purchase Date** **Purchase Cost** 0.00**Budget #****Asset Comments**

PIPE SIZE: 12"

WELL DIAMETER: 2.743M

PIPE MATERIAL: DUCTILE IRON

WALL THICKNESS: 0.34"

O.D.: 13.2"

I.D.: 12.52

WELL RADIUS: 137.16

PLANT METER

MAKE: DANFOSS TYPE: MAGNETIC

MODEL: 3100173F3001IP67

SERIAL: 3100-122905T433

CALIBRATED RANGE: 0-100%

OUTPUT: 4-20 mAdc

TEST #1

INTEGRATOR START: 1792617

INTEGRATOR STOP: 1792629

INTEGRATOR TOTAL: 12.0

CALCULATED VOL.: 12.2

DIFFERENCE: .2

TEST #2

INTEGRATOR START: 1792641

INTEGRATOR STOP: 1792636

INEGRATOR TOTAL: 5.0

CALCULATED VOL.: 5.1

DIFFERENCE: .1

Initiated By**Initiated Date** 15/08/2001**Scheduled** 17/08/2001 00:00**Assigned To****Service #****Due****Authorization****Budget #****Crew** CHESTE CHESTERVILLE HUB STAFF**Maint Type****Priority****Problem****Project** 5677 CHESTERVILLE WWTLCS**Source****Last Activity** A1571A METER FLOW**Out of Service** ☐**Potential Service Request** ☐**Last Activity Completed** 15/08/2001

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 23/01/2002 02:20 PM

Submitted By

Page 2

Work Order # 286823

Activity A1571A

METER FLOW

Work Order Comments

Annual inspection/calibration check completed,satisfactory volumetric test performed.

ActDefn Comments

METER O&M MANUAL

Task A1571A METER FLOW

Safety Message Description

SHOCK ELECTRICAL SHOCK

Tool Description

Qty Reqd

Qty Used

CALIBC CERTIFIED CALIBRATION EQUIP.

1.00

Safety Procedures
Message Description

Activity Comments

ANNUAL ANNUAL PREVENTATIVE MTCE

A1571A INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Comments

Started

Completed

Date	Time	By	Date	Time	Hours
15/08/2001	00:00	80300	15/08/2001	00:00	2.00

Result

Condition

Quantity

Unit of Meas

Total Usage

Data Group

Sign-off

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 26/03/2003 03:11 PM

Submitted By Jean Veilleux

Page 1

Work Order #	527881	Activity	A1626A	ANALYZER TURBIDITY	
Equipment ID	0000101626	Description	ANALYZER TURBIDITY TRT H2O		
Site	FAC	5708	Description	CHESTERVILLE WW&DS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	HL	INPLANT HIGH LIFT PUMPING
Loc Qualifier	CHESTERVILLE WTP: METER TURBIDITY HL RESV BLDG TREATED H2O				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.
Building	RESR	WATER RESERVOIR/TANK/AREA	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	1720C		Warranty Expires		MTBF 0
Serial #	950500010191		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By		Initiated Date	26/03/2003	Scheduled	01/04/2003 08:00
Assigned To		Service #		Due	

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project 5708 CHESTERVILLE WW&DS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 28/02/2003

Task	A1626A	ANALYZER TURBIDITY		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC		
Tool	Description		Qty Req'd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.		1.00	

Safety Procedures
Message Description

Activity Comments

ANNUAL ANNUAL MAINTENANCE

A1626A INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

Ontario Clean Water Agency

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(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 26/03/2003 03:11 PM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity** **Comments****MAINTENANCE PROCEDURE:**

- 1) Isolate sample line.
- 2) Remove head assembly from body of turbidimeter.
- 3) Drain the body by removing plug from bottom of body.
- 4) Remove bubble trap from body. (Special tool available)
- 5) Replace drain plug, fill body with a diluted chlorine solution.
- 6) Clean interior of body using a soft brush.
- 7) Drain chlorine solution and flush body.
- 8) Clean and inspect gaskets. Replace as required.
- 9) Clean the lamp, lens and photocell window.
- 10) Perform calibration of unit following MFG guidelines/ using a formazin solution or the HACH ICE PICK system.

ANNUAL ANNUAL MAINTENANCE

A1626A

Measure 1 litre of low turbidity water into calibration cylinder.
Insert head assembly into calibration cylinder.
Swirl cylinder to remove air bubbles.
Press SYS RESET and 6 SIG AVG allow to stand until reading stabilizes.
Press 0.0 STD.
Prepare pipet.
Mix formazin solution and add to calibration cylinder.
Replace head assembly allow to stand until reading stabilizes.
Press 20.0 STD the display will show the value of the 20.0 NTU standard and the turbidity of the dilution.
11) Inspect o-rings and lamp assembly for any defects.
12) Replace head assembly into turbidimeter body.
13) Open sample line valve, ensure proper sample flow rate
14) Ensure all remote display or recording devices are within acceptable limits.
Eg: Chart recorders, Outpost5, SCADA systems.
ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

EEN ENTRY AND EXIT NOTIFICATION

JSP JOB SAFETY PLANNING

WPROT WORK PROTECTION

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 27/10/2003 12:39 PM

Submitted By Jean Veilleux

Page 1

Work Order # 538265 Activity A1624A ANALYZER CHLORINE

Equipment ID 0000101624 Description ANALYZER CHLORINE RESV TREATED

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WTP: ANALYZER CL2 RESV BLDG TRT H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer WALL WALLACE & TIERNAN
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # DEPOLOX 3 U-95213 Warranty Expires MTBF 0
Serial # BE94021 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 16/04/2003 Scheduled 01/05/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 5708 CHESTERVILLE WW&DS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/09/2003

Work Order Comments

Zeroed and calibrated with Hach pocket colorimeter at 1.1 mg/l. Was accurate, no changes. Tested low cl2 alarm.

Act/Defn Comments

WALLACE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1624A ANALYZER CHLORINE

Safety Message Description

CHEMHA CHEMICAL HAZARD

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.1
OLRF	ON LINE METER READING FINISH			1.1
TMFR	TEST METER FIELD READING			1.1

Safety Procedures
Message Description

Activity Comments

ANNUAL ANNUAL MAINTENANCE

A1624A INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

Ontario Clean Water Agency

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Equipment Work Order**Report Date** 27/10/2003 12:39 PM**Submitted By** Jean Veilleux

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Safety Procedures
Message Description**Activity Comments**

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

- 1) Isolate the analyser and turn the power off.
- 2) Clean and flush all water lines, strainers and tubing.
- 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)
- 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.
- 5) Inspect and replace any o-rings as required.
- 6) Reassemble the electrodes and the sample cell.
- 7) Adjust the flow control valve to the desired flow.
- 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.
- 9) Calibrate the unit, and return to service.

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION**Comments****Started****Completed**

Date	Time	By	Date	Time	Hours
		80636	09/05/2003	08:00	0.50

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*

Ontario Clean Water Agency

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Equipment Work Order

Report Date 27/10/2003 12:38 PM

Submitted By Jean Veilleux

Page 1

Work Order # 538267 Activity A1626M ANALYZER TURBIDITY

Equipment ID 0000101626 Description ANALYZER TURBIDITY TRT H20

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WTP: METER TURBIDITY HL RESV BLDG TREATED H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720C Warranty Expires MTBF 0
Serial # 950500010191 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 16/04/2003 Scheduled 01/05/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 5708 CHESTERVILLE WW&DS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/09/2003

Work Order Comments

Verified with ICE Pick. Read .482 NTU. Within range, no changes.

Task A1626M ANALYZER TURBIDITY			
Tool	Description	Qty Req'd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			.482
OLRF	ON LINE METER READING FINISH			.482
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE A1626M INTRODUCTION:
This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order**Report Date** 27/10/2003 12:38 PM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Perform a grab sample at the turbidimeter
- 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results.
- 3) Ensure all remote display or recording devices are within acceptable limits.

Eg: Chart recorders, Outpost5, SCADA systems.

WPROT WORK PROTECTION

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments**Started****Completed**

Date	Time	By	Date	Time	Hours
		80636	09/05/2003	08:00	0.50

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*

Ontario Clean Water Agency

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Equipment Work Order

Report Date 27/10/2003 12:37 PM

Submitted By Jean Veilleux

Page 1

Work Order # 550314 Activity A1626M ANALYZER TURBIDITY

Equipment ID 0000101626 Description ANALYZER TURBIDITY TRT H20

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WTP: METER TURBIDITY HL RESV BLDG TREATED H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720C Warranty Expires MTBF 0
Serial # 950500010191 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 22/05/2003 Scheduled 02/06/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 5708 CHESTERVILLE WW&DS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/09/2003

Work Order Comments

Verified using Hach ICE-Pick. Unit reading .525 NTU. No calibration required.

Task A1626M ANALYZER TURBIDITY			
Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			.525
OLRF	ON LINE METER READING FINISH			.525
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1626M

INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order**Report Date** 27/10/2003 12:37 PM**Submitted By** Jean Veilleux

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Safety Procedures
Message Description**Activity Comments**

maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Perform a grab sample at the turbidimeter
- 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results.
- 3) Ensure all remote display or recording devices are within acceptable limits.

Eg: Chart recorders, Outpost5, SCADA systems.

