Attachment E

Adverse Reports 2014-2016



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

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

Copy: #1

K0M 1S0,

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



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

Phone: 705-652-2000 FAX: 705-652-6365

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

30-June-2014

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



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

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

Copy: #1

K0L 1L0,

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



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

Phone: 705-652-2000 FAX: 705-652-6365

19-June-2014

Trent-Severn Waterway (Southern Area)

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

12 Trent Drive Campbellford, ON K0L 1L0,

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

Copy:

#1

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	ORA ORA	DRATOR	DRATORY

4260 Burneido Lino P.P. #4

200 Duffiside Liffe, K.K. #4
Drillia, ON L3V 6H4
el: (705) 326-8285 Fax: (705) 326-9316
vww.coalab.ca

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

Final Certificate of Microbiological Analysis of Drinking Water

Date		Twp/Town	Kawartha Lakes
Sampled:	2014-06-06	Systems Health Unit	HKPRDHU
Collected By:	Shawn Finn	Regulation	319/08
lame of	Kirkfield Sector	Total # of pages sent	1
acility Orinking Water Systen		# of samples sent	1
DWS) #	Please See Below	# of samples received	1

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0 Fax: 705-438-5201 + Scan & Email Telephone: 705 438-3153 Ext: 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

Shawn Finn Comments Submitted By:

Conditions/ Re Sample

				Temp. Of	-	Freat	ment Inforn	nation		To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			

Rea N/A RESAMPLE

Most Recent AWQI Number:	ו
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 complete will be considered DISTRIBUTION complete unless otherwise indicated	

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.

Raw = RDistribution = D

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

Point of Entry = E

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

Raw Water Comsumed = RWC

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 Analysis Date & Time:

Transcribed By: AC Authorized & Rechecked By: TJ/JT Copy Released By: HM/AB/AV 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: Performed by Membrane Filtration M/F CFU/100 ml M/F CFU/100 ml Performed by Membrane Filtration Total Coliform (Untreated) COAL DC Detection Limit 0 - 80 Reportable Limit: 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 Indicates Deterioration: COAL DC 0 - 200 >200 Performed by Membrane Filtration M/F CFU/100 ml Background Detection Limit 10 - 2.00 x 10³ Indicates Deterioration: HPC COAL HPC Detection Limit >500 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

F.S. and HPC require 48 hours of incubation

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1	1	3	18	Á
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			0/1	
		RAT		
	-	V		

Faecal Streptococcus COAL FS Detection Limit

0 - 80

Reportable Limit:

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

		Final	Certificate of Microbiolog	gical 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:	

