

Attachment E

Adverse Reports

2014-2016



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

28-July-2014

Trent-Severn Waterway (Haliburton Sector)

Attn : Greg Cooper

Date Rec. : 24 July 2014
LR Report: CA14628-JUL14

PO Box 249
Haliburton, ON
K0M 1S0,

Copy: #1

Phone: 705-457-2632 or 705-854-0598 (cell)
Fax:705-457-3433

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temp Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL
1: Analysis Start Date		---	24-Jul-14	24-Jul-14
2: Analysis Start Time		---	12:50	12:50
3: Analysis Approval Date		---	25-Jul-14	25-Jul-14
4: Analysis Approval Time		---	13:04	13:04
5: MAC		---	0	0
6: NR Kitchen Sink	23-Jul-14 16:15	8.0	58 MAC	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

30-June-2014

Trent-Severn Waterway (Haliburton Sector)

Attn : Dan Johnson / Greg Cooper

Date Rec. : 26 June 2014
LR Report: CA14686-JUN14

PO Box 249
Haliburton, ON
K0M 1S0,

Copy: #1

Phone: 705-457-2632
Fax:705-457-3433

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temp Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL
1: Analysis Start Date		---	26-Jun-14	26-Jun-14
2: Analysis Start Time		---	13:55	13:55
3: Analysis Approval Date		---	30-Jun-14	30-Jun-14
4: Analysis Approval Time		---	10:28	10:28
5: MAC		---	0	0
6: NR Kitchen Sink	26-Jun-14 10:30	15.0	52 MAC	2 MAC

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

16-July-2014

Trent-Severn Waterway (Southern Area)

Attn : Trevor Tinney

Date Rec. : 15 July 2014
LR Report: CA14383-JUL14

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240 or 705-772-9655 (cell)
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temp Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL
1: Analysis Start Date		---	15-Jul-14	15-Jul-14
2: Analysis Start Time		---	12:00	12:00
3: Analysis Approval Date		---	16-Jul-14	16-Jul-14
4: Analysis Approval Time		---	13:57	13:57
5: MAC		---	0	0
6: NR Brighton Rd Bridge	14-Jul-14 10:30	6.0	0	0
7: NR Carrying Place B	14-Jul-14 11:00	6.0	0	0
8: NR Lock 4	14-Jul-14 11:50	6.0	30 MAC	20 MAC
9: NR Lock 7	14-Jul-14 13:30	6.0	0	0
10: NR Lock 8	14-Jul-14 14:00	6.0	0	0
11: NR Lock 9	14-Jul-14 14:15	6.0	0	0
12: NR Lock 10	14-Jul-14 14:30	6.0	0	0
13: NR Lock 14	14-Jul-14 14:55	6.0	0	0
14: NR Lock 15	14-Jul-14 15:20	6.0	0	0
15: NR Lock 17	14-Jul-14 15:30	6.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

19-June-2014

Trent-Severn Waterway (Southern Area)

Attn : Trevor Tinney

Date Rec. : 17 June 2014
LR Report: CA14435-JUN14

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240 or 705-772-9655 (cell)
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temp Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL
1: Analysis Start Date		---	17-Jun-14	17-Jun-14
2: Analysis Start Time		---	12:00	12:00
3: Analysis Approval Date		---	18-Jun-14	18-Jun-14
4: Analysis Approval Time		---	15:57	15:57
5: MAC		---	0	0
6: NR Brighton Rd Bridge	16-Jun-14 09:30	6.0	2 MAC	0
7: NR Carrying Place	16-Jun-14 09:45	6.0	0	0
8: NR Lock 8	16-Jun-14 12:40	6.0	0	0
9: NR Lock 9	16-Jun-14 13:00	6.0	0	0
10: NR Lock 14	16-Jun-14 13:50	6.0	0	0
11: NR Lock 15	16-Jun-14 14:05	6.0	61 MAC	5 MAC
12: NR Lock 16-17	16-Jun-14 14:20	6.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2014-06-06 11:58	Temp. Rec'd. (°C): 18.3	Receiver: AV	Date & Time Incubated: 2014-06-06 12:15
			HPC & FS Date & Time Incubated:

Date
 Sampled: 2014-06-06

Collected By: Shawn Finn

Name of Facility
 Kirkfield Sector

Drinking Water System
 (DWS) # **Please See Below**

Twp/Town	Kawartha Lakes
Systems Health Unit	HKPRDHU
Regulation	319/08
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; leigh.trethewey@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Shawn Finn

Conditions/ Comments: Re Sample

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					UV	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 50																	
11:10		1202 Ramara Rd. Lakeshore	D						009530		0		0		0		

Reg. N/A RESAMPLE

Most Recent AWQI Number:	
Most Recent Adverse Sample Date: 2014-06-04	
Most Recent Adverse Sample Location: 1202 Ramara Rd. Lakeshore	As per COAL records
Most Recent Analyzing Laboratory: Central Ontario Analytical Laboratory	
Most Recent Adverse Lab I.D. Number: 009455	

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).

Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.

COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency.

For collection and handling procedures visit www.coalab.ca/watersamples.html

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2014-06-07 11:00 Enumerated By: TJ Audited By: AV Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: AC Authorized & Rechecked By: TJ/JT Copy Released By: HM/AB/AV

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit	Detection Limit	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Treated) COAL Endo	Detection Limit 0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated) COAL DC	Detection Limit 0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli COAL DC	Detection Limit 0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background COAL Endo	Detection Limit 0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background COAL DC	Detection Limit 0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC COAL HPC	Detection Limit 10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus COAL FS	Detection Limit 0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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 Orillia, ON L3V 6H4
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 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2014-06-09 14:30
2014-06-09 13:25	11.6	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2014-06-09
 Collected By: Josh Crego
 Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	HKPRDHU
Regulation	319/08
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; leigh.trethewey@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Josh Crego

Conditions/ Comments	Re-test
----------------------	---------

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 50																	
11:40	D	1202 Ramara Rd. Lakeshore	D						009632	0		0		10			

Reg. N/A RESAMPLE

Most Recent AWQI Number:

Most Recent Adverse Sample Date: 2014-06-04

Most Recent Adverse Sample Location: 1202 Ramara Rd. Lakeshore

Most Recent Analyzing Laboratory: Central Ontario Analytical Laboratory

Most Recent Adverse Lab I.D. Number: 009455

As per COAL records

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter

NR = Not Received

F.S. and HPC require 48 hours of incubation

Raw Water Consumed = RWC

Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2014-06-10 13:00 Enumerated By: GD Audited By: AK Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: AC

Authorized & Rechecked By: TJ/JT

Copy Released By: HM/AB/LJ

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit

Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2,00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2014-08-28 14:25	Temp. Rec'd. (°C): 17.3	Receiver: AB	Date & Time Incubated: 2014-08-28 15:00
			HPC & FS Date & Time Incubated:

Date Sampled: 2014-08-28

Collected By: Sterling S.

Name of Facility: Washago Sector

Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	SMDHU
Registration	318/08
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Sterling S.

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					UV	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		><	CFU/100 ml	><	CFU/100 ml	><	CFU/100 ml	><	CFU/1 ml
Lock 42																	
09:48		2597 Bonsor Rd.	D						016506	0	0	0					
Lock 43																	
11:25		19 SR 409 Unit 1	D						016507	>	80	3	>	200			
Lock 44																	
01:20		7001 Upper Big Chute Rd.	D						016508	0	0	0					
Lock 45																	
12:50		175 Port Severn Rd. N.	D						016509	0	0	0					

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter

N/R = Not Received

F.S. and HPC require 48 hours of incubation

Raw Water Consumed = RWC

Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2014-08-29 13:15 Enumerated By: AV Audited By: JT Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: KN

Authorized & Rechecked By: JT/TJ

Copy Released By: AV/KN

Lab No. **016507** Submitting Agency @ **13:25** Health Unit @ **14:13** Spills Action Centre (SAC) @ **AWQI #** By: **AV** Date: **2014-08-29**

Test Methodology and Detection Limit

Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Approved for use by TJ	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2014-08-28 15:00
2014-08-28 14:25	17.3	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2014-08-28

Collected By: Sterling S.

Name of Facility: Washago Sector

Drinking Water System (DWS) #: Please See Below

Submitted By: Sterling S.

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
10:11		1641 Peninsula Pt. Rd.	D						016510	0	0	0					
Washago Shop																	
09:31		3321 Bond St.	D						016511	0	0	0					

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2014-08-29 13:15 Enumerated By: AV Audited By: JT Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: KN Authorized & Rechecked By: JT/TJ Copy Released By: AV/KN

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit

Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

Approved for use by TJ prior to use.

08/29/2014 14:28 FAX 7053268208

adverse fax

0007/0008

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4
Orillia, ON L3V 8H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coolab.ca



Chain of Custody

Primary Report of Microbiological Analysis of Drinking Water Only

FOR LAB USE ONLY	Date/Time Rec'd: (F) Received: Incls of Report:	Date & Time Inchecked:
RECEIVED	15:42 MW	SEP 02 2014 17:30
SEP 02 2014	23:00	HPC & FS Date & Time Inchecked:

Collected By: Adam Watson
(Please Print)
Signature: [Signature]
Name of Facility: Drinking Water System (DWS) #
(As Assigned by MOE/MOHL TO)
Submitted By: Adam Watson
(Please Print)
Signature: [Signature]

Station	Head Unit
Total # of Pages	# of Samples Taken
# of Samples (Total)	# of Samples (For)

Report To: Treat - Seven Waters
Address: 2023 KILFELDA Rd KILFELDA
Telephone: 705-438-3153 Ext: 5201 Fax: 705-438-5201
Email Address: chuck.wilkinson@ps.sc.ca
"Live Person" After Hours Contact Name and Tel No: Chuck Wilkinson 705 887-8390

Drinking Water System (DWS) #
(As Assigned by MOE/MOHL TO)
Submitted By: Adam Watson
(Please Print)
Signature: [Signature]

Time Sampled	Sampling Location	Requester Identification	Temp. of Sample	Indicate Type/Character Levels	Additional Parameters	Lab Number	Tube Code	E. Col	Background	HPC	Faecal Strip
14:05	Lock 43 19 SR 409 Unit 1	17053	18.8	0	0	00885	0	0	0	0	0

Most Recent Adverse Sample Date:
Most Recent Adverse Sample Location:
Most Recent Analyzing Laboratory:
Most Recent Adverse Lab Number:
All samples will be considered **DISTRIBUTION** unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. This samples require analysis within 24 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results valid only for the above submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in their specific microbiological jurisdiction and the following operations and product parameters: pH, turbidity, and clarity. COAL accepts no responsibility for parameters outside its accreditation. Identification of samples or injured quantity. This is the responsibility of the submitting agency. For collection and handling procedures visit www.coolab.ca/submitting.htm. Signature better required for additional parameters. FS & Fecal Strip = Fecal Suspensions HPC = Heterotrophic Plate Count (100mL = 10000) FOR LABORATORY USE ONLY LABORATORY COMMENTS

Analysis Date & Time: SEP 03 2014 16:00
Estimated By: [Signature]
Analyzed By: [Signature]
Methodology (COAL HPC; SP CFU/ml; Microbiology (COAL FS; MP CFU/ml))
Methodology (COAL HPC; SP CFU/ml; Microbiology (COAL FS; MP CFU/ml))
Reported to Submitting Agency: [Signature]
Enriched By: [Signature]
Audited By: [Signature]
SAC: [Signature] AWQ: [Signature] By: [Signature] Date: [Signature]

Transcribed By: [Signature] Transcription: [Signature]
Reviewed By: [Signature] Authorized By: [Signature]
Email: [Signature] Email: [Signature]
MORNINGTON, ONTARIO

Approved for use by TUPrior to use.
Primary Report 318/19 Resample, P/LA 105, 1206, Revision 1.3
Print 1 of 1

SEP 03 2014
FAXED
-09-09 2014
BANNER & ENVELOPE

CENTRA ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Chain of Custody

Primary Report of Microbiological Analysis of Drinking Water Only

FOR LAB USE ONLY	Time/Temp (°C) Received	Initials of Receiver	Date & Time Incubated
RECEIVED	SEP 03 2014	23.2°C	SEP 03 2014
			16:30

Date Sampled: 2014 09 03
Collected By: *Adrian Ketsen*
Signature: *Adrian Ketsen*
Facility: _____
Drinking Water System (DWS) # _____
(As Assigned by MOE/MOH/TC) _____
Submitted By: *Adrian Ketsen*
(Please Print) _____
Signature: _____

Report To: *Treat System Waterway Wastage Sector Adm. Support*
Address: *2023 Kirkfield Road Kirkfield ON K0M 2B8*
Telephone: *705 438 8153* EXT: _____ Fax: *705 438 3261*
Email Address: *beck.colquhoun@protonmail.com*
"Live Person" After Hours Contact Name and Tel No: *Colleen Morrison 705 887 8342*

Comments/Conditions: _____

Time Sampled (Indicate AM/PM with 12 hour clock or use 24-hour clock)	Sample Identifier	Sampling Location (Describe the location AND indicate an appropriate letter classification: (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RW) Raw Water - Consumed without Treatment	Requires Notification as per SDWA 2002 (Please check one)		Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Additional Parameter Check if Required	Laboratory Number			
			170/03	318/08, 319/08		N/A	Operational		Field	Total Coliform	E coli	Background
1030	102K/26152/43								THIS AREA IS FOR LABORATORY USE ONLY			

Most Recent AWQI Number: _____
Most Recent Adverse Sample Date: _____
Most Recent Adverse Sample Location: _____
Most Recent Analyzing Laboratory: _____
Most Recent Adverse Lab Number: _____

All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MDE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottle required for additional parameters: FS & Faecal Strip = Faecal Streptococcus HPC = Heterotrophic Plate Count. HPM = Heavy Particulate Matter. N/R = Not Received. FS and HPC require 48 hours of incubation.