WPROT WORK PROTECTION

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments**Started****Completed**

Date	Time	By	Date	Time	Hours
		80636	23/06/2003	08:00	1.00

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off**

Ontario Clean Water Agency

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Equipment Work Order

Report Date 27/10/2003 12:39 PM

Submitted By Jean Veilleux

Page 1

Work Order #	550313	Activity	A1624M	ANALYZER CHLORINE	
Equipment ID	0000101624	Description	ANALYZER CHLORINE RESV TREATED		
Site	FAC	5708	Description	CHESTERVILLE WW&DS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	HL	INPLANT HIGH LIFT PUMPING
Loc Qualifier	CHESTERVILLE WTP: ANALYZER CL2 RESV BLDG TRT H20				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	RESR	WATER RESERVOIR/TANK/AREA	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPOLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	BE94021		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By	Initiated Date 22/05/2003	Scheduled 02/06/2003 08:00
Assigned To	Service #	Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 5708

CHESTERVILLE WW&DS

Out of Service ☐

Source

Potential Service Request ☐

Last Activity WEEKPM

PERFORM WEEKLY CHECKLIST

Last Activity Completed 30/09/2003

Work Order Comments

Compared with Hach pocket colorimeter. Zeroed and adjusted span.

ActDefn Comments

WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task	A1624M	ANALYZER CHLORINE
Safety Message	Description	
CHEMHA	CHEMICAL HAZARD	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.44
OLRF	ON LINE METER READING FINISH			1.33
TMFR	TEST METER FIELD READING			1.33

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1624M	INTRODUCTION:

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Equipment Work Order

Report Date 27/10/2003 12:39 PM

Submitted By Jean Veilleux

Page 2

Safety Procedures
Message Description

Activity Comments

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

1) Isolate the analyser and turn the power off.

2) Clean and flush all water lines, strainers and tubing.

3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)

4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.

5) Inspect and replace any o-rings as required.

6) Reassemble the electrodes and the sample cell.

7) Adjust the flow control valve to the desired flow.

8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.

9) Calibrate the unit, and return to service.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Comments

Started

Completed

Date

Time

By

80636

Date

09/06/2003

Time

08:00

Hours

1.00

Result

COMPLET

Condition

Quantity

Unit of Meas

Total Usage

Data Group

Sign-off

Jean Veilleux

Ontario Clean Water Agency

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Equipment Work Order

Report Date 27/10/2003 12:37 PM

Submitted By Jean Veilleux

Page 1

Work Order # 580240 Activity A1626Q ANALYZER TURBIDITY

Equipment ID 0000101626 Description ANALYZER TURBIDITY TRT H20

Site	FAC	5708	Description	CHESTERVILLE WW&DS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	HL	INPLANT HIGH LIFT PUMPING
Loc Qualifier	CHESTERVILLE WTP: METER TURBIDITY HL RESV BLDG TREATED H20				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.
Building	RESR	WATER RESERVOIR/TANK/AREA	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	1720C		Warranty Expires		MTBF 0
Serial #	950500010191		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By	Initiated Date	04/07/2003	Scheduled	01/07/2003 08:00
Assigned To	Service #		Due	

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project	5708	CHESTERVILLE WW&DS	Out of Service	<input type="checkbox"/>
Source			Potential Service Request	<input type="checkbox"/>
Last Activity	WEEKPM	PERFORM WEEKLY CHECKLIST	Last Activity Completed	30/09/2003

Work Order Comments

Calibrated using 20 NTU user prepared formazine solution. Verified with ICE-Pick.

ActDefn Comments

HACH TURBIDITY METER O&M MANUAL

Task A1626Q ANALYZER TURBIDITY

Tool	Description	Qty Req'd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			20.87
OLRF	ON LINE METER READING FINISH			20.12
OM%D	ON LINE METER PERCENT OF DRIFT			0.3%

Safety Procedures

Message Description

Activity Comments

3MONTH QUARTERLY MAINTENANCE

A1626Q INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

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Equipment Work Order**Report Date** 27/10/2003 12:37 PM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Isolate sample line.
 - 2) Remove head assembly from body of turbidimeter.
 - 3) Clean the lamp, lens and photocell window.
 - 4) Perform calibration of unit following MFG guidelines, using a formazin solution or the HACH ICE PICK. Measure 1 litre of low turbidity water into calibration cylinder. Insert head assembly into calibration cylinder. Swirl cylinder to remove air bubbles. Press SYS RESET and 6 SIG AVG allow to stand until reading stabilizes. Press 0.0 STD. Prepare pipet. Mix formazin solution and add to calibration cylinder. Replace head assembly allow to stand until reading stabilizes. Press 20.0 STD the display will show the value of the 20.0 NTU standard and the turbidity of the dilution.
 - 5) Inspect o-rings and lamp assembly for any defects.
 - 6) Replace head assembly into turbidimeter body.
 - 7) Open sample line valve, ensure proper sample flow rate.
 - 8) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
- ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
- TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

3MONTH QUARTERLY MAINTENANCE

A1626Q

EEN ENTRY AND EXIT NOTIFICATION

JSP JOB SAFETY PLANNING

WPROT WORK PROTECTION

Comments**Started****Completed**

Date	Time	By	Date	Time	Hours
		80636	15/07/2003	08:00	1.00

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off**

Ontario Clean Water Agency

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Equipment Work Order**Report Date** 27/10/2003 11:16 AM**Submitted By** Jean Veilleux

Page 1

Work Order # 580239 **Activity** A1624M **ANALYZER CHLORINE****Equipment ID** 0000101624 **Description** ANALYZER CHLORINE RESV TREATED

Site	FAC	5708	Description	CHESTERVILLE WW&DS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	HL	INPLANT HIGH LIFT PUMPING
Loc Qualifier	CHESTERVILLE WTP: ANALYZER CL2 RESV BLDG TRT H20				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	RESR	WATER RESERVOIR/TANK/AREA	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPOLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	BE94021		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By	Initiated Date 04/07/2003	Scheduled 01/07/2003 08:00
Assigned To	Service #	Due

Authorization**Budget #****Crew****Maint Type****Priority****Problem****Project** 5708 CHESTERVILLE WW&DS**Source****Last Activity** WEEKPM PERFORM WEEKLY CHECKLIST**Out of Service** ☐**Potential Service Request** ☐**Last Activity Completed** 31/07/2003**Work Order Comments**

Calibrated using Hach handheld pocket colorimeter

ActDefn Comments

WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1624M **ANALYZER CHLORINE****Safety Message** **Description**

CHEMHA CHEMICAL HAZARD

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.35
OLRF	ON LINE METER READING FINISH			1.25
TMFR	TEST METER FIELD READING			1.25

Safety Procedures**Message** **Description****Activity** **Comments**

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1624M INTRODUCTION:

Ontario Clean Water Agency

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(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 27/10/2003 11:16 AM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

1) Isolate the analyser and turn the power off.

2) Clean and flush all water lines, strainers and tubing.

3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)

4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.

5) Inspect and replace any o-rings as required.

6) Reassemble the electrodes and the sample cell.

7) Adjust the flow control valve to the desired flow.

8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.

9) Calibrate the unit, and return to service.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.**WPROT WORK PROTECTION****Comments****Started****Completed**

Date	Time	By	Date	Time	Hours
		80360	07/07/2003	08:00	1.00

Result COMPLET**Condition****Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
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Equipment Work Order

Report Date 27/10/2003 11:37 AM

Submitted By Jean Veilleux

Page 1

Work Order # 601867 Activity A1626M ANALYZER TURBIDITY

Equipment ID 0000101626 Description ANALYZER TURBIDITY TRT H20

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WTP: METER TURBIDITY HL RESV BLDG TREATED H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720C Warranty Expires MTBF 0
Serial # 950500010191 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 22/07/2003 Scheduled 01/08/2003 08:00
Assigned To Service # Due

AuthorizationBudget #CrewMaint TypePriorityProblem

Project 5708 CHESTERVILLE WW&DS

Source Potential Service Request ☐

Last Activity A1626M ANALYZER TURBIDITY Last Activity Completed 28/08/2003

Work Order Comments

Compared to Hach ICE Pick

Task A1626M ANALYZER TURBIDITY			
Tool	Description	Qty Req'd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			.474
OLRF	ON LINE METER READING FINISH			.474
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures
Message DescriptionActivity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1626M

INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 27/10/2003 11:37 AM

Submitted By Jean Veilleux

Page 2

Safety Procedures
Message DescriptionActivity Comments

maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Perform a grab sample at the turbidimeter
- 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results.
- 3) Ensure all remote display or recording devices are within acceptable limits.
Eg: Chart recorders, Outpost5, SCADA systems.

WPROT WORK PROTECTION

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	
----------	--

Started				Completed			
Date	Time	By		Date	Time	Hours	
		80636		28/08/2003	08:00	1.00	

Result	COMPLET	Condition		Quantity		Unit of Meas	
--------	---------	-----------	--	----------	--	--------------	--

Total Usage	
-------------	--

Data Group		Sign-off	<i>Jean Veilleux</i>
------------	--	----------	----------------------

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 27/10/2003 11:31 AM

Submitted By Jean Veilleux

Page 1

Work Order # 601865 Activity A1624M ANALYZER CHLORINE

Equipment ID 0000101624 Description ANALYZER CHLORINE RESV TREATED

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WTP: ANALYZER CL2 RESV BLDG TRT H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer WALL WALLANCE & TIERNAN
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # DEPOLOX 3 U-95213 Warranty Expires MTBF 0
Serial # BE94021 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 22/07/2003 Scheduled 01/08/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 5708 CHESTERVILLE WW&DS

Source Potential Service Request ☐

Last Activity A1624M ANALYZER CHLORINE Last Activity Completed 28/08/2003

Work Order Comments

Compared to hach pocket colorimeter. No calibration required.