	1 01: / //	161 376 8786 FOV: 1706	1 コンド	-0.316							٠, ٠	,.							
LABORATORY	,	05) 326-8285) 320	-9310				2	014-06-	-09 13:25	11.	.6 A	В	HPC & FS I	Date	& Time			
Date				Town	Kawarth	na La	akes							•					
Sampled:		2014-06-09		tems h Unit	HKPF	RDH	U	Repo	rt To: T	rent Severn Wa	terw	ay Kirkfield	Sec	tor ATTN: (Chuc	k Wilkinsor	<u>1</u>		
Collected By:		Josh Crego	Regu	lation	319	9/08		Addre	ess: 2	023 Kirkfield Roa	ad Kir	kfield, ON. k	MOX	2B0					
Name of				l # of s sent		1		Telep	hone:	705 438-3153				Ext:		Fax: 705	-438·	-5201 + Scan	& Email
Facility	ŀ	Kirkfield Sector	# of sa	amples				Email	Address	s: chuck.wilkins	on@	pc.gc.ca; lei	gh.tre	ethewey@pc.	gc.c	a; nicole.ham	ilton	@pc.gc.ca	
Drinking Water (DWS) #	r System	Please See Below		ent amples		1		"l ivo	Porcon"	After Hours Conta	ot Nor	no and Tal Na	٠.	Chuck Wi	lkine	on 705-887-8	5300		
(DW3) #		Flease See Delow		eived		1		Live	reison	Alter Flours Conta	Ct INai	ne and rei. No	J	CHUCK VVI	IKIIIS	011 7 03-007-0	3330		
Submitted By:		Josh Crego		ditions/ nments	Re-test														
					Temp. Of		Treatme	ent Inform	ation		To	otal Coliform	1	E. coli	E	Background		HPC	
	Sample dentifier	Identification of Collection S	Site	Water Type	Sample (°C/°F)	U.V.	٦ و	Fotal Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number		CFU/100 ml	>/<			CFU/100 ml	>/<		
	<u> </u>	Bridge 50					Ŭ												
11:40	D	1202 Ramara Rd. Lakesh	nore	D						009632		0		0		10			
Reg. N/A I	RESA	//PLE	Į.					ı											
Most Recent	t AWQI N	Number:																	
Most Recent	t Advers	e Sample Date: 2014-0	06-04]									
		e Sample Location: 12		amara F	Rd. Lake:	sho	re			As per (COA	L records							
Most Recent	t Analyz	ing Laboratory: Centr	al On	tario Ar	nalytical	Lab	orator	у											
Most Recent	t Advers	e Lab I.D. Number: 00	9455																
•		idered DISTRIBUTION samp																	
Analysis performe	ed by qualifie	in the 24-hour clock for up ed analysts. Results relate only hysical parameters: pH, turbidity,	to the al	liquot subr											specif	ic microbiologica	al para	ameters and	Raw = R
For collection and	d handling p	ity for parameters selected, misic rocedures visit www.coalab.ca/w otococcus HPC = Heterotrophic P	atersan	nples.html	·			, this is the	responsi	bility of the submittin N/R = Not Received	g ager	ncy.		E.S. and HDC	roquire	48 hours of incuba	ition	Raw Water (Distribution = E Point of Entry = E Comsumed = RWC
·		2014-06-10 13:00			-			ed Bv:	AK		1/F CF			1.0. and 1110	roquiro	40 Hours of Hicuba		naw water e	romoumou – reve
							_						S Me	thodoloav: M/F	CFL	J/100ml			
		AC			uthorized &						•	Released By:		•					
		NoSubmitti	ing Age					-				-	-		QI #		By:	Date:	
Test Methodology Total Coliform (Tre Total Coliform (Un E. coli Background Background HPC	v and Detect eated) CC ntreated) CC CC CC	ion Limit DAL Endo Detection Limit	0 - 80 0 - 80 0 - 60 0 - 200 0 - 200	0	Reportable Reportable Reportable Indicates D Indicates D	Limit Limit Limit Deterio	:: :: :: oration: oration:	1 1 1 >2 >2	Pe Pe 200 Pe 200 Pe	erformed by Membra erformed by Membra erformed by Membra erformed by Membra erformed by Spread I	ne Filt ne Filt ne Filt ne Filt ne Filt	ration M ration M ration M ration M ration M	//F CF //F CF //F CF //F CF //F CF	FU/100 ml FU/100 ml FU/100 ml FU/100 ml FU/100 ml U/1 ml			´ <u> </u>		

Final Certificate 318/319 Resample, PITA 106, 1311, Revision 1.4

Approved for use by TJ prior to use.

Final Certificate 318/319 Resample, PITA 106, 1311, Revision 1.4

Page 1 of 1

M/F CFU/100 ml

Performed by Membrane Filtration

	1 700	
1		
	LABORATORY	

Date

Sampled:

Name of Facility

(DWS) #

Submitted By:

Collected By:

Drinking Water System

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

2014-08-28

Sterling S.

Washago Sector

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

www.coalab.ca

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

of samples

received

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:	

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

2023 Kirkfield Road Kirkfield, ON. K0M 2B0

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

F.S. and HPC require 48 hours of incubation

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

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

Conditions/ Sterling S. Comments

Please See Below

			_															
 -				Temp. Of	L	Treat	ment Inforn	nation		To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			
All camples	will be cons	idered DISTRIBUTION samples	unless othe	rwica indi	nated						· ·		· ·		· ·		· ·	•

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

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

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.