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: **SEP 04 2014 15:00**
Enumerated By: *g*
Audited By: *g*
Methodology (COAL Endo - COAL DC) M/F CFU/100ml
Analysis Date & Time: _____
Enumerated By: _____
Audited By: _____
Methodology (COAL HPC): SP CFU/1ml, Methodology (COAL FS) M/F CFU/100ml
Lab No: _____
Reported to Submitting Agency @ _____
H.U. @ _____
SAC @ _____
AWQI# _____
By: _____
Date: _____

Transcribed By: _____
Verified By: _____
Report Authorized By: _____
Email/Mail Customer: _____
Email H.U.: _____
MCE/MOH/TC Upload: _____
Invoiced: _____

Form cannot be altered without approval of COAL. The State Drinking Water Act (SDWA 2002), O. Reg. 170/03 and O. Reg. 318/08 (please see www.ontario.ca for more information) requires that notification of exceedances must be reported to MCE/MOH/TC/Waterworks for O. Reg. 170/03 and to MOHL/TC/MOH/TC/Waterworks for O. Reg. 318/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on adverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT ON THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addresses (s) inclusive in the standard price. After hours phone number for adverse (resample) emergencies: 705-523-2828 (Surcharge for after hours samples)

Approved for use by T.J. prior to use

Primary Report 318/319 Resample, PTA 105, 1206, Revision 1.3
Page 1 of 1

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Chain of Custody

Primary Report of Microbiological Analysis of Drinking Water Only

Date Sampled: 05/01/14

Collected By: (Please Print) Ellie Wright

Signature: [Signature]

Name of Facility: Kirkfield Sector

Drinking Water System (DWS) #
(As Assigned By MOE/MOHLTC) Please See Below

Submitted By: (Please Print) Ellie Wright

Signature: [Signature]

Township/Town Kawartha Lakes	
Systems Health Unit RMDHD	
Total # of pages sent 1	
# of samples sent this page 3	
# of samples rcvd this page 3	

FOR LAB USE ONLY	Date/Time/Temp. (°C) Received: RECEIVED 15:02	Initials of Receiver: 14-20	Date & Time Incubated: MAY 21 2014 1600
	Date & Time Incubated: MAY 21 2014 14:20		HPC & FS Date & Time Incubated:

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; leigh.trethewey@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Comments/Conditions:

Time Sampled (Indicate AM/PM with 12-hour clock or use 24-hour clock)	Sample Identifier	Sampling Location (Describe the location AND indicate an appropriate letter classification. (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment)	Requires Notification as per SDWA 2002: (Please check one)			Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Additional Parameter Please Check if Required		Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strep. CFU/100 ml
			170/03	318/08; 319/08	N/A		UV	Other	Operational/Field Chlorine Total mg/L	Free mg/L						
Bridge 44																
1:15		34223 Mara Eldon Boundary Rd. (D)			✓						008327	0	0	0		
Bridge 50																
2:10		1202 Ramara Rd. Lakeshore (D)			✓						008328	62	8	200		
Kirkfield Shop																
12:20		46 Talbot St. (D)			✓						008329	0	0	0		

All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in the specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottle required for additional parameters. FS & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particle Method N/A = Not Analyzed

Received FS and HPC require 48 hours of incubation.

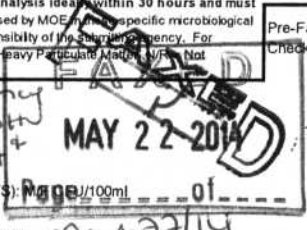
FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: MAY 22 2014 1430 Enumerated By: N Audited By: all Methodology (COAL Endo - COAL DC): M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ Methodology (COAL HPC): SP CFU/1ml; Methodology (COAL FS): Page 1/100ml

Lab No: 008328 Reported to Submitting Agency @ 15:10 H.U. @ 1515 SAC @ _____ AWQI# _____ By: N Date: May 22/14

Transcribed By: _____ Transcription Verified By: _____ Report Authorized By: _____ Email/Mail Customer: _____ Email H.U.: _____ MOE/MOHLTC Upload: _____ Invoiced: _____



Pre-Fax Check By: N KN

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-05- 22 2014

BY KN

Form cannot be altered without approval of COAL. The Safe Drinking Water Act (SDWA 2002), O. Reg 170/03 and O. Reg 318/08; 319/08 (please see www.ene.gov.on.ca for more information), requires that notification of exceedances must be reported to MOE/MOHWaterworks for O. Reg 170/03 and to MOHLTC/MOHWaterworks for O. Reg 318/08, 319/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on adverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (Surcharge for after hours samples)

ADVERSE WATER QUALITY FORM – Parks Canada

FAX TO: Nicole Hamilton 705 750 4934

Sector from which Adverse came from (See List) -705-438-5201

Health Authority: Refer to Table 1

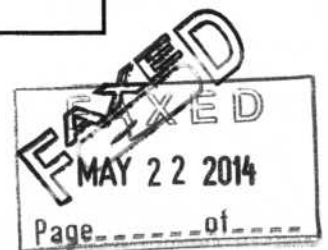
Adverse Result: TC-62, EC-8	Sample ID & Location: Bridge 50
Oral Notification To Parks Canada Sector(all samples)	
Person Contacted: Chuck Wilkinson	Date & Time: 14-05-22 15:10
Person Notifying: Amy van den Broek	Position/Lab: WQA / Head Lab Tech
Oral Notification To Parks Canada Site	
Person Contacted: Colin Tinker Student employee	Date & Time: 14-05-22 - 15:08
Person Notifying: Amy van den Broek	Position/Lab: WQA / Head Lab Tech Student Employee
Oral Notification To Health Authority Contact	
Person Contacted: Colleen Madigan	Date & Time: 14-05-22 15:15
Person Notifying: Amy van den Broek	Position/Lab: WQA / Head Lab Tech
Laboratory Report Completion	
Prepared By: Amy van den Broek	Date: 14-05-22
Approved By: Julie Yellums	Date: 14-05-22
Sent to Sector Contact via Fax: See Contact Sheet	Date: 14-05-22
Sent to Duncan Manser & Health Authority	Date: 2014-05-22

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-05- 22 2014

BY KN

2-1550





2-1-350 - agency
2-1-351 - RADIUM
* N/A Regs. *

Notice of Adverse Test Results and Issue Resolution

Small Drinking Water Systems
Regulated by: O. Reg. 318/08 and O. Reg. 319/08

05-22-2014

BY

FAXED
Page 1 of 2
2014

The form consists of 3 sections:

Section 1 - Licensed Laboratory Notification:

The Laboratory is required to provide immediate written notification of the Adverse Water Quality Incident (AWQI) to the Ministry of Health and Long-Term Care (MOHLTC) by completing section 1 along with the laboratory sample results (use section 3 or attach laboratory report) (MOHLTC Fax Number: 416-327-0984).

Additionally, the Laboratory is required to provide immediate verbal notification of the AWQI to the local Board of Health and the system operator. Following this verbal notification, section 1 is to be completed by laboratory and forwarded the local Board of Health (i.e. Medical Officer of Health) within 24 hours of AWQI.

Section 2 - Corrective Action and Issue Resolution:

Section 2 is to be completed and provided to the local Board of Health by the drinking water system operator based on discussions with the local Board of Health, within 24 hours of verbal notification. Section 2 should be updated and resubmitted to the local Board of Health within 7 days of the issue resolution.

Section 3 - Adverse Water Quality Analytical Test Results

The Laboratory is required to provide immediate written notification of the AWQI to the MOHLTC by completing section 1 along with the laboratory sample results (use section 3 or attach laboratory report) (MOHLTC Fax Number: 416-327-0984).

Additionally, section 3 is to be completed by the laboratory and faxed within 24 hours of adverse water quality result along with the laboratory sample results (use section 3 or attach laboratory report) to the local Board of Health.

Section 1 - Laboratory Notification

Verbal notification of the adverse water quality test results must be completed immediately to the system operator and the local Board of Health

The Laboratory is required to provide immediate written notification of the AWQI to the MOHLTC by completing section 1 along with the laboratory sample results (use section 3 or attach laboratory report) (MOHLTC Fax Number: 416-327-0984).

Additionally, section 3 is to be completed by the laboratory and faxed within 24 hours of adverse water quality result along with the laboratory sample results (use section 3 or attach laboratory report) to the local Board of Health.

Indicators of Adverse Drinking Water Quality

Microbiological

Physical/Chemical

Licensed Laboratory

Name of Laboratory Central Ontario Analytical Laboratory		Telephone No. (include area code) (705) 326 - 8285 Ext	
Address Building Number, Street Name 4260 Burnside Line, R.R.#4		City/Town Orillia	Postal code ON L3V6H4
Name of Person Notifying (First Name, Last Name) Amy van den Broek			
Name of Emergency Contact (First Name, Last Name) Julie Tillmanns		Position Title Laboratory Manager	
Telephone No. (include area code) (705) 326 - 8285 Ext	Fax No. (include area code) (705) 326 - 9316	AWQI Notification Number(s)	

Drinking Water System

Name of Drinking Water System TSW - Kirkfield - Bridge 50		Telephone No. (include area code) () - Ext	
Address Building Number, Street Name 1202 Ramara Rd. Lakeshore		City/Town ON	Postal code
Name of Emergency Contact (First Name, Last Name) Chuck Wilkinson			
Name of Emergency Contact (First Name, Last Name) Chuck Wilkinson		Position Title Sector Contact	
Telephone No. (include area code) (705) 438 - 3153 Ext	Fax No. (include area code) (705) 438 - 5201	DWS Number N/A	

Verbal Notification to Operator of Drinking Water System

Name of Person Contacted (First Name, Last Name) Chuck Wilkinson	Position Title Sector Contact	Date (yyyy-mm-dd) 2014-05-22	Time (HH:MM) 15:10
---	----------------------------------	---------------------------------	-----------------------

Verbal Notification to Local Medical Officer of Health

Name of Person Contacted (First Name, Last Name) Colleen Madigan	Position Title Clerk	Date (yyyy-mm-dd) 2014-05-22	Time (HH:MM) 15:15
---	-------------------------	---------------------------------	-----------------------

Comments

* This adverse is N/A for regulations not 318/319 but reportable as per client. *

Include laboratory sample results (complete section 3 or attach report provided to you by the laboratory)

Written Notification prepared by (First Name, Last Name) Amy van den Broek	Signature Amy van den Broek	Date (yyyy-mm-dd) 2014-05-22
---	--------------------------------	---------------------------------

Section 3 - Adverse Water Quality Test Analytical Results

In the absence of an actual Laboratory Results Report, complete the applicable table and forward to MOHLTC by fax immediately following an Adverse Water Quality Test Result. Additionally, complete the applicable table and forward to the local Board of Health within 24 hours of an Adverse Water Quality Test Result.