ActDefn Comments

WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1624M ANALYZER CHLORINE

Safety Message Description

CHEMHA CHEMICAL HAZARD

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.22
OLRF	ON LINE METER READING FINISH			1.22
TMFR	TEST METER FIELD READING			1.28

Safety Procedures
Message Description

Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1624M INTRODUCTION:

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 27/10/2003 11:31 AM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

- 1) Isolate the analyser and turn the power off.
- 2) Clean and flush all water lines, strainers and tubing.
- 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)
- 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.
- 5) Inspect and replace any o-rings as required.
- 6) Reassemble the electrodes and the sample cell.
- 7) Adjust the flow control valve to the desired flow.
- 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.
- 9) Calibrate the unit, and return to service.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Comments	
-----------------	--

Started		Completed					
Date	Time	By		Date	Time	Hours	
		80360		28/08/2003	08:00	1.00	

Result	COMPLET	Condition		Quantity		Unit of Meas	
---------------	---------	------------------	--	-----------------	--	---------------------	--

Total Usage	
--------------------	--

Data Group		Sign-off	<i>Jean Veilleux</i>
-------------------	--	-----------------	----------------------

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 27/10/2003 11:52 AM

Submitted By Jean Veilleux

Page 1

Work Order # 628970 Activity A1626M ANALYZER TURBIDITY

Equipment ID 0000101626 Description ANALYZER TURBIDITY TRT H20

Site FAC 5708 Description CHESTERVILLE WW&DS
Subunit Of
Area 2 EASTERN REGION Sub-area CHES CHESTERVILLE HUB
District NDUN TOWNSHIP OF NORTH DUNDAS Loc HL INPLANT HIGH LIFT PUMPING
Loc Qualifier CHESTERVILLE WTP: METER TURBIDITY HL RESV BLDG TREATED H20

Equipment Type INSTRU INSTRUMENTATION Manufacturer HACH HACH CO.
Building RESR WATER RESERVOIR/TANK/AREA Building Level G GROUND LEVEL
Service Status IN IN SERVICE (INCL. STANDBY) Expected Life 25
Avg Monthly Usage 720.00 Total Usage 0.00
Model # 1720C Warranty Expires MTBF 0
Serial # 950500010191 Purchase Date Purchase Cost 0.00
Budget #

Initiated By Initiated Date 22/09/2003 Scheduled 01/09/2003 08:00
Assigned To Service # Due

Authorization

Budget #

Crew

Maint Type

Priority

Problem

Project 5708 CHESTERVILLE WW&DS

Source

Last Activity A1626M ANALYZER TURBIDITY

Out of Service ☐

Potential Service Request ☐

Last Activity Completed 30/09/2003

Work Order Comments

Verified with ICE Pick.

Task	A1626M	ANALYZER TURBIDITY		
Tool	Description		Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH		1.00	
PORTAT	PORTABLE TURBIDIMETER		1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			474
OLRF	ON LINE METER READING FINISH			474
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures

Message Description Activity Comments

EEN ENTRY AND EXIT NOTIFICATION

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.

JSP JOB SAFETY PLANNING

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

MONTH MONTHLY PREVENTATIVE MTCE

A1626M

INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 27/10/2003 11:52 AM

Submitted By Jean Veilleux

Page 2

Safety Procedures
Message Description

Activity Comments

maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

- 1) Check for leaks from the sample piping and drain lines.
- 2) Check display for alarm conditions or fault messages.

MAINTENANCE PROCEDURE:

- 1) Perform a grab sample at the turbidimeter
- 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results.
- 3) Ensure all remote display or recording devices are within acceptable limits.

Eg: Chart recorders, Outpost5, SCADA systems.

WPROT WORK PROTECTION

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments

Started

Completed

Date	Time	By	Date	Time	Hours
		80636	30/09/2003	08:00	

Result

COMPLET

Condition

Quantity

Unit of Meas

Total Usage

Data Group

Sign-off

Jean Veilleux

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 27/10/2003 11:51 AM

Submitted By Jean Veilleux

Page 1

Work Order #	628969	Activity	A1624M	ANALYZER CHLORINE	
Equipment ID	0000101624	Description	ANALYZER CHLORINE RESV TREATED		
Site	FAC	5708	Description	CHESTERVILLE WW&DS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	HL	INPLANT HIGH LIFT PUMPING
Loc Qualifier	CHESTERVILLE WTP: ANALYZER CL2 RESV BLDG TRT H20				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	RESR	WATER RESERVOIR/TANK/AREA	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPOLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	BE94021		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To

Initiated Date 01/09/2003
Service #

Scheduled 01/09/2003 08:00
Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project 5708
Source
Last Activity A1624M

CHESTERVILLE WW&DS
ANALYZER CHLORINE

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 15/09/2003

Work Order Comments
Compared to hach pocket colorimeter. No calibration required.

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task	A1624M	ANALYZER CHLORINE
Safety Message	Description	
CHEMHA	CHEMICAL HAZARD	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.13
OLRF	ON LINE METER READING FINISH			1.13
TMFR	TEST METER FIELD READING			1.13

Safety Procedures	Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION			ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING			TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE		A1624M	INTRODUCTION:

Ontario Clean Water Agency

1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order**Report Date** 27/10/2003 11:51 AM**Submitted By** Jean Veilleux

Page 2

Safety Procedures
Message Description**Activity Comments**

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

1) Isolate the analyser and turn the power off.

2) Clean and flush all water lines, strainers and tubing.

3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)

4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.

5) Inspect and replace any o-rings as required.

6) Reassemble the electrodes and the sample cell.

7) Adjust the flow control valve to the desired flow.

8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.

9) Calibrate the unit, and return to service.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.**WPROT WORK PROTECTION****Comments****Started****Completed****Date****Time****By**

80360

Date

15/09/2003

Time

08:00

Hours

1.00

Result

COMPLET

Condition**Quantity****Unit of Meas****Total Usage****Data Group****Sign-off***Jean Veilleux*



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To Robert Walker.
Company Accutest
Fax Number 727-5222
From Dave
Date _____
Number of Pages 6. (including this page)
Subject LAB NOTIFICATIONS

As per your request.
None of these CoFA's require
any sampling other than tables
A, B, C & D.

Dave

**ACCUTEST LABORATORIES LTD.**

Ottawa • Kingston

NOTIFICATION OF LABORATORY SERVICES**Ontario Regulation 459/00**

Friday, February 21, 2003

Mr. Blair Henderson
CHESTERVILLE WELL SUPPLY
OCWA Chesterville
5 Industrial Drive
Chesterville, ON K0C 1H0

210000728

Re: Clarification of Testing Requirements

Dear Mr. Henderson:

The MOE has brought an important matter to my attention. Due to upcoming changes in the DWIS, only routine tests required under the Regulation should be identified on the Notification forms and must match exactly the testing requirements for CHESTERVILLE WELL SUPPLY. Therefore, it is essential that you identify any additional tests (beyond Tables A, B, C, and D) that are required through a Ministry Control Document such as a Certificate of Approval or a Director's Order. It is up to the waterworks owner to ensure that all required tests are being performed and that tests not required are not included in the Notification form. Failure to do so could result in the waterworks being in a position of noncompliance.

It was suggested by the MOE that you complete the following checklist and highlight any parameter below that CHESTERVILLE WELL SUPPLY is obligated to have analyzed as specified in a Certificate of Approval or a Director's Order. Do not include those tests that you may be performing on-site or are doing for a study. Once I have received the information, I will forward it to Sonia Coelho-Murphy at the MOE, who will then adjust the notification information accordingly. Note that when there are any changes to your "C of A" you must update the Notification form and re-send it to the MOE and be sure to request the appropriate tests when submitting samples to the lab.

Sincerely,

Robert Walker
Accutest Laboratories Ltd.

Please fax this page back to Accutest at (613) 727-5222

Name of Waterworks:
CHESTERVILLE WELL SUPPLY

Waterworks Number:
210000728

<input type="checkbox"/> Cyanide	<input type="checkbox"/> DOC
<input type="checkbox"/> Chloramines	<input type="checkbox"/> TOC
<input type="checkbox"/> Turbidity	<input type="checkbox"/> Zinc
<input type="checkbox"/> NTA	<input type="checkbox"/> Aluminum
<input type="checkbox"/> Colour	<input type="checkbox"/> NDMA
<input type="checkbox"/> pH	<input type="checkbox"/> Benzo(a)pyrene
<input type="checkbox"/> Conductivity	<input type="checkbox"/> Radionuclides
<input type="checkbox"/> Hardness	<input type="checkbox"/> Dioxins/Furans
<input type="checkbox"/> Alkalinity	<input type="checkbox"/> Faecal Coliforms

Other Required Tests:
(other than ODWS Tables A, B, C, or D)

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

Log for
OCWA
(613) 448-1616
Feb 21 2003 11:40am

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Feb 21	11:37am	Fax Sent	7275222	2:37	6	OK



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

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

Fax

To M O E

Company _____

Fax Number 416 - 235 - 5744

From Dave Markell

Date ~~FEB 27/03~~ March 3/03

Number of Pages 16 (including this page)