Distribution = D

Raw = R

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

Point of Entry = E

Raw Water Comsumed = RWC

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

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 AWQI# Lab No. 016507 Submitting Agency @ 13:25 Health Unit @ 14:13 Spills Action Centre (SAC) @ Date: 2014-08-29 Test Methodology and Detection Limit Total Coliform (Treated) COAL Endo Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml M/F CFU/100 ml Total Coliform (Untreated) COAL DC Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Detection Limit 0 - 60 Reportable Limit: Performed by Membrane Filtration E. coli COAL DC 1 COAL Endo Detection Limit 0 - 200 Indicates Deterioration: Performed by Membrane Filtration M/F CFU/100 ml Background >200 >200 COAL DC 0 - 200 Indicates Deterioration: Performed by Membrane Filtration M/F CFU/100 ml Background Detection Limit Final Certficate, PITA 102, 1311, Revision 1.3 COAL HPC Detection Limit 10 - 2.00 x 10³ Indicates Deterioration: >500 Performed by Spread Plate SP CFU/1 ml Appersive references usy TJ prioxity sise. Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Page 1 of 1

N/R = Not Received

À		35	1
1			1
	6	1	
		PV.	
		A P	DRATORY

Time

Sampled

Sample

Identifier

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

www.coalab.ca

		Fin	al Certificate of Microbiolo	gical 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		Twp/Town	Kawartha Lakes
Sampled:	2014-08-28	Systems Health Unit	SMDHU
Collected By:	Sterling S.	Regulation	N/A
Name of	Washana Castar	Total # of pages sent	2
Facility Drinking Water Sy	Washago Sector	# of samples sent	6
(DWS) #	Please See Below	# 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

| Identification of Collection Site | Water Type | Temp. Of Sample (°C/°F) | Simple (°C/°F)

Spills Action Centre (SAC) @

Performed by Membrane Filtration

Jampieu	identinei		Туре	(°C/°F)	U.	Oth	(mg/L)	(mg/L)	Number	>/<	CFO/100 IIII	//	CFO/100 IIII	\ \	CF 0/100 IIII	>/<	CF 6/1 IIII	
		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			
	<u> </u>																	

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

Detection Limit

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.

Health Unit @

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

Submitting Agency @

0 - 80

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

Point of Entry = E
F.S. and HPC require 48 hours of incubation Raw Water Comsumed = RWC

AWQI # _____

M/F CFU/100 ml

F.S. & Faecal Strep. = Faecal Streptococcus

HPC = Heterotrophic Plate Count

HPM = Heavy Particulate Matter

N/R = Not Received

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

Test Methodology and Detection Limit Total Coliform (Treated) COAL Endo Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Total Coliform (Untreated) COAL DC 1 Detection Limit Performed by Membrane Filtration E. coli COAL DC 0 - 60 Reportable Limit: 1 M/F CFU/100 ml Background COAL Endo Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration M/F CFU/100 ml COAL DC Indicates Deterioration: Performed by Membrane Filtration M/F CFU/100 ml Background Detection Limit 0 - 200 >200 COAL HPC Detection Limit Indicates Deterioration: >500 Performed by Spread Plate SP CFU/1 ml 10 - 2.00 x 10³

Reportable Limit:

Final Certficate, PITA 102, 1311, Revision 1.3

COAL FS

Faecal Streptococcus

Raw = R Distribution = D By

Venter By:

Authorized By:

Customer.

MOUNDMETC

08/29/2014 14:28 FAX 7053268208

Reported to Submidting Agency @

HU. Audited By:

SAC @

AWOIR

Methodology (COAL HPC): SP CFUITM; Kelhodology (COAL FS); NF CFUINGIM

Page_

SEP 0 3

M

ROANNED & EM

Methodology (COAL Enda - COAL DC): NIF CFU100ml

Enumerated By

Analysis Date & Time:

Analysis Dato & Time: SEP 0. 3 2014 16:00 Erumersled By:

68208	adverse	fax	Ø 0007/0008
Most Recent Analyzing Lab Number: Most Recent Adverse Lab Number: All simples will be considered DISTRIBUTION samples unless otherwise Indicated. Simpling Pressulting: Transport water sumples under rivigiosist must be unlighted within 44 nours of collection. Analysis polymol by quatifud analysis. Reputs failed only to the discrimination and the procedure of pressing presentations, and attacking COAL receipts no responsibility for parameters and pressing presentations, and attacking. COAL receipts no responsibility for parameters selected in the presentation of the presentations. Significant better and presentation of the presentations of the presentation o	Most Recent AWQI Number: Most Recent Adverse Sample Date: Most Recent Adverse Sample Location:	Time Sampling Location Require Holderium Baumpling Location Require Holderium Baumpling Location Require Holderium Bayer Spirit Spirit 2002. Indicate Construction Construction Bayer Spirit Construction Constructi	CENTRAL ONTARIO ANALYTICAL LABORATORY INC 4260 Burnsida Line, R.R. #4 Ontilia, ON L3V 6H4 Felt: (705) 326-8265 Fax: (705) 326-9316 Felt: (705) 326-9316 Interplact Dy College Dy Colle
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FOID CHARLE BY MERSH AGENETIAL COUNTY THE SELECTION YOUR ACCISIONS TOOS. O. Reg. L'IDES and O. Reg. L'IDES and O. Reg. SI DON, SI DON S edvorse resimple emergencias 205-213-2028 (Surcharge for ener from a samples)

Approved for use by TJ prior to use.