Microbiological Testing Central Ontario Analytical Laboratory					Sample Location U=Untreated T=Treated	Total Coliforms	E. coli	P-A/100 mL confirmed	Free Chlorine Residual Mg/L or N/A if no chlorine	Date of Data Approval yyyy/mm/dd
AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Sample Collected							
			Date yyyy/mm/dd	Time hh:mm						
		008378	2014-05-21	14:10	<input type="checkbox"/> U <input type="checkbox"/> T	<u>62</u> cfu/100 mL	<u>8</u> cfu/100 mL	<input type="checkbox"/> TC <input type="checkbox"/> EC	____ mg/L <input checked="" type="checkbox"/> N/A	
				:	<input type="checkbox"/> U <input type="checkbox"/> T	____ cfu/100 mL	____ cfu/100 mL	<input type="checkbox"/> TC <input type="checkbox"/> EC	____ mg/L <input type="checkbox"/> N/A	
				:	<input type="checkbox"/> U <input type="checkbox"/> T	____ cfu/100 mL	____ cfu/100 mL	<input type="checkbox"/> TC <input type="checkbox"/> EC	____ mg/L <input type="checkbox"/> N/A	
				:	<input type="checkbox"/> U <input type="checkbox"/> T	____ cfu/100 mL	____ cfu/100 mL	<input type="checkbox"/> TC <input type="checkbox"/> EC	____ mg/L <input type="checkbox"/> N/A	

Physical/Chemical					Sample Location U=Untreated T=Treated	Parameter	Results	Unit of Measure	Standard	Date of Data Approval yyyy/mm/dd
AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Sample Collected							
			Date yyyy/mm/dd	Time hh:mm						
				:	<input type="checkbox"/> U <input type="checkbox"/> T					
				:	<input type="checkbox"/> U <input type="checkbox"/> T					
				:	<input type="checkbox"/> U <input type="checkbox"/> T					
				:	<input type="checkbox"/> U <input type="checkbox"/> T					

FAXED
MAY 22 2014
Page _____ of _____

Authorization

Name (First Name, Last Name) <u>Julie Tillmanns</u>	Signature <u>Julie Tillmanns</u>	Date <u>May 22/14</u>
--	-------------------------------------	--------------------------

4580-64E (2008/11)

Fax Check: U

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-05- 22 2014

BY N

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Date Sampled: 20140604
Collected By: CHUCK WILKINSON
Signature: [Signature]
Name of Facility: Kirkfield Sector

Township/Town: Kawartha Lakes
Systems Health Unit: RMDHD
Total # of pages sent: [blank]
of samples sent this page: [blank]
of samples rec'd this page: 5

Drinking Water System (DWS) #
(As Assigned By MOE/MOHLTC) Please See Below
Submitted By: CHUCK WILKINSON
Signature: [Signature]

Comments/Conditions: [blank]

Chain of Custody

Primary Report of Microbiological Analysis of Drinking Water Only

FOR LAB USE ONLY
Date/Time/Temp. (°C) Received: JUN 04 2014 14:30
Initials of Receiver: 1256 AB
Date & Time Incubated: JUN 04 2014 20.7
HPC & FS Date & Time Incubated: [blank]

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson
Address: 2023 Kirkfield Road Kirkfield, ON, K0M 2B0
Telephone: 705 438-3153 Ext: [blank] Fax: 705-438-5201 + Scan & Email
Email Address: chuck.wilkinson@pc.gc.ca; leigh.trethewey@pc.gc.ca
"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Time Sampled (Indicate AM/PM with 12-hour clock or use 24-hour clock)	Sample Identifier	Sampling Location Describe the location AND indicate an appropriate letter classifier (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment	Requires Notification as per SDWA 2002 (Please check one)				Temp. of Sample (Indicate "F" or "C")	Treatment Information - Indicate Type/Chlorine Level		Additional Parameter Please Check if Required		Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strep. CFU/100 ml
			17003	31808	31908	N/A		UV	Other	Operational/Field Chlorine Total mg/L	Free mg/L						
Bridge 44																	
10:00		34223 Mara Eidon Boundary Rd. (D)				✓					009454	0	0	0			
Bridge 50																	
11:50		1202 Ramara Rd. Lakeshore (D)				✓					009455	16	2	107			
Kirkfield Shop																	
9:55		46 Talbot St. (D)				✓					009456	0	0	0			
11:00		PORTAGE L-39 D				✓					009457	0	0	0			
11:10		THORAH L-40 D				✓					009458	0	0	0			

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FOR LABORATORY USE ONLY / LABORATORY COMMENTS
Analysis Date & Time: JUN 05 2014 13:00 Enumerated By: NO Audited By: AK Methodology (COAL Endo - COAL DC): M/F CFU/100ml
Analysis Date & Time: [blank] Enumerated By: [blank] Audited By: [blank] Methodology (COAL HPC): SP CFU/1ml; Methodology (COAL FS): M/F CFU/100ml
Lab No: 009455 Reported to Submitting Agency @ 15:00 H.U. @ [blank] SAC @ [blank] AWQI# [blank] By: NO Date: [blank]
Transcribed By: [blank] Transcription Verified By: [blank] Report Authorized By: [blank] Email/Mail Customer: [blank] Email H.U.: [blank] MOE/MOHLTC Upload: [blank] Invoiced: [blank]

5501 16:02
(1797) 16:03
44934 16:04
FAXED
JUN 05 2014
Pages: 1 of 1

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JUN 05 2014
BY: [Signature]

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ADVERSE WATER QUALITY FORM – Parks Canada

FAX TO: Nicole Hamilton 705 750 4934

Sector from which Adverse came from (See List)

Health Authority: Refer to Table 1

Adverse Result: TC: 16 EC: 2	Sample ID & Location: Bridge 50: 1202 Ramara Rd. Lakeshore
Oral Notification To Parks Canada Sector(all samples)	
Person Contacted: CHUCK WILKINSON	Date & Time: 2014/06/05 15:00
Person Notifying: ALICIA DAVES	Position/Lab: Quality Manager
Oral Notification To Parks Canada Site	
Person Contacted: Tim Barry,	Date & Time: 2014/06/05 15:45
Person Notifying: ALICIA DAVES,	Position/Lab: Quality Manager
Oral Notification To Health Authority Contact	
Person Contacted: Not applicable at this time as per Duncan Manser	Date & Time:
Person Notifying:	Position/Lab:
Laboratory Report Completion	
Prepared By: ALICIA DAVES	Date: 2014/06/05
Approved By: Amy van den Broek	Date: 2014-06-05
Sent to Sector Contact via Fax: See Contact Sheet	Date: 2014/06/05
Sent to Duncan Manser & Health Authority	Date: 2014-06-05 KN

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 JUN 05 2014
 Page 2 of 4

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 JUN 05 2014
 BY KN

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Chain of Custody

Primary Report of Microbiological Analysis of Drinking Water Only

Date Sampled: 20140604

Collected By: Chuck Wilkinson

Signature: [Signature]

Name of Facility: Kirkfield Sector

Drinking Water System (DWS) # (As Assigned By MCE/MOHLTC) Please See Below

Submitted By: Chuck Wilkinson

Signature: [Signature]

Township/Town: Kawartha Lakes

System/Health Unit: HKPRDHU

Total # of pages sent: 5

of samples sent this page: 5

of samples rec'd this page: 5

FOR LAB USE ONLY

Date/Time/Temp. (°C) Received: RECEIVED JUN 04 2014 12:56

Initials of Receiver: AB 20.7

Date & Time Incubated: JUN 04 2014 14:30

HPC & FS Date & Time Incubated:

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson

Address: 2023 Kirkfield Road Kirkfield, ON, K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 • Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; leigh.trethewey@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Comments/Conditions:

Time Sampled (Indicate AM/PM with 12-hour clock or use 24-hour clock)	Sample Identifier	Sampling Location (Describe the location AND indicate an appropriate letter classification: (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RAW) Raw Water - Consumed without Treatment	Requires Notification as per SDWA 2002. (Please check one)			Temp. of Sample (Indicate "F" or "C")	Treatment Information - Indicate Type/Chlorine Levels		Additional Parameter Please Check if Required		Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strep CFU/100 ml			
			17003	31808	31908		N/A	UV	Other	Total mg/L							Free mg/L	HPC	FS
			THIS AREA IS FOR LABORATORY USE ONLY																
<u>9:20</u>		<u>Rosedale Lock 35 #835J66E47</u> 161 Trent Canal Rd. (D)		<input checked="" type="checkbox"/>							<u>009459</u>	<u>0</u>	<u>0</u>	<u>0</u>					
<u>9:50</u>		<u>Kirkfield Lock 36 #835J66E39</u> 2023 Kirkfield Rd. (D)		<input checked="" type="checkbox"/>							<u>009460</u>	<u>0</u>	<u>0</u>	<u>0</u>					
<u>10:25</u>		<u>Bolsover Lock 37 #835J66E21</u> 92 Talbot Dr. (D)		<input checked="" type="checkbox"/>							<u>009461</u>	<u>0</u>	<u>0</u>	<u>> 200</u>					
<u>10:05</u>		<u>Bolsover Bridge 43 (Reg. N/A)</u> 138 Bolsover Rd. (D)		<input checked="" type="checkbox"/>							<u>009462</u>	<u>0</u>	<u>0</u>	<u>0</u>					
<u>10:40</u>		<u>TALBOT L-38 D</u>		<input checked="" type="checkbox"/>							<u>009463</u>	<u>0</u>	<u>0</u>	<u>0</u>					

All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottle required for additional parameters. FS & Faecal Strep = Faecal Streptococcus. HPC = Heterotrophic Plate Count. HPM = Heavy Particulate Matter. N/R = Not Received. FS and HPC require 48 hours of incubation.

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: JUN 05 2014 13:00 Enumerated By: M Audited By: AK Methodology (COAL Endo - COAL DC): M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ Methodology (COAL HPC): SP CFU/1ml, Methodology (COAL FS): M/F CFU/100ml

Lab No: 009461 Reported to Submitting Agency @ Cowfay notice H.U. @ _____ SAC @ _____ AWQM # _____ By _____ Date: 2014-06-05 13:00 BY KN

Transcribed By: _____ Transcription Verified By: _____ Report Authorized By: _____ Email/Mail Customer: _____ Email H.U.: _____ MOE/MOHLTC Upload: _____ Invoiced: _____

MAILED FAXED

SCANNED & EMAILED

JUN 05 2014

-05-05 2014

KN

Form cannot be altered without approval of COAL. The Safe Drinking Water Act (SDWA 2002), O. Reg 170/03 and O. Reg 318/08, 319/08 (please see www.ene.gov.on.ca for more information) requires that notification of exceedances must be reported to MCE/MOHLTC for O. Reg 170/03 and to MCE/MOHLTC for O. Reg 318/08, 319/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on adverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email, postal mail and then transcribed and emailed to an unlimited number of addressees inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (Surcharge for after hours samples)



Central Ontario Analytical Laboratory Inc.

4260 Burnside Line, R.R. #4

Orillia, ON. L3V 6H4

Tel: 705-326-8285 Fax: 705-326-9316

Email: coal@on.aibn.com Web: www.coalab.ca

THIS IS A COURTESY NOTIFICATION TO ASSIST YOU

This notification is to inform you that your sample has an elevated count of one of the following: *lab # 009461*

- Heterotrophic Plate Counts (HPC) greater than 500 (> 500)
- Background Counts greater than 200 (> 200).

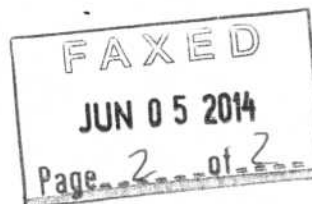
This can be viewed as an indicator of deterioration in the drinking water quality, which may lead to the development of total coliforms in your system. Elevated counts may suppress or mask the development of total coliforms in your laboratory results.

If there is ongoing elevated Heterotrophic Plate Counts or Total Coliform Background, the system should be inspected to determine the cause.

PLEASE REMEMBER: THESE ARE NOT REPORTABLE TO THE M.O.E. AND HEALTH UNIT. This notice is used to assist you in maintaining the quality of your water and to help prevent an adverse water quality incident.

FAXED

3



SCANNED & EMAILED

-06-05 2014

BY

KN

2015-16 Potable Water Adverse Results Summary

Location	Date	Total Coliform	E. Coli	Testing Lab
<u>Lock 4 - Batawa</u>				SGS
Initial	08-06-2015	9 MAC	1 MAC	
No follow up test - did not operate, portable washrooms were provided.				
<u>Lock 7 - Glen Ross</u>				SGS
Initial	08-06-2015	16 MAC	4 MAC	
Could not find follow-up test results				
Initial	06-08-2015	14 MAC	9 MAC	
Re-Test #1 (adverse again)	11-08-2015	28 MAC	6 MAC	
Re-Test #2 (adverse again)	17-08-2015	12 MAC	1 MAC	
<u>Lock 10 - Hagues Reach</u>				SGS
Initial	06-08-2015	37 MAC	9 MAC	
Re-Test #1	11-08-2015	0	0	
<u>Lock 44 - BCMR</u>				C.O.A.L.
Initial	02-06-2015	31	5	
Re-Test #1	04-06-2015	0	0	
Re-Test #2	05-06-2015	0	0	
<u>Bridge 43 - Bolsover</u>				C.O.A.L.
Initial	22-09-2015	7	2	
Re-Test #1	24-09-2015	0	0	
Re-Test #2	25-09-2015	0	0	
<u>Bridge 50</u>				C.O.A.L.
Initial	13-05-2015	1	1	
Re-Test #1	01-06-2015	0	0	
Re-Test #2	02-06-2015	0	0	
<u>Bridge 57 - Hamlet</u>				C.O.A.L.
Initial	30-06-2015	130	0	
Re-test #1	02-07-2015	0	0	
Re-test #2 (adverse again)	06-07-2015	80	0	
Re-test #1 (after 2nd adverse)	08-07-2015	0	0	
Re-test #2 (after 2nd adverse)	09-07-2015	0	0	
Re-Test	16-07-2015	0	0	
Re-Test	17-07-2015	0	0	
<u>Washago Shop</u>				C.O.A.L.
Initial	09-09-2015	37	5	

Re-Test #1	24-09-2015	0	0
Re-Test #2	07-10-2015	0	0

MAC - Maximum Acceptable Concentration

Potential Contributing Factors

Zenon filter failed. Water flow for the year was predominantly Black River flow as opposed to normal flow from Lake Simcoe/Couchiching.

Failure due to cartridge filters (and some Black River water supply issues as Lock 44). Filters were changed.

(Non-public) System was unplugged while being serviced. Sample was taken by someone else who did not know the system was offline.