Subject Lab Services Update

Chesterville

works # 210000728



Ministry
of the
Environment

Ministère
de
l'Environnement

2011
Page 1 of 1
Revised - September 2002

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

DATE OF SUBMISSION (dd/mm/yy): <u>March 3 / 03</u>		DATE RECEIVED (dd/mm/yy):	
NEW SUBMISSION <input type="checkbox"/> UPDATED SUBMISSION <input checked="" type="checkbox"/>			
WATERWORKS INFORMATION			
NAME OF WATERWORKS: <u>Chesterville</u>		WATERWORKS #: <u>210000728</u>	
LOCATION OF WATERWORKS:			
Street # and Name: <u>Chesterville</u>		Town/City: <u>Ontario</u> Postal Code: <u>K0C 1H0</u>	
CONTACT NAME: <u>Dave Markell</u>		POSITION / TITLE: <u>Process Tech.</u>	
PHONE: <u>613-443-3058</u> FAX: <u>613-443-3090</u> <u>1616</u>		E-Mail: <u>dmarkell@owwa.com</u>	
ADDRESS: <u>5 Industrial dr. #10</u>		Chesterville Ontario, K0C 1H0	
WATERWORKS OWNER: <input checked="" type="checkbox"/> MUNICIPAL, NAME _____ <input type="checkbox"/> PROVINCIAL, NAME _____			
<input type="checkbox"/> FEDERAL, NAME _____ <input type="checkbox"/> INDUSTRIAL, NAME _____			
<input type="checkbox"/> PRIVATE, NAME _____ <input type="checkbox"/> OTHER, NAME _____			
WATER SOURCE: <input checked="" type="checkbox"/> GROUND <input type="checkbox"/> SURFACE, NAME OF WATER BODY _____			
Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories For Analysis:			
<input checked="" type="checkbox"/> E. coli - Membrane Filtration <input type="checkbox"/> Fecal coliform - Membrane Filtration <input checked="" type="checkbox"/> Total coliform - Membrane Filtration <input checked="" type="checkbox"/> Total coliform background - Membrane Filtration <input type="checkbox"/> HPC - Membrane Filtration <input type="checkbox"/> E. coli - Presence/Absence <input type="checkbox"/> Fecal coliform - Presence/Absence <input type="checkbox"/> Total coliform - Presence/Absence <input type="checkbox"/> E. coli - Most Probable Number <input type="checkbox"/> Fecal Coliform - Most Probable Number <input type="checkbox"/> Total Coliform - Most Probable Number <input checked="" type="checkbox"/> Heterotrophic Plate Count - Spread Plate <input type="checkbox"/> Heterotrophic Plate Count - Pour Plate Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____ _____		Name of Accredited Laboratory: Name of Accredited Laboratory: Caduceon Environmental Laboratories (Holly Lane) ADDRESS: 2378 Holly Lane Ottawa, ON. K1V 7P1 PHONE: (613) 526-0123 FAX: (613) 731-0851 E mail: mziebell@caduceonlabs.com	

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

DATE OF SUBMISSION (dd/mm/yy):		DATE RECEIVED (dd/mm/yy):	
NEW SUBMISSION <input type="checkbox"/> UPDATED SUBMISSION <input type="checkbox"/>			
WATERWORKS INFORMATION			
NAME OF WATERWORKS: _____		WATERWORKS #: _____	
LOCATION OF WATERWORKS: _____			
_____ <small>Street # and Name</small>		_____ <small>Town/City</small> , Ontario, _____ <small>Postal Code</small>	
CONTACT NAME: _____		POSITION / TITLE: _____	
PHONE: _____		FAX: _____ E-Mail: _____	
ADDRESS: _____ <small>Street # and Name</small>		_____ <small>Town/City</small> , Ontario, _____ <small>Postal Code</small>	
WATERWORKS OWNER: <input type="checkbox"/> MUNICIPAL, NAME _____ <input type="checkbox"/> PROVINCIAL, NAME _____ <input type="checkbox"/> FEDERAL, NAME _____ <input type="checkbox"/> INDUSTRIAL, NAME _____ <input type="checkbox"/> PRIVATE, NAME _____ <input type="checkbox"/> OTHER, NAME _____			
WATER SOURCE: <input type="checkbox"/> GROUND <input type="checkbox"/> SURFACE, NAME OF WATER BODY _____			
Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories For Analysis:			
E. coli - Membrane Filtration <input checked="" type="checkbox"/> Fecal coliform - Membrane Filtration <input checked="" type="checkbox"/> Total coliform - Membrane Filtration <input checked="" type="checkbox"/> Total coliform background - Membrane Filtration <input checked="" type="checkbox"/> HPC - Membrane Filtration <input checked="" type="checkbox"/> E. coli - Presence/Absence <input type="checkbox"/> Fecal coliform - Presence/Absence <input type="checkbox"/> Total coliform - Presence/Absence <input type="checkbox"/> E. coli - Most Probable Number <input type="checkbox"/> Fecal Coliform - Most Probable Number <input type="checkbox"/> Total Coliform - Most Probable Number <input type="checkbox"/> Heterotrophic Plate Count - Spread Plate <input type="checkbox"/> Heterotrophic Plate Count - Pour Plate <input type="checkbox"/> Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____ _____		Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD. Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1 Phone: (613) 727-5692 Fax: (613) 727-5222 E-Mail: info@accutestlabs.com Comments:	


 Ministry
of the
Environment

 Ministère
de
l'Environnement

 4/16
~~Page 2 of 4~~
 Revised - September 2002

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)
Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	Trihalomethanes	<input type="checkbox"/>
1,1-dichloroethylene	<input type="checkbox"/>	Toluene	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>
Carbon Tetrachloride	<input type="checkbox"/>	Xylene	<input type="checkbox"/>
Dichloromethane	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>
Monochlorobenzene	<input type="checkbox"/>		
All of the above	<input checked="" type="checkbox"/>		
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	
		ACCUTEST LABORATORIES LTD.	
		Address: 8-146 COLONNADE RD.	
		NEPEAN, ON K2E 7Y1	
		Phone: (613) 727-5692 Fax: (613) 727-5222	
		E-Mail: info@accutestlabs.com	
		Comments:	
*Cyanide	<input checked="" type="checkbox"/>	Name of Accredited Laboratory:	
*Chloramines	<input checked="" type="checkbox"/>	ACCUTEST LABORATORIES LTD.	
*Turbidity	<input checked="" type="checkbox"/>	Address: 8-146 COLONNADE RD.	
*Nitritotriacetic acid (NTA)	<input type="checkbox"/>	NEPEAN, ON K2E 7Y1	
* Found In Schedule 4 of the Regulation		Phone: (613) 727-5692 Fax: (613) 727-5222	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		E-Mail: info@accutestlabs.com	
COLOUR, pH, CONDUCTIVITY		Comments:	
HARDNESS, ALKALINITY			
DOC, TOC			
Barium	<input type="checkbox"/>	Copper	<input type="checkbox"/>
Boron	<input type="checkbox"/>	Iron	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	Lead	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	Manganese	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	Selenium	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	Nitrate + Nitrite	<input type="checkbox"/>
Uranium	<input type="checkbox"/>		
Sodium	<input type="checkbox"/>		
Fluoride	<input type="checkbox"/>		
All of the above	<input checked="" type="checkbox"/>		
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	
Zinc, ALUMINUM		ACCUTEST LABORATORIES LTD.	
		Address: 8-146 COLONNADE RD.	
		NEPEAN, ON K2E 7Y1	
		Phone: (613) 727-5692 Fax: (613) 727-5222	
		E-Mail: info@accutestlabs.com	
		Comments:	



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	Trihalomethanes	<input type="checkbox"/>
1,1-dichloroethylene	<input type="checkbox"/>	Toluene	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>
Carbon Tetrachloride	<input type="checkbox"/>	Xylene	<input type="checkbox"/>
Dichloromethane	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>
Monochlorobenzene	<input type="checkbox"/>		
All of the above		<input checked="" type="checkbox"/>	
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
Name of Accredited Laboratory:			
Caduceon Environmental Laboratories (Camelot)			
ADDRESS: 40 Camelot Dr. Ottawa, ON. K2G 5X8			
PHONE: (613) 228-1145 FAX: (613) 228-1148			
E-Mail: gclarkin@arecolabs.com			
Name of Accredited Laboratory:			
Caduceon Environmental Laboratories (Kingston)			
ADDRESS: 133 Dalton Ave. Kingston, ON. K7K 6C2			
PHONE: (613) 544-2001 FAX: (613) 544-2770			
E-Mail: ctrl@kingston.net			
Name of Accredited Laboratory:			
Caduceon Environmental Laboratories (Holly Lane)			
ADDRESS: 2378 Holly Lane Ottawa, ON. K1V 7P1			
PHONE: (613) 526-0123 FAX: (613) 731-0851			
E mail: mziebell@caduceonlabs.com			
Barium	<input checked="" type="checkbox"/>	Copper	<input checked="" type="checkbox"/>
Boron	<input checked="" type="checkbox"/>	Iron	<input checked="" type="checkbox"/>
Cadmium	<input checked="" type="checkbox"/>	Lead	<input checked="" type="checkbox"/>
Chromium	<input checked="" type="checkbox"/>	Manganese	<input checked="" type="checkbox"/>
Arsenic	<input checked="" type="checkbox"/>	Selenium	<input checked="" type="checkbox"/>
Mercury	<input checked="" type="checkbox"/>	Nitrate + Nitrite	<input checked="" type="checkbox"/>
Uranium	<input checked="" type="checkbox"/>		
Sodium	<input checked="" type="checkbox"/>		
Fluoride	<input checked="" type="checkbox"/>		
All of the above	<input checked="" type="checkbox"/>		
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
Zinc, Aluminium, Calcium			