Panjary Report 319/319 Resample, Pl'IA 165, 1266, Rewslen 1.3

CENTED ONTARIO ANALYTICAL LABORATORY INC	BORATORY		Chain of Custody	ody	Primary	Primary Report of Microbiological Analysis of Drinking	biological Anal	lysis of Drinki	Water Only
0				Time/Temp (°C) Received	_		ro ora	2014	
Tel: (705) 326-8285 Fax: (705) 326-9316 www.coalab.ca	316		ONLY REC	_	6.15 mil	HPC & FS	SC.		6.30
Sampled: 7 7 7 7 4 0 9 0 3	Township/Town		F	SEP 0 3 2014	23.70	Incubated:			
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(As Assigned By MOE/MOHLTC)		/	"Live Person" After Hours Contact Name and To	Hours Contact Nan	ne and Tel. No.	108 4 14	12500 700	88783	340
(Please Print) Action Late +30-	Comments/								
	Conditions:								
	Requires Notification as per SDWA 2002	Temp. of Indica	Treatment Information - Indicate Type/Chlorine Levels	77.		Total E coli	Background	нРС	Faecal
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Most Recent Analyzing Laboratory:						Keg.	Reg. 318/08; 319/08	319/08	
Most Recent Adverse Lab Number:						Res	Resamples Only	Only	
must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples note refrigeration to aboratory. The samples require analysis ideally within 30 hours and microbiological parameters and the following inorganize 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 parameters. For collection and handling procedures visit www.coalab.calwatersamples.html. Separate bottle required for additional parameters. FS & Faecal Strept = Faecal Streptococcus HPC = Heterotrophic Plate Count. HPM = Heterotrophic Plate	qualified analysts. Resulterwise implicate the property and neters. pH, turbidity, and b.ca/watersamples.html.cubation.	to relate only to the alique alkalimity. COAL accepsions bottle requirements.	3. Sampling Precautions: Transport water sam; transport water only to the aliquot submitted. Samples hav alkalinity. COAL accepts no responsibility for param Separate bottle required for additional parameters.	samples under refrigerats shave been analyzed as arameters selected, misic aters. FS & Faecal Strep	eration to laboratory. The solution to laboratory. The solution as received. COAL is accomisional accordance of the control of	aboratory The samples require analysis ideally within 30 hours and ed. COAL is accredited by SCC and licensed by MOE in these specific ation of samples or incorrect quantity, this is the responsibility of the call Streptococcus HPC = Heterotrophic Plate Count HPM = (1680).	ysts ideally within 3 censed by MOE in the this is the responsibilities Plate Count HPM.		Pre-Fax Check By DP
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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 MOEMOHYWaterworks for O. Reg 170/03 and to MOHITCMOHYWaterworks for O. Reg 318/08, 319/08 (Faller 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 FILED 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	t (SDWA 2002), O Reg 1 o do so is an offence unde r FILLED OUT OR THE L	70/03 and O Reg 318/0 or the Act. Health Unit to ABORATORY MAY REI	B, 319/08 (please see www elephone and fax numbers FUSE RECEIPT OF THE	w.ene.gov.on.ca for m s are indicated on adve SAMPLE(S) OR MAY	ore information) requires the irse paperwork. It is necess	requires that notification of exceedances must be reported to MOEMOHWaterworks for O it is necessary that the above information is complete. A "live person" must be available	lances must be reporte ormation is complete	A "live person" m	nust be available in