Date Sampled: 2015 09 25
 Collected By: Shawn Finn
 Name of Facility: Kirkfield Sector
 Drinking Water System (DWS) #
 Submitted By: Shawn Finn
 (As Assigned By MOE/MOHLTC) Please See Below

FOR LAB USE ONLY
 Date/Time/Temp. (°C) Received: Initials of Receiver: SEP 24 2015 14:30
 RECEIVED AB 8.1
 HPC & FS Date & Time Incubated: SEP 24 2015 13:59

Chain of Custody
 Primary Report of Microbiological Analysis of Drinking Water Only
 Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson
 Address: 2023 Kirkfield Road Kirkfield, ON, K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390
 Comments/Conditions: Information transferred off of chemical c of c submitted. AB Resample

Time Sampled (Indicate AM/PM with 12 hour clock or use 24-hour clock)	Sampling Location (Describe the location AND indicate an appropriate letter classification. (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment	Requires Notification as per SDWA 2002: (Please check one)	Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Additional Parameter Check if Required	Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strept. CFU/100 ml
				Operational/Field Chlorine	Free mg/L							
13:00	Rosedale Lock 35 #835J66E47 161 Trent Canal Rd. (D)	170/03	319/08									
	Kirkfield Lock 36 #835J66E39 2023 Kirkfield Rd. (D)	✓	✓									
	Bolsover Lock 37 #835J66E21 92 Talbot Dr. (D)	✓	✓									
	Bolsover Bridge 43 (Reg. N/A) 138 Bolsover Rd. (D)	✓	✓									

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FOR LABORATORY USE ONLY / LABORATORY COMMENTS
 Analysis Date & Time: SEP 25 2015 Enumerated By: SC Audited By: GMM
 Methodology (COAL Endo - COAL DC): M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: H.U. @ SAC @ AWQ# By: Date: MOE/MOHLTC Upload: BY invoiced:
 Lab No: Reported to Submitting Agency @ Transcription Verified By: Report Authorized By: Email/Mail Customer: Email H.U.: Email H.U.:
 Transcribed By: Transcription Verified By: Report Authorized By: Email/Mail Customer: Email H.U.: Email H.U.:
 Date: 2015 09 25
 Methodology (COAL HPC): SP CFU/1ml; Methodology (COAL FS): M/F CFU/100ml Page 1 of 1
 Pre-Fax Check By: SC
 FAXED

FOR LAB USE ONLY

Date/Time/Temp. (°C) Received: **SEP 24 2015 14:10**

Initials of Receiver: **AB 8.0**

Date & Time Incubated: **SEP 24 2015 14:30**

HPC & FS Date & Time Incubated:

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Systems Health Unit sent: **SMDHU**

Total # of pages sent: **4**

of samples sent this page: **4**

of samples rec'd this page: **4**

Signature: **Kim Marshall**

Name of Facility: **Washago Sector**

Drinking Water System (DWS) # **201509124**

(As Assigned By MOE/MOHLTC) **Please See Below**

Submitted By: **Kim Marshall**

(Please Print) **Kim Marshall**

Signature: **Kim Marshall**

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: **2023 Kirkfield Road Kirkfield, ON, K0M 2B0**

Telephone: **705 438-3153** Ext: **705-438-5201 + Scan & Email**

Email Address: **chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca**

"Live Person": After Hours Contact Name and Tel. No: **Chuck Wilkinson 705-887-8390**

Signature: **Kim Marshall**

Name of Facility: **Washago Sector**

Drinking Water System (DWS) # **201509124**

(As Assigned By MOE/MOHLTC) **Please See Below**

Submitted By: **Kim Marshall**

(Please Print) **Kim Marshall**

Signature: **Kim Marshall**

Time Sampled	Sample Identifier	Sampling Location	Requires Notification as per SDWA 2002: (Please check one)	Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strep CFU/100 ml
					Operational/Field Chlorine	Free mg/L						
8:45		Lock 42 2597 Bonsor Rd. (D)	170/03	319/08	UV		01669	0	0	0		
9:35		Lock 43 19 SR 409 Unit 1 (D)	170/03	319/08	UV		01670	0	0	0		
11:00		Lock 44 7001 Upper Big Chute Rd. (D)	170/03	319/08	UV		01671	0	0	0		
12:20		Lock 45 175 Port Severn Rd. N. (D)	170/03	319/08	UV		01672	0	0	0		

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FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: **SEP 25 2015 12:15** Enumerated By: **SC** Audited By: **AKM**

Analysis Date & Time: **SEP 25 2015** Enumerated By: **SC** Audited By: **AKM**

Lab No: **09-252015** Reported to Submitting Agency @ **SAC @** By: **MOE/MOHLTC Upload:**

Transcribed By: **Kim Marshall** Transcription Verified By: **Kim Marshall**

Signature: **Kim Marshall** Email: **Kim Marshall**

Signature: **Kim Marshall** H.U. @ **SAC @** AWQI# **09-252015** Date: **SEP 25 2015**

Signature: **Kim Marshall** H.U. @ **SAC @** AWQI# **09-252015** Date: **SEP 25 2015**

Signature: **Kim Marshall** H.U. @ **SAC @** AWQI# **09-252015** Date: **SEP 25 2015**

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Date: 2015/09/24

Sampled: Y Y Y M M D D

Collected By: Kim Marshall

Signature: Kim Marshall

Name of Facility: Washago Sector

Drinking Water System (DWS) #: _____

(As Assigned By MOE/MOHLTC) Please See Below

Submitted By: Kim Marshall

Signature: Kim Marshall

Systems Health Unit: RMDHD

Total # of pages sent this page: 2

of samples rec'd this page: 2

Township/Town: 0

FOR LAB USE ONLY

Date/Time/Temp. (°C) Received: **SEP 24 2015 14:10**

Initials of Receiver: **AB 8.0**

Date & Time Incubated: **SEP 24 2015 14:30**

HPC & FS Date & Time Incubated: _____

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson

Address: 2023 Kirkfield Road Kirkfield, ON, K0M 2B0

Telephone: 705 438-3153 Ext: _____

Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Time Sampled	Sampling Location	Requires Notification as per SDWA 2002: (Please check one)	Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels			Laboratory Number	Background CFU/100 ml	E. coli CFU/100 ml	HPC CFU/1 ml	Faecal Strep CFU/100 ml
				Operational/Field Chlorine	Free mg/L	Other mg/L					
8:25	1641 Peninsula Pt. Rd. (D)	170/03	318/08	319/08	N/A						
8:05	Washago Shop 3321 Bond St. (D)										

All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottle required for additional parameters: FS & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter. N/R = Not Received FS and HPC require 48 hours of incubation.

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: **SEP 25 2015 12:05** Enumerated By: **SC** Audited By: **SC**

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____

Lab No: _____ Reported to Submitting Agency @ _____ SAC @ _____ AWQI# _____ By: _____ Date: _____

Transcribed By: _____ Transcription Verified By: _____ Report Authorized By: _____

MOE/MOHLTC Upload: _____ Email H.U.: _____

Pre-Fax Check By: **SC**

SEP 25 2015
SCANNED & EMAILED
Page _____ of _____
-09-25 2015

Form cannot be altered without approval of COAL. The Safe Drinking Water Act (SDWA 2002), O. Reg 170/03 and O. Reg 318/08 (please see www.ene.gov.on.ca for more information), requires that notification of exceedances must be reported to MOE/MOHLTC/Waterworks for O. Reg 170/03 and to MOHLTC/MOHLTC/Waterworks for O. Reg 318/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on adverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (Surcharge for after hours samples)

Approved for use by T.J. prior to use.

Primary Report, PITA 101, 1206, Revision 1.2
Page 1 of 1

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-24 14:30
2015-09-24 13:59	8.1	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-09-24
 Collected By: Shawn Finn
 Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	HKPRDHU
Regulation	319/08
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Shawn Finn

Conditions/Comments Information transferred off of chemical C of C submitted. AB Resample

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information			Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)		Free Cl ₂ (mg/L)	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<
Bolsover Bridge 43 (Reg. N/A)																
13:00		138 Bolsover Rd.	D					018066	0		0		0			

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).

Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.

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 For collection and handling procedures visit www.coalab.ca/watersamples.html

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter NR = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2015-09-25 12:45 Enumerated By: SC Audited By: HM Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: SS Authorized & Rechecked By: LJ/TJ/KN Copy Released By: SC/AB/HM

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit

Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-25 12:30
2015-09-25 12:20	10.5	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-09-25
 Collected By: Shawn Finn
 Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	HKPRDHU
Regulation	319/08
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Shawn Finn

Conditions/ Comments Called & Verbaley told H2O results Sept 26. SC. resample

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bolsover Bridge 43 (Reg. N/A)																	
11:30		138 Bolsover Rd.	D						018092	0		0		0			

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).

Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.

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For collection and handling procedures visit www.coalab.ca/watersamples.html

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter

N/R = Not Received

F.S. and HPC require 48 hours of incubation

Raw Water Consumed = RWC

Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2015-09-26 11:00 Enumerated By: SC Audited By: LJ Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: SC/AB/DL/KN

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit

Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-22 13:30
2015-09-22 12:25	15.4	HM	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-09-22
 Collected By: Kim Marshall
 Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	HKPRDHU
Regulation	319/08
Total # of pages sent	3
# of samples sent	11
# of samples received	11

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Kim Marshall

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Rosedale Lock 35 #835J66E47																	
09:25		161 Trent Canal Rd.	D						017787	0	0	0					
Kirkfield Lock 36 #835J66E39																	
08:15		2023 Kirkfield Rd.	D						017788	0	0	42					
Bolsover Lock 37 #835J66E21																	
10:20		92 Talbot Dr.	D						017789	0	0	0					
Bolsover Bridge 43 (Reg. N/A)																	
10:05		138 Bolsover Rd.	D						017790	7	2	13					

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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-09-23 12:00 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: AB/HM/KN

Lab No. **017790** Submitting Agency @ **12:45** Health Unit @ **Fax Copy Spills Action Centre (SAC) @** AWQI # By: **CS** Date: **2015-09-23**
 H.U

Test Methodology and Detection Limit	COAL Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	Performed by Membrane Filtration	M/F CFU/100 ml

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www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2015-09-22 12:25	Temp. Rec'd. (°C): 15.4	Receiver: HM	Date & Time Incubated: 2015-09-22 13:30
			HPC & FS Date & Time Incubated:

Date Sampled: 2015-09-22

Collected By: Kim Marshall

Name of Facility: Kirkfield Sector

Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	RMDHD
Regulation	318/08
Total # of pages sent	3
# of samples sent	11
# of samples received	11

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Kim Marshall

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information			Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)		Free Cl ₂ (mg/L)	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<
Talbot Lock 38																
10:50		1419 Canal Rd.	D					017783	0	0	0					
Portage Lock 39																
10:55		33245 Durham Rd.	D					017784	0	0	0					
Thorah Lock 40																
11:05		33245 Durham Rd.	D					017785	0	0	0					
Gamebridge Lock 41																
11:10		33235 Durham Rd.	D					017786	0	0	0					

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R
Distribution = D
Point of Entry = E

Analysis Date & Time: 2015-09-23 12:00 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: GD/AB/HM/KN

Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit									
Total Coliform.	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml		
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml		
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml		
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml		
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml		
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml		

Approved for use by TJ prior to use.

Final Certificate, PITA 102, 1503, Revision 1.4
Page 1 of 1

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-22 13:30
2015-09-22 12:25	15.4	HM	HPC & FS Date & Time Incubated:	

Date Sampled:	2015-09-22	Twp/Town	Kawartha Lakes
Collected By:	Kim Marshall	Systems Health Unit	RMDHD
Name of Facility	Kirkfield Sector	Regulation	N/A
Drinking Water System (DWS) #	Please See Below	Total # of pages sent	3
		# of samples sent	11
		# of samples received	11

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Kim Marshall

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information			Laboratory Number	Total Coliform		E. coli		Background		HPC	
					UV	Other	Total Cl ₂ (mg/L)		Free Cl ₂ (mg/L)	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<
Bridge 44																
10:10		34223 Mara Eldon Boundary Rd	D					017780	0	0	0					
Bridge 50																
11:35		1202 Ramara Rd. Lakeshore	D					017781	0	0	2					
Kirkfield Shop																
08:45		46 Talbot St.	D					017782	0	0	0					

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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-09-23 12:00 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: GD/AB/HM/KN
 Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

Approved for use by TJ prior to use.

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-01 14:30
2015-06-01 14:10	17.2	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-06-01

Collected By: Shawn Finn

Name of Facility: Kirkfield Sector

Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	RMDHD
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: _____

Conditions/ Resample Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					UV	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		><	CFU/100 ml	><	CFU/100 ml	><	CFU/100 ml	><	CFU/1 ml
Bridge 50																	
03:10		1202 Ramara Rd. Lakeshore	D						008874	0	0	0					

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R
 Distribution = D
 Point of Entry = E

Analysis Date & Time: 2015-06-02 13:00 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: SS Authorized & Rechecked By: LJ/TJ/KN Copy Released By: GD/LJ/AB/HM

Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	Limit
Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-02 11:30
2015-06-02 09:45	18.0	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-06-02
 Collected By: Ian Watson
 Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	RMDHD
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Ian Watson

Conditions/ Resample. Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 50																	
09:02		1202 Ramara Rd. Lakeshore	D						008951	0	0	0					

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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-06-03 10:30 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: SS Authorized & Rechecked By: LJ/TJ/KN Copy Released By: KN/GD/AB/TW
 Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit	COAL	Detection Limit	Reportable Limit:	1	Performed by	Methodology
Total Coliform	COAL Endo	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	>200	Indicates Deterioration:	Performed by Membrane Filtration
Background	COAL DC	Detection Limit	0 - 200	>200	Indicates Deterioration:	Performed by Membrane Filtration
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	>500	Indicates Deterioration:	Performed by Spread Plate
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml

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www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-05-13 14:30
2015-05-13 12:25	14.7	LJ	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-05-13
Collected By: Chuck Wilkinson
Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	HKPRDHU
Regulation	319/08
Total # of pages sent	3
# of samples sent	11
# of samples received	11

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Chuck Wilkinson

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					UV	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Rosedale Lock 35 #835J66E47																	
09:45		161 Trent Canal Rd.	D						007708	0	0	0					
Kirkfield Lock 36 #835J66E39																	
09:00		2023 Kirkfield Rd.	D						007709	0	0	0					
Bolsover Lock 37 #835J66E21																	
10:45		92 Talbot Dr.	D						007710	0	0	0					
Bolsover Bridge 43 (Reg. N/A)																	
10:25		138 Bolsover Rd.	D						007711	0	0	0					

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F.S. & Faecal Strep. = Faecal Streptococcus

HPC = Heterotrophic Plate Count

HPM = Heavy Particulate Matter

NR = Not Received

F.S. and HPC require 48 hours of incubation

Raw Water Consumed = RWC

Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2015-05-14 13:00 Enumerated By: GD Audited By: AF Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/KN/AF/TW

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit

Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

Approved for use by TJ prior to use.