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	Trichloromethanes	<input type="checkbox"/>
1,1-dichloroethylene	<input type="checkbox"/>	Toluene	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>
Carbon Tetrachloride	<input type="checkbox"/>	Xylene	<input type="checkbox"/>
Dichloromethane	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>
Monochlorobenzene	<input type="checkbox"/>		
All of the above	<input type="checkbox"/>		
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	
*Cyanide <input type="checkbox"/>		Name of Accredited Laboratory:	
*Chloramines <input type="checkbox"/>		Caduceon Environmental Laboratories (Holly Lane)	
*Turbidity <input type="checkbox"/>		ADDRESS: 2378 Holly Lane	
*Nitritotriacetic acid (NTA) <input type="checkbox"/>		Ottawa, ON.	
* Found in Schedule 4 of the Regulation		K1V 7P1	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		PHONE: (613) 526-0123 FAX: (613) 731-0851	
pH Chloride, SULPHATE		E mail: mziebell@caduceonlabs.com	
Alkalinity Conductivity			
Colour, HARDNESS			
Barium	<input type="checkbox"/>	Copper	<input type="checkbox"/>
Boron	<input type="checkbox"/>	Iron	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	Lead	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	Manganese	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	Selenium	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	Nitrate + Nitrite	<input type="checkbox"/>
Uranium	<input type="checkbox"/>		
Sodium	<input type="checkbox"/>		
Fluoride	<input type="checkbox"/>		
All of the above	<input type="checkbox"/>		
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:		Name of Accredited Laboratory:	



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene <input type="checkbox"/>	Tetrachloroethylene <input type="checkbox"/>	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
1,4-dichlorobenzene <input type="checkbox"/>	Trichloroethylene <input type="checkbox"/>		
1,2-dichloroethane <input type="checkbox"/>	Trihalomethanes <input type="checkbox"/>		
1,1-dichloroethylene <input type="checkbox"/>	Toluene <input type="checkbox"/>		
Benzene <input type="checkbox"/>	Vinyl Chloride <input type="checkbox"/>		
Carbon Tetrachloride <input type="checkbox"/>	Xylene <input type="checkbox"/>		
Dichloromethane <input type="checkbox"/>	Ethylbenzene <input type="checkbox"/>		
Monochlorobenzene <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			
*Cyanide <input type="checkbox"/>		Name of Accredited Laboratory:	
*Chloramines <input type="checkbox"/>		Name of Accredited Laboratory:	
*Turbidity <input type="checkbox"/>		Caduceon Environmental Laboratories (Camelot)	
*Nitritotriacetic acid (NTA) <input type="checkbox"/>		ADDRESS: 40 Camelot Dr.	
* Found in Schedule 4 of the Regulation		Ottawa, ON.	
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: TKU _____		K2G 5X8	
		PHONE: (613) 228-1145 FAX: (613) 228-1148	
		E-Mail: gcjarkin@arccolabs.com	
Barium <input type="checkbox"/>	Copper <input type="checkbox"/>	Name of Accredited Laboratory:	
Boron <input type="checkbox"/>	Iron <input type="checkbox"/>	Address:	
Cadmium <input type="checkbox"/>	Lead <input type="checkbox"/>	Phone: Fax:	
Chromium <input type="checkbox"/>	Manganese <input type="checkbox"/>	E-Mail:	
Arsenic <input type="checkbox"/>	Selenium <input type="checkbox"/>	Comments:	
Mercury <input type="checkbox"/>	Nitrate + Nitrite <input type="checkbox"/>		
Uranium <input type="checkbox"/>			
Sodium <input type="checkbox"/>			
Fluoride <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

<input type="checkbox"/> 1,2-dichlorobenzene <input type="checkbox"/> 1,4-dichlorobenzene <input type="checkbox"/> 1,2-dichloroethane <input type="checkbox"/> 1,1-dichloroethylene <input type="checkbox"/> Benzene <input type="checkbox"/> Carbon Tetrachloride <input type="checkbox"/> Dichloromethane <input type="checkbox"/> Monochlorobenzene <input type="checkbox"/> All of the above Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____	<input type="checkbox"/> Tetrachloroethylene <input type="checkbox"/> Trichloroethylene <input type="checkbox"/> Trihalomethanes <input type="checkbox"/> Toluene <input type="checkbox"/> Vinyl Chloride <input type="checkbox"/> Xylene <input type="checkbox"/> Ethylbenzene <input type="checkbox"/> Name of Accredited Laboratory: <input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> E-Mail: <input type="checkbox"/> Comments:
<input type="checkbox"/> *Cyanide <input type="checkbox"/> *Chloramines <input type="checkbox"/> *Turbidity <input checked="" type="checkbox"/> *Nitritotriacetic acid (NTA) * Found in Schedule 4 of the Regulation Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____ _____ _____	Name of Laboratory: Maxxam Analytics Inc. Address: 5540 McAdam Rd. Mississauga Ont L4Z 1P1 Phone: 905-890-2555 Fax: 905-890-2321 E Mail: jdisensi@qc.maxxam.ca Comments:
<input type="checkbox"/> Barium <input type="checkbox"/> Boron <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Arsenic <input type="checkbox"/> Mercury <input type="checkbox"/> Uranium <input type="checkbox"/> Sodium <input type="checkbox"/> Fluoride <input type="checkbox"/> All of the above Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____	<input type="checkbox"/> Copper <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Manganese <input type="checkbox"/> Selenium <input type="checkbox"/> Nitrate + Nitrite <input type="checkbox"/> Name of Accredited Laboratory: <input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> E-Mail: <input type="checkbox"/> Comments:



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
1,2-dichlorobenzene <input type="checkbox"/>	Tetrachloroethylene <input type="checkbox"/>	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
1,4-dichlorobenzene <input type="checkbox"/>	Trichloroethylene <input type="checkbox"/>		
1,2-dichloroethane <input type="checkbox"/>	Trihalomethanes <input type="checkbox"/>		
1,1-dichloroethylene <input type="checkbox"/>	Toluene <input type="checkbox"/>		
Benzene <input type="checkbox"/>	Vinyl Chloride <input type="checkbox"/>		
Carbon Tetrachloride <input type="checkbox"/>	Xylene <input type="checkbox"/>		
Dichloromethane <input type="checkbox"/>	Ethylbenzene <input type="checkbox"/>		
Monochlorobenzene <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			
*Cyanide <input type="checkbox"/>		Name of Laboratory: SGS Lakefield Research Address: 185 Concession Rd. Lakefield Ont K0L 2H0 Phone: 705-625-2000 Fax: 705-652-6441 E Mail: dwingett@lakefield.com Comments:	
*Chloramines <input type="checkbox"/>			
*Turbidity <input type="checkbox"/>			
*Nitritotriacetic acid (NTA) <input type="checkbox"/>			
* Found in Schedule 4 of the Regulation			
Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: DOC _____ _____ _____			
Barium <input type="checkbox"/>	Copper <input type="checkbox"/>	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
Boron <input type="checkbox"/>	Iron <input type="checkbox"/>		
Cadmium <input type="checkbox"/>	Lead <input type="checkbox"/>		
Chromium <input type="checkbox"/>	Manganese <input type="checkbox"/>		
Arsenic <input type="checkbox"/>	Selenium <input type="checkbox"/>		
Mercury <input type="checkbox"/>	Nitrate + Nitrite <input type="checkbox"/>		
Uranium <input type="checkbox"/>			
Sodium <input type="checkbox"/>			
Fluoride <input type="checkbox"/>			
All of the above <input type="checkbox"/>			
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction: _____			



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	●	Glyphosate	●
2,4-dichlorophenol	●	Heptachlor + Heptachlor Epoxide	●
2,4,6-trichlorophenol	●	Lindane	●
2,4-D	●	Malathion	●
2,4,5-T	●	Methoxychlor	●
Alachlor	●	Metolachlor	●
Aldicarb	●	Metribiazin	●
Aldrin + Dieldrin	●	Paraquat	●
Atrazine + Metabolites	●	Parathion	●
Azinphos-methyl	●	PCBs	●
Bendiocarb	●	Pentachlorophenol	●
Bromoxynil	●	Phorate	●
Carbaryl	●	Picloram	●
Carbofuran	●	Prometryne	●
Chlordane (Total)	●	Simazine	●
Chlorpyrifos	●	Temephos	●
Cyanazine	●	Terbufos	●
DDT + Metabolites	●	Triallate	●
Diazinon	●	Trifluralin	●
Dicamba	●		
Diclofop-methyl	●		
Dinethoate	●		
Dinoseb	●		
Diquat	●		
Diuron	●		

*Nitrosodimethylamine (NDMA) ☐
*Benzo(a)pyrene ☒
*Radionuclides ☐
*Dioxins and furans ☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

(1) Name of Accredited Laboratory:

Name of Accredited Laboratory:

Caduceon Environmental Laboratories (Kingston)

ADDRESS: 133 Dalton Ave.
Kingston, ON.
K7K 6C2

PHONE: (613) 544-2001 FAX: (613) 544-2770

E-Mail: etrl@kingston.net

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:			
2,3,4,6-tetrachlorophenol	<input type="checkbox"/>	Glyphosate	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Parathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DAT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Diuron	<input type="checkbox"/>		
*Nitrosodimethylamine (NDMA)	<input type="checkbox"/>		
*Benzo(a)pyrene	<input type="checkbox"/>		
*Radionuclides	<input type="checkbox"/>		
*Dioxins and furans	<input type="checkbox"/>		
* Found in Schedule 4 of the Regulation			
All of the above <input type="checkbox"/>			
Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:			
(1) Name of Accredited Laboratory:			
Address:			
Phone:		Fax:	
E-Mail:			
Comments:			
Name of Accredited Laboratory:			
Becquerel Inc.			
ADDRESS: 3790 Kitimat Rd., Unit #4			
Mississauga, ON.			
L5N 5L9			
PHONE: (905) 826-3080 FAX: (905) 826-4151			
E-Mail: dburgess@becquerel.com			
(3) Name of Accredited Laboratory (if applicable):			
Address:			
Phone:		Fax:	
E-Mail:			
Comments:			



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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	<input type="checkbox"/>	Glyphosate	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Parathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DDT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Disuron	<input type="checkbox"/>		

*Nitrosodimethylamine (NDMA) ☐
*Benzo(a)pyrene ☐
*Radionuclides ☒
*Dioxins and furans ☒

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

Name of Laboratory:

Wellington Laboratories

Address: 398 Laird Rd.