CENTRAL ONTARIO ANALYTICAL 4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4 Tel: (705) 326-8285 Fax: (705) 32 www.coalab.ca Date Sampled: QQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ	6-9316	Tow	nship/To	own.		FOR LAB USE	Danain of	ate/Time/T	REC	2		ceiver: Da Ir	PC & FS at & Time cubated:	MAY 2	Analysis of D		$\overline{}$	
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Name of Facility: Kirkfield Sector	this	page page		-7	_	Tele	ephone:	705	438-3	153		Ext		Fax 705-438	-5201 + Scan 8	& Email		•
Drinking Water System (DWS) #		page		<u> </u>		Ema	ail Addres	s: chu	ck.wil	kins	on@pc.gc.ca; leigh.tre	thewey@p	c.gc.ca					
(As Assigned By MOE/MOHLTC) Please See Below Submitted By:						"Live	e Person"	After Hou	rs Cont	tact N	Name and Tel. No:	Chuck Wil	kinson 705	-887-8390				
(Please Print) Ellie Weight Signature: Strand		ments/ litions:																
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All samples will be considered DISTRIBUTION samples us be analyzed within 48 hours of collection. Analysis performed by parameters and the following inorganic and physical parameters: pH, tu	ualified analy bidity, and al	ysts, Result kalinity. CO/	s relate AL acce	only to the ali pts no respon	quot subr sibi l ty for	nitted. r para	Samples I meters sek	have been a octed, miside	nalyzed antificati	as re on of	ceived. COAL is accredited samples or incorrect quantity	by SCC and le	ensed by MO	English specifi	e and a sale billed a site of	Pre-Fax Check By:	W	KOL
colection and handling procedures visit www.coalab.ca/watersamples.t Received FS and HPC require 48 hours of incubation, FOR LABORATORY USE ONLY / LABORATORY COMME.	mi. Separate	e bottle requ	red for	additional par	ameters.	FS &	Faecal Str	ep. = Faeca	Strepto	cocc	us HPC = Heterotrophic Pla	ste Count HPN	= Heavy Par	GEWATE MARIN	Non D	Check by:	SCAN	VED & EMAILED
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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) -705-438-5201

Health Authority: Refer to Table 1

Adverse Result: Sample ID & Location: Bridge 50 TC-62, EC-8 Oral Notification To Parks Canada Sector(all samples) Person Contacted: Date & Time: Chuck Wilkinson 14-05-22 15:10 Person Notifying: Position/Lab: Amy van den Broek WRA I Head Las Tech Oral Notification To Parks Canada Site Person Contacted: Date & Time: Colin Tinkle Student employee
Person Notifying: 14-05-22-15:08 Position/Lab: WQA / Head Cabter Amy van den Brock Student . Employee. Oral Notification To Health Authority Contact Date & Time: Colleen Madigin M-05-22 15:15 Person Notifying: Position/Lab: Amy van den Broek Was I Head Lab Tech Laboratory Report Completion Prepared By: Date: 14-05.33 Amy van den Brock Approved By: Date: 14-05-22 Sent to Sector Contact via Fax: See Date: 14-05-22 Contact Sheet Sent to Duncan Manser & Health Date: 2014-05-22 Authority

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Notice of Adverse Test Results and Issue Resolution

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

.orm 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).

laboratory sample results (use section 3 or attach laboratory report) to	the local Board of Health	. water quality i	esuit along with the					
Indicators of Adverse Drinking Water Quality		al 🗌 Phy	/sical/Chemical					
Licensed Laboratory								
of Laboratory Central Ontario Analytical Laborato	ry		(include area code) 5 - 8285 Ext					
Address Building Number, Street Name	City/Town	ON	Postal code					
Name of Person Notifying (First Name, Last Name)	Orillia	ON	L3V6H4					
Name of Emergency Contact (First Name, Last Name)	Position Title							
Julie Tillmanns	Laboratory Ma							
Telephone No. (include area code) Fax No. (include area code) (705) 326 - 8285 Ext (705) 326 - 93	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	umber(s)						
Drinking Water System								
Name of Drinking Water System TSW-KIVKReld-Bridge 50		Telephone No.	(include area code) - Ext					
Address Building Number, Street Name	City/Town	ON	Postal code					
Name of Emergency Contact (First Name, Last Name)	Position Title	Sector Contact						
Telephone No. (include area code) Fax No. (include area code) (705) 438 -3163 Ext (705) 438 -53								
Verbal Notification to Operator of Drinking Water System								
Name of Person Contacted (First Name, Last Name) Position Title	or Contact	Date (yyyy-mm-						
Verbal Notification to Local Medical Officer of Health		001100	1.5.70					
Name of Person Contacted (First Name, Last Name) Position Title	VK.	Date (yyyy-mm-						
Comments								
This adverse is N/A Br	t & pulation	s not	3/8/319 but					
Include laboratory sample results (complete section 3 or attach r	The last the property of the party of the pa	50/ 55/ 50/ 50/						