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-05-13 14:30
2015-05-13 12:25	14.7	LJ	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-05-13

Collected By: Chuck Wilkinson

Name of Facility: Kirkfield Sector

Drinking Water System (DWS) # **Please See Below**

Submitted By: Chuck Wilkinson

Twp/Town	Kawartha Lakes
Systems Health Unit	RMDHD
Regulation	318/08
Total # of pages sent	3
# of samples sent	11
# of samples received	11

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Talbot Lock 38																	
10:55		1419 Canal Rd.	D						007704	0		0	>	200			
Portage Lock 39																	
11:15		33245 Durham Rd.	D						007705	0		0		0			
Thorah Lock 40																	
11:20		33245 Durham Rd.	D						007706	0		0		10			
Gamebridge Lock 41																	
11:50		33235 Durham Rd.	D						007707	0		0	>	200			

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 All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).
 Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.
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 For collection and handling procedures visit www.coalab.ca/watersamples.html
 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC
 Raw = R
 Distribution = D
 Point of Entry = E

Analysis Date & Time: 2015-05-14 13:00 Enumerated By: GD Audited By: AF Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/KN/AF/TW

007704
 Lab No. 007707 Submitting Agency @ courtesy notice Health Unit @ N/A Spills Action Centre (SAC) @ N/A AWQI # N/A By: GD Date: 2015-05-14

Test Methodology and Detection Limit	COAL	Detection Limit	Reportable Limit:	1	Performed by	Methodology
Total Coliform.	COAL Endo	0 - 80	1	Performed by	Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	0 - 80	1	Performed by	Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	0 - 60	1	Performed by	Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	0 - 200	>200	Indicates Deterioration:	Performed by	Membrane Filtration
Background	COAL DC	0 - 200	>200	Indicates Deterioration:	Performed by	Membrane Filtration
HPC	COAL HPC	10 - 2.00 x 10 ³	>500	Indicates Deterioration:	Performed by	Spread Plate
Faecal Streptococcus	COAL FS	0 - 80	1	Performed by	Membrane Filtration	M/F CFU/100 ml

Approved for use by TJ prior to use.

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2015-05-13 12:25	Temp. Rec'd. (°C): 14.7	Receiver: LJ	Date & Time Incubated: 2015-05-13 14:30
			HPC & FS Date & Time Incubated:

Date Sampled: 2015-05-13
 Collected By: Chuck Wilkinson
 Name of Facility: Kirkfield Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	RMDHD
Regulation	N/A
Total # of pages sent	3
# of samples sent	11
# of samples received	11

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Chuck Wilkinson

Conditions/ Comments Time sampled for Bridge 50 as per Chuck 2015-05-14 @ 13:50 AF

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 44																	
10:30		34223 Mara Eldon Boundary Rd.	D						007712	0	0	0					
Bridge 50																	
12:00		1202 Ramara Rd. Lakeshore	D						007713	1	1	0					
Kirkfield Shop																	
09:20		46 Talbot St.	D						007714	0	0	0					

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2015-05-14 13:00 Enumerated By: GD Audited By: AF Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/KN/AF/TW

Lab No. 007713 Submitting Agency @ 13:50 - Chuck Health Unit @ N/A Spills Action Centre (SAC) @ N/A AWQI # N/A By: AF Date: 2015-05-14

Test Methodology and Detection Limit	COAL	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform	COAL Endo	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-07-02 15:00
2015-07-02 14:45	20.1	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-07-02
 Collected By: Alex Taylor
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Alex Taylor

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
		1641 Peninsula Pt. Rd.	D														
14:10								011444		0		0		0			

All samples will be considered DISTRIBUTION samples unless otherwise indicated.
 All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).
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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R
 Distribution = D
 Point of Entry = E
 Raw Water Consumed = RWC

Analysis Date & Time: 2015-07-03 13:30 Enumerated By: TW Audited By: LJ Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: LJ/KN
 Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit	Detection Limit	Reportable Limit:	Methodology
Total Coliform (Treated) COAL Endo	0 - 80	1	Performed by Membrane Filtration
Total Coliform (Treated) COAL DC	0 - 80	1	Performed by Membrane Filtration
E. coli COAL DC	0 - 60	1	Performed by Membrane Filtration
Background COAL Endo	0 - 200	>200	Performed by Membrane Filtration
Background COAL DC	0 - 200	>200	Performed by Membrane Filtration
HPC COAL HPC	10 - 2.00 x 10 ³	>500	Performed by Spread Plate
Faecal Streptococcus COAL FS	0 - 80	1	Performed by Membrane Filtration

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 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-07-08 11:00
2015-07-08 10:35	21.4	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-07-08
 Collected By: Alex Taylor
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Alex Taylor

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
10:02		1641 Peninsula Pt. Rd.	D						011916	0		0		0			

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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-07-09 10:00 Enumerated By: GD Audited By: AF Methodology: M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: SS Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/AF/KN/HM
 Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit	Detection Limit	Reportable Limit:	Methodology
Total Coliform (Treated) COAL Endo	0 - 80	1	Performed by Membrane Filtration M/F CFU/100 ml
Total Coliform (Untreated) COAL DC	0 - 80	1	Performed by Membrane Filtration M/F CFU/100 ml
E. coli COAL DC	0 - 60	1	Performed by Membrane Filtration M/F CFU/100 ml
Background COAL Endo	0 - 200	>200	Indicates Deterioration: Performed by Membrane Filtration M/F CFU/100 ml
Background COAL DC	0 - 200	>200	Indicates Deterioration: Performed by Membrane Filtration M/F CFU/100 ml
HPC COAL HPC	10 - 2.00 x 10 ³	>500	Indicates Deterioration: Performed by Spread Plate SP CFU/1 ml
Faecal Streptococcus COAL FS	0 - 80	1	Performed by Membrane Filtration M/F CFU/100 ml

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-07-16 14:30
2015-07-16 14:00	11.8	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-07-16
 Collected By: Pete Edgley
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	1
# of samples sent	2
# of samples received	2

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Pete Edgley

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
13:25		1641 Peninsula Pt. Rd.	D						012710	0	0	0					
13:25									012711	0	0	0					

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Raw = R
 Distribution = D
 Point of Entry = E
 Raw Water Consumed = RWC

Analysis Date & Time: 2015-07-17 13:00 Enumerated By: HM Audited By: TJ Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/TJ
 Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit			
Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80
E. coli	COAL DC	Detection Limit	0 - 60
Background	COAL Endo	Detection Limit	0 - 200
Background	COAL DC	Detection Limit	0 - 200
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80
		Reportable Limit:	1
		Reportable Limit:	1
		Reportable Limit:	1
		Indicates Deterioration:	>200
		Indicates Deterioration:	>200
		Indicates Deterioration:	>500
		Reportable Limit:	1

Performed by Membrane Filtration M/F CFU/100 ml
 Performed by Membrane Filtration M/F CFU/100 ml
 Performed by Membrane Filtration M/F CFU/100 ml
 Performed by Membrane Filtration M/F CFU/100 ml
 Performed by Membrane Filtration M/F CFU/100 ml
 Performed by Spread Plate SP CFU/1 ml
 Performed by Membrane Filtration M/F CFU/100 ml

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 Orillia, ON L3V 6H4
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 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-07-06 11:45
2015-07-06 09:55	19.8	LJ	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-07-06
 Collected By: Ron Martin
 Name of Facility: Washago Sector
 Drinking Water System (DWS) #: **Please See Below**

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: _____
 Conditions/ Resample Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
09:30		1641 Peninsula Pt. Rd.	D						011505	>	80		0		46		

Reg. 318/08; 319/08 RESAMPLE

Most Recent AWQI Number: _____

Most Recent Adverse Sample Date: 2015-06-30

Most Recent Adverse Sample Location: 1641 Peninsula Pt. Rd.

Most Recent Analyzing Laboratory: Central Ontario Analytical Laboratory

Most Recent Adverse Lab I.D. Number: 011317

As per C.O.A.L. records

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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-07-07 10:00 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: LJ/KN
 Lab No. 011505 Submitting Agency @ 10:37 Health Unit @ 10:56 Spills Action Centre (SAC) @ _____ AWQI # _____ By: CS Date: 2015-07-07

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform (Treated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-07-09 11:00
2015-07-09 10:20	19.0	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-07-09
 Collected By: Adam Watson
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Adam Watson

Conditions/ Comments	Resample
-----------------------------	----------

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
09:45		1641 Peninsula Pt. Rd.	D						012068	0		0		0			

Reg. 318/08; 319/08 RESAMPLE

Most Recent AWQI Number:

Most Recent Adverse Sample Date: 2015-07-06

Most Recent Adverse Sample Location: 1641 Peninsula Pt. Rd.

Most Recent Analyzing Laboratory: Central Ontario Analytical Laboratory

Most Recent Adverse Lab I.D. Number: 011505

As per C.O.A.L. records

All samples will be considered DISTRIBUTION samples unless otherwise indicated.
 All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).
 Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.
 COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency.
 For collection and handling procedures visit www.coalab.ca/watersamples.html
 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-07-10 10:00 Enumerated By: SC Audited By: AF Methodology: M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: ST/AF/HM
 Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform (Treated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-07-17 12:00
2015-07-17 11:34	16.3	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-07-17
 Collected By: Adam Watson
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	1
# of samples sent	1
# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Adam Watson

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
09:30		1641 Peninsula Pt. Rd.	D						012731	0	0	0					

All samples will be considered DISTRIBUTION samples unless otherwise indicated.
 All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).
 Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.
 COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency.
 For collection and handling procedures visit www.coalab.ca/watersamples.html
 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-07-18 10:30 Enumerated By: HM Audited By: TJ Methodology: M/F CFU/100ml
 Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: SS Authorized & Rechecked By: LJ/TJ/KN Copy Released By: SC/KN/HM/LJ
 Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit	Reportable Limit:	Methodology
Total Coliform (Treated) COAL Endo Detection Limit 0 - 80	1	Performed by Membrane Filtration M/F CFU/100 ml
Total Coliform (Untreated) COAL DC Detection Limit 0 - 80	1	Performed by Membrane Filtration M/F CFU/100 ml
E. coli COAL DC Detection Limit 0 - 60	1	Performed by Membrane Filtration M/F CFU/100 ml
Background COAL Endo Detection Limit 0 - 200	>200	Performed by Membrane Filtration M/F CFU/100 ml
Background COAL DC Detection Limit 0 - 200	>200	Performed by Membrane Filtration M/F CFU/100 ml
HPC COAL HPC Detection Limit 10 - 2.00 x 10 ³	>500	Performed by Spread Plate SP CFU/1 ml
Faecal Streptococcus COAL FS Detection Limit 0 - 80	1	Performed by Membrane Filtration M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-30 15:33
2015-06-30 14:25	10.8	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-06-30
 Collected By: Ellie Wright
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	SMDHU
Regulation	318/08
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Ellie Wright

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Lock 42																	
09:50		2597 Bonsor Rd.	D						011313	0	0	>	200				
Lock 43																	
11:30		19 SR 409 Unit 1	D						011314	0	0		0				
Lock 44																	
12:45		7001 Upper Big Chute Rd.	D						011315	0	0		0				
Lock 45																	
01:10		175 Port Severn Rd. N.	D						011316	0	0		0				

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).

Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.

COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency.
 For collection and handling procedures visit www.coalab.ca/watersamples.html

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter NR = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R
 Distribution = D
 Point of Entry = E

Analysis Date & Time: 2015-07-01 14:00 Enumerated By: LJ Audited By: CS Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: LJ/AB

Lab No. **011313** Submitting Agency @ **courtesy notice** Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: **LJ** Date: **2015-07-01**

Test Methodology and Detection Limit

Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2,00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2015-06-30 14:25	Temp. Rec'd. (°C): 10.8	Receiver: AB	Date & Time Incubated: 2015-06-30 15:33
			HPC & FS Date & Time Incubated:

Date Sampled: 2015-06-30

Collected By: Ellie Wright

Name of Facility: Washago Sector

Drinking Water System (DWS) #: Please See Below

Submitted By: Ellie Wright

Twp/Town	Kawartha Lakes
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Conditions/Comments

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
09:30		1641 Peninsula Pt. Rd.	D						011317	13	0	>	200				
Washago Shop																	
10:10		3321 Bond St.	D						011318	0	0		0				

All samples will be considered DISTRIBUTION samples unless otherwise indicated.
 All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).
 Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.
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 For collection and handling procedures visit www.coalab.ca/watersamples.html
 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter NR = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC
 Raw = R
 Distribution = D
 Point of Entry = E

Analysis Date & Time: 2015-07-01 14:00 Enumerated By: LJ Audited By: CS Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: LJ/AB
 Lab No. 011317 Submitting Agency @ 14:07 Health Unit @ 15:10 Spills Action Centre (SAC) @ _____ AWQI # _____ By: LJ Date: 2015-07-01

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform (Treated)	COAL	Endo	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL	DC	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL	DC	Detection Limit	0 - 60	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL	Endo	Detection Limit	0 - 200	>200	Indicates Deterioration:	M/F CFU/100 ml
Background	COAL	DC	Detection Limit	0 - 200	>200	Indicates Deterioration:	M/F CFU/100 ml
HPC	COAL	HPC	Detection Limit	10 - 2.00 x 10 ³	>500	Indicates Deterioration:	SP CFU/1 ml
Faecal Streptococcus	COAL	FS	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Date Sampled: 20150714

Collected By: (Please Print) Elie Wright
Signature: [Signature]
Name of Facility: Washago Sector

Drinking Water System (DWS) #
(As Assigned By MOE/MOHLTC) Please See Below

Submitted By: (Please Print) Elie Wright
Signature: [Signature]

Township/Town 0			
Systems Health Unit SCDHU -RMDHD			
Total # of pages sent			
# of samples sent this page			
# of samples rcvd this page	2		

Comments/Conditions:

Chain of Custody

Primary Report of Microbiological Analysis of Drinking Water Only

FOR LAB USE ONLY	Date/Time/Temp. (°C) Received: <u>RECEIVED 228 NB</u> <u>JUL 14 2015 13:22</u>	Initials of Receiver: <u>NB</u>	Date & Time incubated: <u>JUL 14 2015 1515</u>
			HPC & FS Date & Time Incubated:

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson
Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
Telephone: 705 438-3153 Ext: _____ Fax: 705-438-5201 + Scan & Email
Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Time Sampled (Indicate AM/PM with 12-hour clock or use 24-hour clock)	Sample Identifier	Sampling Location (Describe the location AND indicate an appropriate letter classification: (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment)	Requires Notification as per SDWA 2002. (Please check one)				Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels			Additional Parameter Please Check if Required		Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strep. CFU/100 ml
			17/03	318/08	319/08	N/A		UV	Other	Operational/Field Chlorine	Total mg/L	Free mg/L						
Bridge 57																		
9:30		1641 Peninsula Pt. Rd. (D)											012392	7	0	0		
Washago Shop																		
9:00		3321 Bond St. (D)											012393	0	0	0		

All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottle required for additional parameters. FS & Faecal Strep. = Faecal Streptococcus; HPC = Heterotrophic Plate Count; HPM = Heavy Particulate Matter; N/R = Not Received; FS and HPC require 48 hours of incubation.

Pre-Fax Check By: [Signature]

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: JUL 15 2015 1330 Enumerated By: [Signature] Audited By: Gn Methodology (COAL Endo - COAL DC): M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ Methodology (COAL HPC): SP CFU/1ml; Methodology (COAL FS): _____ of _____ CFU/100ml
 Lab No: 012392 Reported to Submitting Agency @ 1432 H.U. @ 1440 SAC @ _____ AWQI# _____ By: [Signature] Date: 2015/07/15
 Transcribed By: _____ Transcription Verified By: _____ Report Authorized By: _____ Email/Mail Customer: _____ Email H.U.: _____ MOE/MOHLTC Upload: _____ Invoiced: _____

FAXED
2-1538 SCDHU
JUL 15 2015
Page 2-1538 of 3
SCDHU #07-15-2015
KN

Form cannot be altered without approval of COAL. The Safe Drinking Water Act (SDWA 2002), O. Reg 170/03 and O. Reg 318/08, 319/08 (please see www.ero.gov.on.ca for more information), requires that notification of exceedances must be reported to MOE/MOH/Waterworks for O. Reg 170/03 and to MOHLTC/MOH/Waterworks for O. Reg 318/08, 319/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on a diverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (Surcharge for after hours samples)

ADVERSE WATER QUALITY FORM – Parks Canada

FAX TO: Nicole Hamilton 705 750 4934 Fax 705-689-1797
 Sector from which Adverse came from (See List)
 Health Authority: Refer to Table 1 705-438-5201

Adverse Result: TC:7	Sample ID & Location: 012392 BRIDGE 57
Oral Notification To Parks Canada Sector(all samples)	
Person Contacted: COLLEEN MADIGAN	Date & Time: 2015/07/15 14:32
Person Notifying: SARAH CASTER	Position/Lab: Tech
Oral Notification To Parks Canada Site	
Person Contacted: COLLEEN MADIGAN	Date & Time: 2015/07/15 14:32
Person Notifying: SARAH CASTER	Position/Lab: Tech
Oral Notification To Health Authority Contact	
Person Contacted: CRAIG DAE	Date & Time: 2015/7/15 1440
Person Notifying: CINDY STOTHERS	Position/Lab: LAB TECH
Laboratory Report Completion	
Prepared By: Cindy Stothers	Date: 2015/07/15
Approved By: Hesley Johnston	Date: 2015/07/15
Sent to Sector Contact via Fax: See Contact Sheet	Date: 2015/07/15
Sent to Duncan Manser & Health Authority	Date: 2015/07/15

Scanned email
July 15/15 KN

2-15:26 scott
2-15:36 all 3 fax #
9

FAXED

JUL 15 2015

Page _____ of _____



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

11-June-2015

Trent-Severn Waterway (Southern Area)

Attn : Greg Stencell

Date Rec. : 09 June 2015
LR Report: CA17641-JUN15

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	09-Jun-15	09-Jun-15
2: Analysis Start Time		---	12:40	12:40
3: Analysis Approval Date		---	11-Jun-15	11-Jun-15
4: Analysis Approval Time		---	09:03	09:03
5: MAC		---	0	0
6: NR Brighton Road Bridge	08-Jun-15 11:35	8.0	0	0
7: NR Carrying Place Bridge	08-Jun-15 11:50	8.0	0	0
8: NR Lock #4 Batawa	08-Jun-15 12:15	8.0	9 MAC	1 MAC
9: NR Lock #7 Glen Ross	08-Jun-15 12:45	8.0	16 MAC	4 MAC
10: NR Lock #8 Percy Reach	08-Jun-15 13:30	8.0	0	0
11: NR Lock #9 Meyers	08-Jun-15 14:00	8.0	0	0
12: NR Lock #10 Hagues Reach	08-Jun-15 14:30	8.0	0	0
13: NR Lock #14 Crowe Bay	08-Jun-15 15:00	8.0	0	0
14: NR Lock #15 Healey Falls (Lower)	08-Jun-15 15:30	8.0	0	0
15: NR Lock #16/17 Healey Falls (Upper)	08-Jun-15 15:45	8.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

13-August-2015

Trent-Severn Waterway (Southern Area)

Attn : Greg Stencell

Date Rec. : 12 August 2015
LR Report: CA14320-AUG15

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temp Upon Receipt °C	Total Coliform cfu/100mL	E.Coli cfu/100mL
1: Analysis Start Date		---	12-Aug-15	12-Aug-15
2: Analysis Start Time		---	12:10	12:10
3: Analysis Approval Date		---	13-Aug-15	13-Aug-15
4: Analysis Approval Time		---	16:20	16:20
5: MAC		---	0	0
6: RESAMPLE NR Lock #7 Glen Ross	11-Aug-15 12:10	8.0	28 MAC	6 MAC
7: RESAMPLE NR Lock #10 Hagues Reach	11-Aug-15 14:00	8.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Method Descriptions

Parameter	Description	SGS Method Code
E. Coli	E.Coli by membrane filtration on DC media	ME-CA-[ENV]MIC-LAK-AN-001
Total Coliform	Total Coliform by membrane filtration using DC media	ME-CA-[ENV]MIC-LAK-AN-001

Joanne Williams
Assistant Operations Manager, Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

10-August-2015

Trent-Severn Waterway (Southern Area)

Attn : Greg Stencell

Date Rec. : 06 August 2015
LR Report: CA14173-AUG15

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	06-Aug-15	06-Aug-15
2: Analysis Start Time		---	16:20	16:20
3: Analysis Approval Date		---	10-Aug-15	10-Aug-15
4: Analysis Approval Time		---	09:30	09:30
5: MAC		---	0	0
6: NR Brighton Road Bridge	06-Aug-15 09:20	14.0	0	0
7: NR Carrying Place Bridge	06-Aug-15 09:40	14.0	0	0
8: NR Lock #7 Glen Ross	06-Aug-15 11:20	14.0	14 MAC	1 MAC
9: NR Lock #8 Percy Reach	06-Aug-15 11:50	14.0	0	0
10: NR Lock #9 Meyers	06-Aug-15 12:05	14.0	0	0
11: NR Lock #10 Hagues Reach	06-Aug-15 12:20	14.0	37 MAC	9 MAC
12: NR Lock #14 Crowe Bay	06-Aug-15 12:50	14.0	0	0
13: NR Lock #15 Healey Falls (Lower)	06-Aug-15 13:40	14.0	0	0
14: NR Lock #16/17 Healey Falls (Upper)	06-Aug-15 13:50	14.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

18-August-2015

Trent-Severn Waterway (Southern Area)

Attn : Greg Stencell

Date Rec. : 17 August 2015
LR Report: CA14454-AUG15

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	17-Aug-15	17-Aug-15
2: Analysis Start Time		---	17:45	17:45
3: Analysis Approval Date		---	18-Aug-15	18-Aug-15
4: Analysis Approval Time		---	16:30	16:30
5: MAC		---	0	0
6: RESAMPLE NR Lock #7 Glen Ross	17-Aug-15 13:10	15.0	12 MAC	1 MAC

MAC - Maximum Acceptable Concentration
NR - Not reportable under applicable Provincial drinking water regulations as per client.
MAC - (ADVERSE) Above Maximum Acceptable Concentration

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-04 12:00
2015-06-04 11:40	18.1	AB	HPC & FS Date & Time Incubated:	

Date Sampled:	2015-06-04	Twp/Town Systems Health Unit	SMDHU
Collected By:	Alex Taylor	Regulation	318/08
Name of Facility	Washago Sector	Total # of pages sent	1
Drinking Water System (DWS) #	Please See Below	# of samples sent	1
		# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By:	Alex Taylor	Conditions/ Comments	Resample
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Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Lock 43																	
10:55		19 SR 409 Unit 1	D						009296	0		0		0			

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

All times are transcribed in the 24-hour clock for upload to the Ministry of the Environment (MOE) and/or Ministry of Health and Long Term Care (MoHLTC).

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For collection and handling procedures visit www.coalab.ca/watersamples.html

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-06-05 10:30 Enumerated By: SC Audited By: AF Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/AF

Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform (Treated)	COAL	Endo	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL	DC	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL	DC	Detection Limit	0 - 60	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL	Endo	Detection Limit	0 - 200	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL	DC	Detection Limit	0 - 200	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL	HPC	Detection Limit	10 - 2.00 x 10 ³	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL	FS	Detection Limit	0 - 80	1	Performed by Membrane Filtration	M/F CFU/100 ml

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-05 13:00
2015-06-05 12:40	14.5	AB	HPC & FS Date & Time Incubated:	

Date Sampled:	2015-06-05	Twp/Town Systems Health Unit	SMDHU
Collected By:	Alex Taylor	Regulation	318/08
Name of Facility	Washago Sector	Total # of pages sent	1
Drinking Water System (DWS) #	Please See Below	# of samples sent	1
		# of samples received	1

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By:	K. C.	Conditions/Comments
---------------	-------	----------------------------

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Lock 44																	
11:38		7001 Upper Big Chute Rd.	D						009330	0		0		0			

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 F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-06-06 11:30 Enumerated By: SC Audited By: AF Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: SC/AB/TW
 Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit							
Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-02 16:00
2015-06-02 14:56	12.4	MH	HPC & FS Date & Time Incubated:	

Date Sampled:	2015-06-02	Twp/Town Systems Health Unit	SMDHU
Collected By:	Chuck Wilkinson	Regulation	318/08
Name of Facility	Washago Sector	Total # of pages sent	2
Drinking Water System (DWS) #	Please See Below	# of samples sent	6
		# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By:	Chuck Wilkinson	Conditions/Comments
---------------	-----------------	----------------------------

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Lock 42																	
10:20		2597 Bonsor Rd.	D						009146	0		0		9			
Lock 43																	
11:30		19 SR 409 Unit 1	D						009147	0		0		0			
Lock 44																	
01:00		7001 Upper Big Chute Rd.	D						009148	31		5	>	200			
Lock 45																	
14:20		175 Port Severn Rd. N.	D						009149	0		0		0			

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Analysis Date & Time: 2015-06-03 14:30 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: GD/AB/TW

Lab No. 009148 Submitting Agency @ 15:44 Health Unit @ N/A Spills Action Centre (SAC) @ N/A AWQI # N/A By: CS Date: 2015-06-03

Test Methodology and Detection Limit	COAL Endo	Detection Limit	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Treated)	COAL DC	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL HPC	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
HPC	COAL FS	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Faecal Streptococcus						

Approved for use by TJ prior to use.