Guelph Ont N1G 3X7

Phone: 519-822-2436 Fax: 519-822-2849

E Mail: colleen@well-labs.com

Comments:

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. (Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	<input type="checkbox"/>	Glyphosate	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Parathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DDT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Diuron	<input type="checkbox"/>		

*Nitrosodimethylamine (NDMA) ☐
 *Benzo(a)pyrene ☒
 *Radionuclides ☐
 *Dioxins and furans ☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

(1) Name of Accredited Laboratory:

MAXXAM ANALYTICS INC.

Address: 5540 McADAM RD.

MISSISSAUGA, ON L4Z 1P1

Phone: (905) 890-2535 Fax: (905) 890-0370

E-Mail: info@on.maxxam.ca

Comments:

(2) Name of Accredited Laboratory (If applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (If applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

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2,4-dichlorophenol	<input type="checkbox"/>	Heptachlor + Heptachlor Epoxide	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	Lindane	<input type="checkbox"/>
2,4-D	<input type="checkbox"/>	Malathion	<input type="checkbox"/>
2,4,5-T	<input type="checkbox"/>	Methoxychlor	<input type="checkbox"/>
Alachlor	<input type="checkbox"/>	Metolachlor	<input type="checkbox"/>
Aldicarb	<input type="checkbox"/>	Metribuzin	<input type="checkbox"/>
Aldrin + Dieldrin	<input type="checkbox"/>	Paraquat	<input type="checkbox"/>
Atrazine + Metabolites	<input type="checkbox"/>	Perathion	<input type="checkbox"/>
Azinphos-methyl	<input type="checkbox"/>	PCBs	<input type="checkbox"/>
Bendiocarb	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>
Bromoxynil	<input type="checkbox"/>	Phorate	<input type="checkbox"/>
Carbaryl	<input type="checkbox"/>	Picloram	<input type="checkbox"/>
Carbofuran	<input type="checkbox"/>	Prometryne	<input type="checkbox"/>
Chlordane (Total)	<input type="checkbox"/>	Simazine	<input type="checkbox"/>
Chlorpyrifos	<input type="checkbox"/>	Temephos	<input type="checkbox"/>
Cyanazine	<input type="checkbox"/>	Terbufos	<input type="checkbox"/>
DDT + Metabolites	<input type="checkbox"/>	Triallate	<input type="checkbox"/>
Diazinon	<input type="checkbox"/>	Trifluralin	<input type="checkbox"/>
Dicamba	<input type="checkbox"/>		
Diclofop-methyl	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>		
Dinoseb	<input type="checkbox"/>		
Diquat	<input type="checkbox"/>		
Diuron	<input type="checkbox"/>		

*Nitrosodimethylamine (NDMA) ☒
 *Benzo(a)pyrene ☐
 *Radionuclides ☐
 *Dioxins and furans ☒

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

(1) Name of Accredited Laboratory:

MAXAM ANALYTICS INC.

Address: 50 BATHURST ST., UNIT 12
WATERLOO, ON

Phone: (519) 747-2575 Fax: (519) 747-3806

E-Mail:

Comments:

(2) Name of Accredited Laboratory (If applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (If applicable):

Address:

Phone:

Fax:

E-Mail:

Comments:



Ministry
of the
Environment

Ministère
de
l'Environnement

16/16
P. 11
Revised - September 2002

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

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Have you taken measures to ensure that ALL laboratories that you use are accredited for the specific testing and are aware of their requirements for reporting data?

Yes ☒ No ☐ Comments:

Have you provided the appropriate laboratories with the Ontario Ministry of the Environment standards for other parameters that you are required to test but which are not listed in the Schedule 4, Ontario Regulation 459/00?

Yes ☒ No ☐ Comments:

Prepared By (please print): Dave Markell

Signature: Dave Markell

Date: Feb 7/03

Title: Process Tech

Mar. 3/03

Please send completed form to:

Ministry of the Environment
Laboratory Services Branch
125 Resources Road
Etobicoke, Ontario
M9P-3V6
Attention: Laboratory Director
Fax: (416) 235-5744 or (416) 235-6312

For further information contact:

Ministry of the Environment
Laboratory Services Branch
Customer Service Section
Phone: (416) 235-6311

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

Log for
OCWA
(613) 448-1616
Mar 03 2003 2:57pm

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Mar 3	2:50pm	Fax Sent	14162355744	7:17	16	OK

NSF International

RECOGNIZES

JACOBI CARBONS, INC.
PHILADELPHIA, PA

AS COMPLYING WITH ANSI/NSF 61.

PRODUCTS APPEARING IN THE NSF OFFICIAL LISTING ARE
AUTHORIZED TO BEAR THE NSF MARK.



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American National
Standards Institute

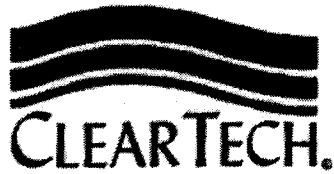


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of Canada

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February 1, 2002
Certificate# 0B230 - 01

James R. Paschal, General Manager
Water Distribution Systems



Roger Luu
Ontario Clean Water Agency
Corporate Office
One Yonge Street Suite 1700
Toronto Ontario
M5E 1E5

Thursday May 22, 2003

At your request, please accept this letter as proof that the Sodium Hypochlorite 12%, AWWA Standard B300-99 and Powder Activated Carbon B600-96 that ClearTech supplies to Ontario Clean Water Agency meet the AWWA Standard, American National Standard Institute and NSF 60/61 requirements as requested by the Ministry of Environment.

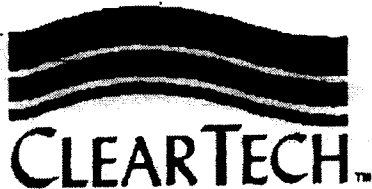
At this time the AWWA do not have a standard on Sodium Silicate.

Also all products sold to drinking water treatment plants by ClearTech Industries Inc, meet or exceed AWWA ANSI standards.

Should you have any questions, please contact me.

Sincerely
ClearTech

Don Biggs.
Sales Manager
ClearTech Industries Inc.
7480 Bath Road
Mississauga, Ontario
L4T 1L2
905-612-0567
905-612-0575 Fax
dbiggs@cleartech.ca
www.cleartech.ca



Post-It® Fax Note 7671E		Date	03/25/03	# of pages	1
To		Roger Iw			
Co./Dept.		From Dan B1665			
Phone #		Co.			
Fax #		Phone #			
416 314 5455		Fax #			

SODIUM HYPOCHLORITE (NaOCl) 12% SOLUTION SPECIFICATIONS

Solutions are a clear light yellow liquid, also referred to as Bleach.

Physical Properties	
Available Chlorine	10.5 - 11.0% wt/wt
Specific Gravity @ 15°C	1.15 - 1.20
Crystallizing Point	-25°C

Chemical Impurities	
Sodium Hydroxide (NaOH)	0.5 - 0.9% wt/wt
Carbonate (Na ₂ CO ₃)	1.48% max
Iron (Fe)	1.1 ppm max
Nickel (Ni)	.08 ppm max
Copper (Cu)	.08 ppm max
Cobalt (Co)	.08 ppm max
This product meets the following standards:	
<ul style="list-style-type: none"> Canadian General Standards Board American Water Works Assoc (AWWA) B-300-92 	
This product is certified under NSF Standard 60 for potable water treatment	

CLEARTECH INDUSTRIES INC. 7400 BATH ROAD, MISSISSAUGA, ONTARIO, CANADA L4T 1L2 PHONE (905) 612-0566 FAX (905) 612-0575
TOLL FREE: 1-800-387-7503



www.cleartech.ca

PARTNER IN
RESPONSIBLE CARE™



NSF Product and Service Listings

These Listings were Last Updated on Tuesday, November 26, 2002 at 4:15 AM Eastern Time. Please contact NSF International to confirm the status of any Listing, report errors, or make suggestions.

Warning: NSF is concerned about fraudulent downloading and manipulation of website text. If you have received this listing in hard copy, always confirm this certification/listing information by going directly to <http://www.nsf.org/Certified/PwsChemicals/Listings.asp?Company=0S770&Standard=060> for the latest most accurate information.

ANSI/NSF STANDARD 60 Drinking Water Treatment Chemicals - Health Effects

KIK CORPORATION
33 MACINTOSH BOULEVARD
CONCORD, ONTARIO L4K 4L5
CANADA
905-319-7345

Plant at: CONCORD, ONTARIO, CANADA

Sodium Hypochlorite[CL]

Trade Designation

KIK Bulk Bleach 12% Trade
KIK Bulk Bleach 19% Trade

Product Function

Disinfection & Oxidation
Disinfection & Oxidation

Max Use

97mg/L
65mg/L

[CL] The residual levels of chlorine (hypochlorite ion and hypochlorous acid), chlorine dioxide, chlorate ion, chloramine and disinfection by-products should be monitored in the finished drinking water to ensure compliance to all applicable regulations.

Number of matching Manufacturers is 1
Number of matching Products is 2
Processing time was 0 seconds

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Post-It™ Fax Note	7671E	Date	NOV 26	# of pages	1
To	Roger Lu	From	Don Biles		
Co./Dept.	OCWA	Co.	ClearTech		
Phone #	Purchasing	Phone #			
Fax #		Fax #			

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNaisseMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNaisseMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARCHÉES ET CONSIGNÉES TEL QUELQU'EST CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À

1.00 each	PALLET WOODEN RETURNABLE		0 KILOGRAMS
32.00 DELCAN	X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF		773 KILOGRAMS
	TOTAL WEIGHT	to Lansdowne	773 KILOGRAMS
>>>>>>>>	4 *CORROSIVE* PLACARDS REQUIRED.		<<<<<<<<<<

*** CAMION AVEC UNE TAIL GATE REQUIS ***			
***** IMPORTANT *****			
APPELER AVANT LA LIVRAISON AU 1-613-448-3098 ***			

ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211			

GROSS BRUT	TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS	THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE <u>TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.</u>
	IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYÉ"	
TARE		
NET	PREPAID	LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA <u>LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).</u>
		DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE \$ _____

**MAXIMUM LIABILITY FOR LOSS OR DAMAGE:
\$2.00 PER POUND OR \$4.41 PER KILOGRAM
UNLESS DECLARED VALUE STATES OTHERWISE.**

**RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE:
2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPULATION AU
CONTRAIRE PAR LA VALEUR DÉCLARÉE.**

DESTINATAIRE/CONSIGNÉE

PER
RAB

4 MEMORANDUM MÉMOIRANDUM

CES PRODUITS SONT VENDUS ET
EXPEDIES CONFORMEMENT AUX CONDITIONS
APPARAISSANT AU VERSO DE LA PRESENTE

EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF PACKAGES SHOWN ON MARKED CONTAINERS AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DESIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNU), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUE CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE DESTINAIRE OCWA CHESTERVILLE RESERVOIR		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc	
ADDRESS (RUE) BRANNEN ROAD (OFF INDUSTRIAL DRIVE) CHESTERVILLE, ON K0C 2K0 Canada		STREET ADDRESS (N° RUE) 3000 Jean Baptiste Deschamps Lachine, PQ H8T 1E2 Canada	
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT 4280	ORDER NO. N° DE COMMANDE 1365613
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE	B/L NUMBER N° DE CONN. 26247990
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		DATE SHIPPED EXPÉDIÉ LE 01.10.2003	CONSOLIDATED B/L NO. CONNAISSEMENT CONS. 45328364
INVOICE TO/BUYER-FACTURE À / ACHETEUR OCWA		VEHICLE T/C NO. / MARQUE DU WAGON 1	
ROUTING / ITINÉRAIRE		PAGE NO. N° DE PAGE 1	
ND. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS		DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES	
1.00 each 32.00 DELCAN TOTAL WEIGHT 773 KILOGRAMS 4 *CORROSIVE* PLACARDS REQUIRED. *** CAMION AVEC UNE TAIL GATE REQUIS *** IMPORTANT *** APPELER AVANT LA LIVRAISON AU 1-613-448-3098 *** ERA# 2-0985 AND 24 HOUR NUMBER: 514-861-1211		0 KILOGRAMS 773 KILOGRAMS 773 KILOGRAMS DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE \$	
GROSS BRUT TARE NET		THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE <u>TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.</u> LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA <u>LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).</u>	
TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYÉ" PREPAID		MAXIMUM LIABILITY FOR LOSS OR DAMAGE: \$2.00 PER POUND OR \$4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE. RESPONSABILITÉ MAXIMALE POUR Perte OU DOMMAGE: 2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE.	

FORWARD INVOICE FOR PREPAID FREIGHT
QUOTING OUR B/L NO. TO:
FAIRE SUIVRE FACTURE POUR EXPÉDITION PORT
PAYÉ EN RÉFÉRENT À NOTRE NUMÉRO DE

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

SHIPPER
EXPÉDITEUR

Brenntag Canada Inc.

AGENT

DESTINAIRE/CONSIGNEE

PER
PAR

PER
PAR

PER
PAR

**4 MEMORANDUM
MÉ MORANDUM**

THESE PRODUCTS ARE SOLD AND SHIPPED IN
ACCORDANCE WITH THE CONDITIONS ON THE
REVERSE SIDE OF THIS DOCUMENT

CES PRODUITS SONT VENDUS ET
EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS
APPARAISSANT AU VERSO DE LA PRÉSENTE.

1093211

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL BILL OF LADING, OR, RECEIVED, SUBJECT TO THE RULES FOR THE CARRIAGE OF EXPRESS AND NON-CARLOAD FREIGHT TRAFFIC AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REQU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNaissement ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNaissement), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE DESTINATAIRE OCWA CHESTERVILLE RESERVOIR		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc.	
STREET ADDRESS ADRESSE (N° RUE) DESTINATION PROVINCE OR STATE PROVINCE OU ÉTAT BRANNEN ROAD (OFF INDUSTRIAL DRIVE) CHESTERVILLE, ON K0C 2K0 Canada		STREET ADDRESS ADRESSE (N° RUE) DESTINATION PROVINCE OR STATE PROVINCE OU ÉTAT 3000 Jean Baptiste Deschamps Lachine, PQ H8T 1E2 Canada	
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT 011136	ORDER NO. N° DE COMMANDE 1350682
CARRIER NAME / NOM DU TRANSPORTEUR LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE 000 23010 112 113	DATE SHIPPED EXPÉDIÉ LE 08.08.2003
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		VEHICLE T/C NO. / MARQUE DU WAGON 45328364	
ROUTING / ITINÉRAIRE OCWA		PAGE NO. N° DE PAGE 1	
NO. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS 1.00 each 32.00 DELCAN		DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES PALLET WOODEN RETURNABLE X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF TOTAL WEIGHT 773 KILOGRAMS 4 *CORROSIVE* PLACARDS REQUIRED. CAMION AVEC UNE TAIL GATE REQUIS IMPORTANT APPELER AVANT LA LIVRAISON AU 1-613-448-3098 ERAP 2-0985 AND 24 HOUR NUMBER 514-861-1211	
GROSS BRUT TARE NET		THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992. LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QUELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).	
TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYÉ" PREPAID		DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE \$	

FORWARD INVOICE FOR PREPAID FREIGHT
QUOTING OUR B/L NO. TO:
SUIVRE FACTURE POUR EXPÉDITION PORT
EN RÉFÉRENT À NOTRE NUMÉRO DE
CONN A:

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

MAXIMUM LIABILITY FOR LOSS OR DAMAGE:
\$2.00 PER POUND OR \$4.41 PER KILOGRAM
UNLESS DECLARED VALUE STATES OTHERWISE.
RESPONSABILITÉ MAXIMALE POUR Perte OU DOMMAGE:
2 \$ LA LIVRE OU 4.41 \$ LE KILO, SAUF STIPULATION AU
CONTRAIRE PAR LA VALEUR DÉCLARÉE.

SHIPPER EXPÉDITEUR Brenntag Canada Inc.	AGENT	DESTINATAIRE/CONSIGNEE
PER PAR	PER PAR	PER PAR

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS SONT PRÉCISÉS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTÉUR FAISANT ROUTE VERS CETTE DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS SONT PRÉCISÉS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTÉUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE DESTINATAIRE OCWA CHESTERTVILLE RESERVOIR		SHIPPER EXPÉDITEUR Lachine Warehouse Brenntag Canada Inc.	
ADDRESS N° RUE BRANNEN ROAD (OFF INDUSTRIAL DRIVE) CHESTERTVILLE, ON K0C 2K0 Canada		ADDRESS N° RUE 3000 Jean Baptiste Deschamps Lachine, PQ H8T 1E2 Canada	
POINT OF ORIGIN / POINT D'EXPÉDITION Lachine PQ		CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT 11136	ORDER NO. N° DE COMMANDE 1334976
CARRIER NAME / NOM DU TRANSPORTÉUR LE GROUPE GUILBAULT LTD.		REQUIRED / DEMANDÉE 11.06.2003	B/L NUMBER N° DE CONN. 26213967
TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load		VEHICLE T/C NO. / MARQUE DU WAGON 45328364	
ROUTING / ITINÉRAIRE OCWA		PAGE NO. N° DE PAGE 1	
NO. AND DESCRIPTION OF PACKS NBR ET DESCRIPTION DE COLIS 1.00 each 32.00 DELCAN		DESCRIPTION OF ARTICLES AND SPECIAL MARKS DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES PALLET WOODEN, RETURNABLE X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF TOTAL WEIGHT 4 *CORROSIVE* PLACARDS REQUIRED. ***** * CAMION AVEC UNE TAIL GATE REQUIS * *****IMPORTANT***** * APPELER AVANT LA LIVRAISON AU 1-613-448-3098 ***** ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211	
ACTUAL WEIGHT POIDS REEL 0 KILOGRAMS 773 KILOGRAMS 773 KILOGRAMS		DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE \$	
GROSS BRUT TARE NET		THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992. LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).	
TOTAL NO. OF PIECES/PKGS. NBR TOTAL DE COLIS IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYÉ" PREPAID		MAXIMUM LIABILITY FOR LOSS OR DAMAGE: \$2.00 PER POUND OR \$4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE. RESPONSABILITÉ MAXIMALE POUR Perte OU DOMMAGE: 2 \$ LA LIVRE OU 4.41 \$ LE KILO, SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE.	