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 Orillia, ON L3V 6H4
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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2015-06-02 14:56	Temp. Rec'd. (°C): 12.4	Receiver: MH	Date & Time Incubated: 2015-06-02 16:00
			HPC & FS Date & Time Incubated:

Date Sampled: 2015-06-02	Twp/Town Kawartha Lakes
Collected By: Chuck Wilkinson	Systems Health Unit SMDHU
Name of Facility: Washago Sector	Regulation N/A
Drinking Water System (DWS) # Please See Below	Total # of pages sent 2
	# of samples sent 6
	# of samples received 6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Chuck Wilkinson

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
09:55		1641 Peninsula Pt. Rd.	D						009150	0		0		0			
Washago Shop																	
09:30		3321 Bond St.	D						009151	0		0		0			

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Analysis Date & Time: 2015-06-03 14:30 Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Copy Released By: GD/AB/TW

Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit							
Total Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-09 15:30
2015-09-09 14:30	6.1	AB	HPC & FS Date & Time Incubated:	

Date Sampled:	2015-09-09	Twp/Town Systems Health Unit	SMDHU
Collected By:	Chuck Wilkinson	Regulation	318/08
Name of Facility	Washago Sector	Total # of pages sent	2
Drinking Water System (DWS) #	Please See Below	# of samples sent	6
		# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By:	Chuck Wilkinson	Conditions/Comments
---------------	-----------------	---------------------

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Lock 42																	
13:45		2597 Bonsor Rd.	D						016910	0		0		20			
Lock 43																	
12:25		19 SR 409 Unit 1	D						016911	0		0		0			
Lock 44																	
10:45		7001 Upper Big Chute Rd.	D						016912	0		0		0			
Lock 45																	
10:00		175 Port Severn Rd. N.	D						016913	0		0		0			

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Analysis Date & Time: 2015-09-10 14:00 Enumerated By: CS Audited By: HM Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: HM/AB/CS

Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

Approved for use by TJ prior to use.

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-09 15:30
2015-09-09 14:30	6.1	AB	HPC & FS Date & Time Incubated:	

Date Sampled:	2015-09-09	Twp/Town	
Collected By:	Chuck Wilkinson	Systems Health Unit	SMDHU
Name of Facility	Washago Sector	Regulation	N/A
Drinking Water System (DWS) #	Please See Below	Total # of pages sent	2
		# of samples sent	6
		# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Chuck Wilkinson

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
13:25		1641 Peninsula Pt. Rd.	D						016914	0		0		0			
Washago Shop																	
14:00		3321 Bond St.	D						016915	37		5	>	200			

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Analysis Date & Time: 2015-09-10 14:00 Enumerated By: CS Audited By: HM Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: HM/AB/CS

Lab No. 016915 Submitting Agency @ 14:10 Health Unit @ Fax copy Spills Action Centre (SAC) @ _____ AWQI # _____ By: CS Date: 2015-09-10
 to H.U

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

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 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-24 14:30
2015-09-24 14:10	8.0	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-09-24
 Collected By: Kim Marshall
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	SMDHU
Regulation	318/08
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Kim Marshall

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information			Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)		Free Cl ₂ (mg/L)	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<
Lock 42																
08:45		2597 Bonsor Rd.	D					018069	0	0	0	0	0	0	0	0
Lock 43																
09:35		19 SR 409 Unit 1	D					018070	0	0	0	0	0	0	0	0
Lock 44																
11:00		7001 Upper Big Chute Rd.	D					018071	0	0	0	0	0	0	0	0
Lock 45																
12:20		175 Port Severn Rd. N.	D					018072	0	0	0	0	0	0	0	0

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

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Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity.

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC

Raw = R
 Distribution = D
 Point of Entry = E
 Raw Water Consumed = RWC

Analysis Date & Time: 2015-09-25 12:45 Enumerated By: SC Audited By: HM Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: HM/AB/SC

Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit

Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2,00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



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Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-09-24 14:30
2015-09-24 14:10	8.0	AB	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-09-24
Collected By: Kim Marshall
Name of Facility: Washago Sector
Drinking Water System (DWS) #: Please See Below

Twp/Town	
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
Telephone: 705 438-3153 Ext: _____ Fax: 705-438-5201 + Scan & Email
Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Kim Marshall

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
08:25		1641 Peninsula Pt. Rd.	D						018073	0	0	0					
Washago Shop																	
08:05		3321 Bond St.	D						018074	0	0	0					

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F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received F.S. and HPC require 48 hours of incubation Raw Water Consumed = RWC
Raw = R
Distribution = D
Point of Entry = E

Analysis Date & Time: 2015-09-25 12:45 Enumerated By: SC Audited By: HM Methodology: M/F CFU/100ml
Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
Transcribed By: AM Authorized & Rechecked By: LJ/KN/TJ Copy Released By: HM/AB/SC
Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform	COAL Endo	Detection Limit	0 - 80	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	M/F CFU/100 ml
				1	

Date: 20150909
 Sampled: 20150909
 Collected By: **CHUCK WILKINSON**
 Signature: *Chuck Wilkinson*
 Name of Facility: **Washago Sector**
 Drinking Water System (DWS) # **Washago Sector**
 (As Assigned by MOE/MOH/LTC) **Please See Below**
 Submitted By: **CHUCK WILKINS.J**
 Signature: *Chuck Wilkinson*

Chain of Custody
 Date/Time/Temp. (°C) Received: **RECEIVED AB 6.1**
 Initials of Receiver: **SEP 09 2015**
 Date & Time Incubated: **1530**
 HPC & FS Incubated: **14:30**

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: **2023 Kirkfield Road Kirkfield, ON, K0M 2B0**
 Telephone: **705 438-3153** Ext: **705-438-5201 + Scan & Email**
 Email Address: **chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca**
 "Live Person" After Hours Contact Name and Tel. No: **Chuck Wilkinson 705-887-8390**

Time Sampled	Sample Identifier	Sampling Location	Requires Notification as per SDWA 2002: (Please check one)	Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strop CFU/100 ml
					Operational/Field Chlorine	Free mg/L						
1:45		Lock 42 2597 Bonsor Rd. (D)	170/03	N/A	Operational	Free	0690	0	0	20		
12:25		Lock 43 19 SR 409 Unit 1 (D)	>	>	Operational	Free	0691	0	0	0		
10:45		Lock 44 7001 Upper Big Chute Rd. (D)	>	>	Operational	Free	0692	0	0	0		
10:00		Lock 45 175 Port Severn Rd. N. (D)	>	>	Operational	Free	0693	0	0	0		

Comments/Conditions:
 Additional Parameter Check if Required:
 THIS AREA IS FOR LABORATORY USE ONLY

FOR LABORATORY USE ONLY / LABORATORY COMMENTS
 All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected, misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottle required for additional parameters. FS & Faecal Strop: = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter. NIR = Not Received. FS and HPC require 48 hours of incubation.
 Analysis Date & Time: **SEP 10 2015 1400** Enumerated By: *AW* Audited By: *AW*
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____
 Lab No: _____ Reported to Submitting Agency @ _____ SAC @ _____ AWQI# _____ By: _____ Date: _____
 Transcribed By: _____ Transcription Verified By: _____ Report Authorized By: _____
 Email/Mail Customer: _____ Email H.U.: _____
 MOE/MOH/LTC Upload: _____ Invoiced: _____

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Date Sampled: 20150909

Collected By: (Please Print) *CHUCK WILKINSON*

Signature: *CHUCK WILKINSON*

Name of Facility: **Washago Sector**

Drinking Water System (DWS) # (As Assigned By MOE/MOHLTC) **Please See Below**

Submitted By: *CHUCK WILKINSON*

Signature: *CHUCK WILKINSON*

Systems Health Unit: RMDHD

Total # of pages sent: 2

of samples rec'd this page: 2

Township/Town: 0

FOR LAB USE ONLY

Date/Time/Temp. (°C) Received: Initials of Receiver: **SEP 09 2015** / **AB 6.1**

Incubated: **SEP 09 2015** / **14:30**

HPC & FS Date & Time Incubated: **SEP 09 2015** / **15:30**

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**

Address: 2023 Kirkfield Road Kirkfield, ON, K0M 2B0

Telephone: 705 438-3153 Ext: 705-438-5201 + Scan & Email

Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca

"Live Person" After Hours Contact Name and Tel. No: **Chuck Wilkinson 705-887-8390**

Time Sampled (Indicate AM/PM with 12-hour clock or use 24-hour clock)	Sampling Location (Describe the location AND indicate an appropriate letter classification. (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RVC) Raw Water - Consumed without Treatment	Requires Notification as per SDWA 2002: (Please check one)	Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Laboratory Number	Background CFU/100 ml	E. coli CFU/100 ml	HPC CFU/1 ml	Faecal Strep. CFU/100 ml
				Operational/Field Chlorine	Free mg/L					
1:25	Bridge 57 1641 Penninsula Pt. Rd. (D)	170/03	N/A	0	0	06914	0	0	0	0
2:00	Washago Shop 3321 Bond St. (D)	318/08		37	5	06915 LAB	7200			

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FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: **SEP 10 2015 14:00** Enumerated By: *CA* Audited By: *CA*

Analysis Date & Time: **SEP 10 2015** Methodology (COAL Endo - COAL DO): M/F CFU/100ml

Lab No: **016915** Reported to Submitting Agency @ **1410** H.U. @ **fax** SAC @ **copy to H.U.**

Transcribed By: **016915** Reported to Submitting Agency @ **1410** H.U. @ **fax** SAC @ **copy to H.U.**

Methodology (COAL HPC): SP CFU/1ml; Methodology (COAL FS): M/F CFU/100ml

Date: **2015/9/10** Page: **1/10**

MOE/MOHLTC Upload: **Involved:**

Pre-Fax Check Box:

Form cannot be altered without approval of COAL. The Safe Drinking Water Act (SDWA 2002), O. Reg 170/03 and O. Reg 318/08 (please see www.ene.gov.on.ca for more information), requires that notification of exceedances must be reported to MOE/MOHLTC/Waterworks for O. Reg 170/03 and MOE/MOHLTC/Waterworks for O. Reg 318/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on adverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (Surcharge for after hours samples)

Approved for use by TJ prior to use.

Primary Report, PITA 101, 1206, Revision 1.2
Page 1 of 1

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.



4260 Burnside Line, R.R. #4
 Orillia, ON L3V 6H4
 Tel: (705) 326-8285 Fax: (705) 326-9316
 www.coalab.ca

Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-10-07 15:00
2015-10-07 14:10	21.4	MH	HPC & FS Date & Time Incubated:	

Date Sampled: 2015-10-07
 Collected By: Chuck Wilkinson
 Name of Facility: Washago Sector
Drinking Water System (DWS) # Please See Below

Twp/Town	
Systems Health Unit	SMDHU
Regulation	318/08
Total # of pages sent	2
# of samples sent	6
# of samples received	6

Report To: **Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson**
 Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0
 Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email
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 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Chuck Wilkinson

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Lock 42																	
12:40		2597 Bonsor Rd.	D						018972	0	0	0					
Lock 43																	
11:10		19 SR 409 Unit 1	D						018973	0	0	0					
Lock 44																	
09:45		7001 Upper Big Chute Rd.	D						018974	0	0	0					
Lock 45																	
09:30		175 Port Severn Rd. N.	D						018975	0	0	1					

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Raw = R

Distribution = D

Point of Entry = E

Analysis Date & Time: 2015-10-08 13:30 Enumerated By: CS Audited By: TW Methodology: M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml

Transcribed By: SS

Authorized & Rechecked By: LJ/TJ/KN

Copy Released By: CS/AB/DL/SS

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI # By: Date:

Test Methodology and Detection Limit

Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2,00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml

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Final Certificate of Microbiological Analysis of Drinking Water

Date & Time Received: 2015-10-07 14:10	Temp. Rec'd. (°C): 21.4	Receiver: MH	Date & Time Incubated: 2015-10-07 15:00
			HPC & FS Date & Time Incubated:

Date Sampled: 2015-10-07
 Collected By: Chuck Wilkinson
 Name of Facility: Washago Sector
 Drinking Water System (DWS) #: Please See Below

Twp/Town	
Systems Health Unit	SMDHU
Regulation	N/A
Total # of pages sent	2
# of samples sent	6
# of samples received	6

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 Telephone: 705 438-3153 Ext: _____ Fax: 705-438-5201 + Scan & Email
 Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca
 "Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390

Submitted By: Chuck Wilkinson

Conditions/Comments

Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	Treatment Information				Laboratory Number	Total Coliform		E. coli		Background		HPC	
					U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)		>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml
Bridge 57																	
01:15		1641 Peninsula Pt. Rd.	D						018976	0	0	0					
Washago Shop																	
01:40		3321 Bond St.	D						018977	0	0	0					

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 Raw = R
 Distribution = D
 Point of Entry = E

Analysis Date & Time: 2015-10-08 13:30 Enumerated By: CS Audited By: TW Methodology: M/F CFU/100ml
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml
 Transcribed By: SS Authorized & Rechecked By: LJ/TJ/KN Copy Released By: CS/AB/DL/SS
 Lab No. _____ Submitting Agency @ _____ Health Unit @ _____ Spills Action Centre (SAC) @ _____ AWQI # _____ By: _____ Date: _____

Test Methodology and Detection Limit	COAL	Endo	Detection Limit	Reportable Limit:	1	Performed by	M/F CFU/100 ml
Total Coliform	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Total Coliform	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
E. coli	COAL DC	Detection Limit	0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL Endo	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
Background	COAL DC	Detection Limit	0 - 200	Indicates Deterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed by Spread Plate	SP CFU/1 ml
Faecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

25-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 23 August 2016
LR Report: CA16911-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	23-Aug-16	23-Aug-16
2: Analysis Start Time		---	18:05	18:05
3: Analysis Approval Date		---	25-Aug-16	25-Aug-16
4: Analysis Approval Time		---	08:49	08:49
5: MAC		---	0	0
6: NR Bridge 50	23-Aug-16 08:25	19.0	0	0
7: NR Lock 41	23-Aug-16 08:37	19.0	0	0
8: NR Lock 40	23-Aug-16 08:53	19.0	0	0
9: NR Lock 39	23-Aug-16 08:59	19.0	0	0
10: NR Lock 38	23-Aug-16 09:20	19.0	0	0
11: NR Lock 37	23-Aug-16 09:41	19.0	0	0
12: NR Lock 36	23-Aug-16 10:19	19.0	0	0
13: NR Bridge 44	23-Aug-16 09:31	19.0	0	0
14: NR Bridge 43	23-Aug-16 09:57	19.0	8 MAC	1 MAC
15: NR Kirkfield Shop	23-Aug-16 10:14	19.0	0	0
16: NR Lock 35	23-Aug-16 10:54	19.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

26-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 25 August 2016
LR Report: CA14691-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	25-Aug-16	25-Aug-16
2: Analysis Start Time		---	12:50	12:50
3: Analysis Approval Date		---	26-Aug-16	26-Aug-16
4: Analysis Approval Time		---	11:27	11:27
5: MAC		---	0	0
6: NR Bridge 43 - Resample	25-Aug-16 09:00	14.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

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Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

29-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 26 August 2016
LR Report: CA17070-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	26-Aug-16	26-Aug-16
2: Analysis Start Time		---	11:50	11:50
3: Analysis Approval Date		---	29-Aug-16	29-Aug-16
4: Analysis Approval Time		---	09:24	09:24
5: MAC		---	0	0
6: RESAMPLE NR Bridge 43	26-Aug-16 08:30	18.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

15-September-2016

Trent-Severn Waterway (Southern Area)

Attn : Greg Stencell

Date Rec. : 13 September 2016
LR Report: CA14299-SEP16

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL	Lead ug/L
1: Analysis Start Date		---	13-Sep-16	13-Sep-16	14-Sep-16
2: Analysis Start Time		---	15:55	15:55	15:03
3: Analysis Approval Date		---	15-Sep-16	15-Sep-16	15-Sep-16
4: Analysis Approval Time		---	15:02	15:02	12:09
5: MAC		---	0	0	10
6: MDL		---	---	---	0.01
7: NR Brighton Road Bridge	12-Sep-16 10:35	9.0	10 MAC	0	---
8: NR Carrying Place Bridge	12-Sep-16 11:00	9.0	0	0	---
9: NR Lock #4 Batawa	12-Sep-16 11:50	9.0	0	0	---
10: NR Lock #7 Glen Ross	12-Sep-16 12:20	9.0	0	0	---
11: NR Lock #8 Percy Reach	12-Sep-16 13:00	9.0	0	0	---
12: NR Lock #9 Meyers	12-Sep-16 13:40	9.0	0	0	---
13: NR Lock #10 Hauges Reach	13-Sep-16 12:40	9.0	0	0	---
14: NR Lock #14 Crowe Bay	12-Sep-16 14:25	9.0	0	0	---
15: NR Lock #15 Healy Falls (Lower)	12-Sep-16 15:05	9.0	0	0	---
16: NR Lock #16/17 Healy Falls (Upper)	12-Sep-16 15:15	9.0	0	0	---
17: NR Hastings Crown House	13-Sep-16 12:50	9.0	---	---	0.98
18-DUP: NR Brighton Road Bridge	12-Sep-16 10:35	---	9 MAC	0	---

MAC - Maximum Acceptable Concentration

MDL - SGS Method Detection Limit

NR - Not reportable under applicable Provincial drinking water regulations as per client.

MAC - (ADVERSE) Above Maximum Acceptable Concentration

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



ADVERSE WATER QUALITY FORM – Parks Canada

FAX TO: Nicole Bragg 705 689 1797

Sector from which Adverse came from (See List)

Health Authority: Refer to Table 1

CA14299 - SEP 16

Adverse Result: 1) 10 Total coliforms, 0 E.coli 2) 9 Total Coliforms, 0 E.coli	Sample ID & Location: 1) NR Brighton Road Bridge 2) NR Brighton Road Bridge
Oral Notification To Parks Canada Sector(all samples)	
Person Contacted: Karl Ellis	Date & Time: Sept 14/16 @ 15:09
Person Notifying: Brad Moore	Position/Lab: Technician
Oral Notification To Parks Canada Site	
Person Contacted: John Mcpeak	Date & Time: Sept 14/16 @ 15:37 Buggy @ 15:10
Person Notifying: Brad Moore	Position/Lab: Technician
Oral Notification To Health Authority Contact	
Person Contacted: Marianne Pond	Date & Time: Sept 14/16 @ 15:19
Person Notifying: Brad Moore	Position/Lab: Technician
Laboratory Report Completion	
Prepared By: 	Date: Sept 14/16
Approved By: 	Date: Sept 14/16
Sent to Sector Contact via Fax: See Contact Sheet	Date: Sept 14/16
Sent to Nicole Bragg & Health Authority	Date: Sept 14/16



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

16-September-2016

Trent-Severn Waterway (Southern Area)

Attn : Greg Stencell

Date Rec. : 15 September 2016
LR Report: CA14355-SEP16

12 Trent Drive
Campbellford, ON
K0L 1L0,

Copy: #1

Phone: 705-653-3240
Fax:705-653-2053

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	15-Sep-16	15-Sep-16
2: Analysis Start Time		---	15:30	15:30
3: Analysis Approval Date		---	16-Sep-16	16-Sep-16
4: Analysis Approval Time		---	15:53	15:53
5: MAC		---	0	0
6: RESAMPLE NR Brighton Road Bridge	15-Sep-16 11:50	24.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical

ADVERSE WATER QUALITY FORM – Parks Canada

FAX TO: Nicole Hamilton 705 689 1797

Sector from which Adverse came from (See List)

Health Authority: Refer to Table 1

Table 7 =
Central

Listings say
Northern ✓

Confirmed by
Kim Marshall.

Adverse Result: <p style="text-align: center; font-size: 1.2em;">5 Total coliform</p>	Sample ID & Location: <p style="text-align: center; font-size: 1.2em;">6 NR Lock 36</p>
Oral Notification To Parks Canada Sector(all samples)	
Person Contacted: Kim Marshall 705-438-5201 Rx 705-438-3153 ph	Date & Time: July 29, 2016 12:55
Person Notifying: Cayla Austin	Position/Lab: Laboratory SGS Canada Technician
Oral Notification To Parks Canada Site	
Person Contacted: Kevin Faulkner, Lock Master 705-438-3126	Date & Time: July 29, 2016 13:00
Person Notifying: Cayla Austin	Position/Lab: Laboratory Tech / SGS Canada
Oral Notification To Health Authority Contact	
Person Contacted: Debbie Johnson 905-885-9106 ph 905-885-9551 fax Haliburton-Kawartha-Pine Ridge	Date & Time: called @ 13:02, advised to call back @ 14:00. July 29, 2016 14:37
Person Notifying: Cayla Austin	Position/Lab: Laboratory Tech / SGS Canada
Laboratory Report Completion	
Prepared By: Cayla Austin	Date: July 29, 2016
Approved By: 	Date: July 29, 2016
Sent to Sector Contact via Fax: See Contact Sheet	Date: July 29, 2016
Sent to Duncan Manser, Nicole Hamilton & Health Authority	Date: July 29, 2016

Duncan.manser@pc.gc.ca
 nicole.bragg@pc.gc.ca



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
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03-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 02 August 2016
LR Report: CA14024-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	02-Aug-16	02-Aug-16
2: Analysis Start Time		---	13:50	13:50
3: Analysis Approval Date		---	03-Aug-16	03-Aug-16
4: Analysis Approval Time		---	12:57	12:57
5: MAC		---	0	0
6: RESAMPLE NR KLL Lock 36	02-Aug-16 09:45	15.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

04-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 03 August 2016
LR Report: CA14079-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	03-Aug-16	03-Aug-16
2: Analysis Start Time		---	12:40	12:40
3: Analysis Approval Date		---	04-Aug-16	04-Aug-16
4: Analysis Approval Time		---	15:02	15:02
5: MAC		---	0	0
6: NR KLL Lock 36	03-Aug-16 09:10	13.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Kimberley Didsbury
Project Specialist
Environmental Services, Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

15-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 11 August 2016
LR Report: CA14323-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	11-Aug-16	11-Aug-16
2: Analysis Start Time		---	16:45	16:45
3: Analysis Approval Date		---	12-Aug-16	12-Aug-16
4: Analysis Approval Time		---	16:18	16:18
5: MAC		---	0	0
6: NR Swift	11-Aug-16 09:10	20.0	5 MAC	0

MAC - (ADVERSE) Above Maximum Acceptable Concentration

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Carrie Greenlaw
Project Specialist
Environmental Services, Analytical

CA14323-AUG16
5 TC

ADVERSE WATER QUALITY FORM -
Parks Canada

FAX TO: Nicole Hamilton 705 689 1797

Sector from which Adverse came from (See List)

Health Authority: Refer to Table 1

Adverse Result: 5 Total coliform	Sample ID & Location: 6 NR Swift (Lock 43)
Oral Notification To Parks Canada Sector(all samples)	
Person Contacted: Chuck Wilkinson ask sector which site → Lock 43.	Date & Time: Aug 12, 2016 15:27
Person Notifying: Cayla Austin	Position/Lab: Microbiology technician SGS Lakefield
Oral Notification To Parks Canada Site	
Person Contacted: Andrew Klett 705-756-8177	Date & Time: Andrew Klett Aug 12, 2016 15:38
Person Notifying: Cayla Austin	Position/Lab: Microbiology technician SGS Lakefield
Oral Notification To Health Authority Contact	
Person Contacted: Simcoe Muskoka DTHU Steve Borg 705 721 7520 ph 705-721-7495 fax	Date & Time: Aug 12, 2016 15:36
Person Notifying: Cayla Austin	Position/Lab: Microbiology technician SGS Lakefield
Laboratory Report Completion	
Prepared By: Cayla Austin	Date: August 12, 2016
Approved By: Emma Turner	Date: August 12, 2016
Sent to Sector Contact via Fax: See Contact Sheet 705-438-5201	Date: Aug 12, 2016
Sent to Duncan Manser, Nicole Hamilton & Health Authority	Date: Aug 12, 2016

duncanmanser@pc.gc.ca
nicole.bragg@pc.gc.ca

SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
 Lakefield - Ontario - K0L 2H0
 Phone: 705-652-2000 FAX: 705-652-6365

18-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 15 August 2016
LR Report: CA14396-AUG16

2023 Kirkfield Road
 Kirkfield, ON
 K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
 Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	15-Aug-16	15-Aug-16
2: Analysis Start Time		---	17:00	17:00
3: Analysis Approval Date		---	17-Aug-16	17-Aug-16
4: Analysis Approval Time		---	16:31	16:31
5: MAC		---	0	0
6: RESAMPLE NR L43	15-Aug-16 11:15	23.0	0	0

MAC - Maximum Acceptable Concentration

Method Descriptions

Parameter	Description	SGS Method Code	Reference Method Code
E. Coli	E.Coli by membrane filtration on DC media	ME-CA-[ENV]MIC-LAK-AN-001	OMOE MICROMFDC-E3407A
Total Coliform	Total Coliform by membrane filtration using DC media	ME-CA-[ENV]MIC-LAK-AN-001	OMOE MICROMFDC-E3407A

Patti Stark
 Project Specialist Environmental Services,
 Analytical



SGS Canada Inc.

P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - K0L 2H0
Phone: 705-652-2000 FAX: 705-652-6365

18-August-2016

Trent-Severn Waterway (Northern Sector)

Attn : Chuck Wilkinson

Date Rec. : 16 August 2016
LR Report: CA14418-AUG16

2023 Kirkfield Road
Kirkfield, ON
K0M 2B0,

Copy: #1

Phone: 705-438-3153 or 705-887-8390 (cell)
Fax:705-438-5201

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Total Coliform cfu/100mL	E. Coli cfu/100mL
1: Analysis Start Date		---	16-Aug-16	16-Aug-16
2: Analysis Start Time		---	18:00	18:00
3: Analysis Approval Date		---	17-Aug-16	17-Aug-16
4: Analysis Approval Time		---	17:17	17:17
5: MAC		---	0	0
6: NR Lock 43	16-Aug-16 10:37	10.0	0	0

MAC - Maximum Acceptable Concentration

NR - Not reportable under applicable Provincial drinking water regulations as per client.

Patti Stark
*Project Specialist Environmental Services,
Analytical*