FORWARD INVOICE FOR PREPAID FREIGHT
QUOTING OUR B/L NO. TO:
FAIRE SUIVRE FACTURE POUR EXPÉDITION PORT
PAYÉ EN RÉFÉRENCE À NOTRE NUMÉRO DE
CONN A:

BRENTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

SHIPPER
EXPÉDITEUR
Brenntag Canada Inc.

AGENT

DESTINATAIRE/CONSIGNEE

PER
PAR

PER
PAR

PER
PAR

**MEMORANDUM
MÉMOIRE**

THESE PRODUITS SONT VENDUS ET
EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS
APPARAISSANT AU VERSO DE LA PRÉSENTE.

CES PRODUITS SONT VENDUS ET
EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS
APPARAISSANT AU VERSO DE LA PRÉSENTE.



Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
Barrie, Andrew						51.00		
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed		22.00	3.26
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		7-Apr-03	Water Quality Analyst	BEC Technologies	Completed		14.00	2.07
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed		6.00	0.89
Bortolussi, Lisa						23.00		
		7-May-03	Environmental Compliance	OCWA	Passed		13.50	2.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
Huskinson, Brian						42.25		
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed		3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		24-Mar-03	Endress + Hauser Equipment Operations & Maintenanc	Endress + Hauser	Completed		3.50	0.52
		1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed		20.25	3.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44

Note: The training information contained in this report is current as at September 7, 2003

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Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
Lauzon, Mark						60.25		
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed		3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		24-Mar-03	Endress + Hauser Equipment Operations & Maintenanc	Endress & Hauser	Completed		3.50	0.52
		27-Mar-03	Filter Operation & Maintenance	OWWA	Completed		8.00	1.19
		1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed		20.25	3.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed		6.00	0.89
		30-Jul-03	Operation of Flow Control Valves	Controlex	Completed		4.00	0.59
Michels, William						38.75		
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed		3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed		20.25	3.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
Roach, Jim						26.00		
		27-Mar-03	Filter Operation and Maintenance	AWWA	Completed		8.00	1.19
		24-Apr-03	Consolidated C of A's	OCWA, Tony Puim	Completed		0.50	0.07
		28-Apr-03	Consolidated C of A's	OCWA, Tony Puim	Completed		0.50	0.07
		29-Apr-03	CP-C2 Chlorine Gas Leak	OCWA, Tony Puim	Completed		0.50	0.07
		21-May-03	Confined Space Entry Training	Hetek Solutions Inc.	Completed		8.00	1.19
		2-Jun-03	Bill 170/03	OCWA, Tony Puim, Dave McCully	Completed		0.50	0.07
		17-Jun-03	Traffic Control	EUSA, Bill Hunt	Did Not Complete		1.00	0.15
		10-Jul-03	Lifting and Hoisting Training	Acu-Tec	Completed		7.00	1.04

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Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
Veilleux, Jean						24.50		
		21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		14-May-03	Managing Multiple Priorities	Algonquin College	Completed		6.00	0.89
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg.170	OCWA	Completed		3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed		6.00	0.89
Non-Legislated								
Baker, Kimberley						17.00		
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		16-Apr-03	How to use the Training Summary Database and eRepo	OCWA	Completed		1.50	0.22
		5-May-03	WIN AC/C	SSB	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
Henderson, Blair						39.50		
		17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed		22.00	3.26
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		6-Mar-03	State and Future Directions of Groundwater Initiat	Golder Associates	Completed		8.00	1.19
		27-May-03	Ontario Disabilities Act Training	OCWA	Completed		1.50	0.22
		27-May-03	Drinking Water Systems Regulation, Safe Drinking W	MoE	Completed		2.00	0.30
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44

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Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Non-Legislated								
Kelly, Tony						27.00		
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed		3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		27-Mar-03	Filter Operation & Maintenance	OWWA	Completed		8.00	1.19
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed		3.00	0.44
		30-Jul-03	Operation of Flow Control Valves	Controlex	Completed		4.00	0.59
Markell, Dave						59.50		
		21-Jan-03	PCT Training Part 2	OCWA	Completed		14.00	2.07
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed		22.00	3.26
		21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		6-Mar-03	State and Future Directions of Groundwater Initiat	Golder Associates	Completed		8.00	1.19
		4-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96

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Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
Barrie, Andrew						93.94		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed		24.00	3.56
		23-Feb-02	Internet Searching and File Management	Community Access Program	Completed		3.00	0.44
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		5-Jul-02	Limiterque Valve Actuator	Vannes Famco	Completed		1.00	0.15
		11-Sep-02	Preparatory Chemistry	St. Lawrence College	Completed		45.00	6.67
		12-Sep-02	Contractor Safety Program	OCWA	Completed		5.06	0.75
		24-Sep-02	Operation and Trouble Shooting SCADA System	Bristol Babcock	Completed		5.00	0.74
		11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed		3.38	0.50
Huskinson, Brian						81.38		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed		24.00	3.56
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		5-Apr-02	2002 Electrical Code Seminar	Electrical Safety Authority	Completed		3.50	0.52
		17-Jun-02	Instrumentation in Water/Wastewater Plants	St. Lawrence College	Completed		35.00	5.19
		24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed		3.00	0.44
		28-Nov-02	Safe Use of Elevated Water Storage Facilities	Landmark Tank & Tower Services and Levitt-Safety	Completed		5.00	0.74
		11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed		3.38	0.50

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Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
Lauzon, Mark						53.75		
		10-Sep-02	Environmental Compliance	OCWA	Completed		13.50	2.00
		17-Sep-02	Water Quality Analyst	OCWA	Completed		20.25	3.00
		24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed		3.00	0.44
		29-Oct-02	Working with Confined Spaces	OCWA	Passed		13.50	2.00
		30-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52
Michels, William						58.25		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed		24.00	3.56
		5-Feb-02	Water Quality Analyst	OCWA	Completed		20.25	3.00
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		24-Sep-02	Operations & Trouble Shooting SCADA System	Bristol Babcock	Completed		3.00	0.44
		30-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52

Note: The training information contained in this report is current as at September 7, 2003

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Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
Veilleux, Jean						72.69		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed		24.00	3.56
		26-Feb-02	Train the Trainer	OCWA	Completed		13.50	2.00
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed		1.00	0.15
		12-Sep-02	Contractor Safety Program	OCWA	Completed		5.06	0.75
		24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed		3.00	0.44
		9-Oct-02	Trenching	EUSA	Completed		6.75	1.00
		28-Nov-02	Safe Use of Elevated Water Storage Facilities	Landmark Tank & Tower Services and Levitt-Safety	Completed		5.00	0.74
		12-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52
		31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed		3.38	0.50
Non-Legislated								
Baker, Kimberley						29.32		
		21-Feb-02	Client Connection & Client Manager	OCWA	Completed		4.00	0.59
		12-Sep-02	Contractor Safety Program	OCWA	Completed		5.06	0.75
		20-Nov-02	Administrative Assistant Conference	OCWA	Completed		16.88	2.50
		11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed		3.38	0.50

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Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Non-Legislated								
Henderson, Blair						52.38		
		21-Feb-02	Client Connection & Client Manager	OCWA	Completed		4.00	0.59
		23-Feb-02	Internet Searching and File Management	Community Access Program	Completed		3.00	0.44
		30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed		14.50	2.15
		11-Jun-02	Training on Collective Agreement	OCWA	Completed		3.00	0.44
		20-Sep-02	Climate Change Affects Groundwater and Surface Wat	University of Ottawa	Completed		1.00	0.15
		24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed		5.00	0.74
		10-Oct-02	Wetwell Safety and Pump Efficiency	ITT Flygt	Completed		3.00	0.44
		11-Dec-02	PCT Training Part 1	OCWA	Completed		12.00	1.78
		19-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52
		31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed		3.38	0.50
Kelly, Tony						63.00		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		20-Feb-02	DSC 3000 Operations & Maintenance	Falcon Security	Completed		8.00	1.19
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		6-Mar-02	DSC 4010, 5010 Software Operations & Maintenance	Falcon Security	Completed		7.00	1.04
		30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed		14.50	2.15
		5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed		1.00	0.15
		24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed		8.00	1.19
		1-Oct-02	Introduction to Operations Management	OCWA	Passed		13.50	2.00
		16-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52

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Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Non-Legislated								
Markell, Dave						77.94		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		20-Feb-02	DSC 3000 Operations & Maintenance	Falcon Security	Completed		8.00	1.19
		6-Mar-02	DSC 4010, 5010 Software Operations & Maintenance	Falcon Security	Completed		7.00	1.04
		30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed		14.50	2.15
		12-Sep-02	Contractor Safety Program	OCWA	Completed		5.06	0.75
		24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed		5.00	0.74
		1-Oct-02	Introduction to Operations Management	OCWA	Passed		13.50	2.00
		10-Oct-02	Wetwell Safety and Pump Efficiency	ITT Flygt	Completed		3.00	0.44
		11-Dec-02	PCT Training Part 1	OCWA	Completed		12.00	1.78
		30-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52
		31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed		3.38	0.50

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