Written Notification prepared by (First Name, Last Name)

4580-64E (2008/11) | © Queen's Printer for Ontario, 2008

Signature

myrunderBrak

Date (yyyy-mm-dd)

COMPLETED BY: N Checked By: U Agency: TSW- KIKRELD - Bridge 50

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 Analy	tical Laboratory	D D				- (mail and a second a second and a second a second and a second and a second and a second a second and a second and a second and a sec	
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Physical/Chemic	al			ted					
AWQI Notification Record No.	Laboratory Submission ID	Laboratory Sample ID	Sample Collected Date Time yyyy/mm/dd hh:mm	Sample Location U=Untreated T= Treated	Parame	eter Re	ACILITY I	Unit of Standard	Date of Data Approval yyyy/mm/dd
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CENTR	AL ONTARIO ANALYTICAL LA 4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4 Tel (705) 326-8285 Fax: (705) 326-9 www.coalab.ca			¥ I	NID SELVE IV	_	FOR LAB USE ONLY		CEI N 0			1956 Af	3	HPC & FS ate & Time	IUN O	4 2014	14:3	Ö	
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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:	Sample ID & Location: Bridge SO: 1202 Ramaia Rd. Lakeshore
Oral Notification To Parks	Canada Sector(all samples)
Person Contacted:	Date & Time:
CHUCK WILKINSON	2014/05 15:00
Person Notifying:	Position/Lab
ALICIA DANCS	Quality Manager
Oral Notification To	o Parks Canada Site
Person Contacted:	Date & Time: 2014/06/05
Tim Barry,	15:45
Person Notifying:	Position/Lab:
ALICIA DANES,	Quelity Monager.
Oral Notification To H	ealth Authority Contact
Person Contacted: Not applicable at this time as per Duncan menser	Date & Time:
Person Notifying:	Position/Lab:
Laboratory Re	port Completion
Prepared By: ALICIA DANES.	Date: 2014/06/05
Approved By:	Date:
Amyvan den Brock	2014-06-05
Sent to Sector Contact via Fax: See Contact Sheet	Date: 2014/06/05
Sent to Duncan Manser & Health	Date
Authority Authority	Date: 2014-06-05 KN



SCANNED & EMAILED OF 2014
BY

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: v v v v v v v v v v v v v v v v v v v	
Collected By (Please Pnnt) Signature Name of Facility Crinking Water System (DWS) # (As Assigned By MCE/MOHLTC) Please See Below System HKPRDHU 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 Address Chuck wilkinson@pc.gc.ca; leigh.trethe.wey@pc.gc.ca "uve Person" After Hours Contact Name and Tel. No Chuck Wilkinson 705-887-8390	ı & Email
Report To Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson	ı & Email
Signature Name of Facility Kirkfield Sector Prinking Water System (DWS) # [As Assigned By MOE/MOHLTC] Please See Below Total # of samples roud this page Address 2023 Kirkfield Road Kirkfield, ON. KOM 2B0 Telephone 705 438-3153	ı & Email
Signature Name of Facility Kirkfield Sector Drinking Water System (DWS) # (As Assigned By MOE/MOHLTC) Please See Below Telephone 705 438-3153 Ext. Fax 705-438-5201 + Scan 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	n & Email
Facility Kirkfield Sector Facility Kirkfield Sector Email Address chuck.wikinson@pc.gc.ca; leigh.trethewey@pc.gc.ca Email Address chuck.wikinson@pc.gc.ca; leigh.trethewey@pc.gc.ca "uve Person" After Hours Contact Name and Tel. No Chuck Wilkinson 705-887-8390	1 & Email
Drinking Water System (DWS) # (As Assigned By MOE/MOHLTC) Please See Below Submitted By (As Assigned By MOE/MOHLTC) Please See Below Submitted By (As Assigned By MOE/MOHLTC) Please See Below (As Assig	
Submitted By	
Submitted By Charles 11 (1) 200 Comments/	
Please Printi	
Signature /	
Time Sampled Describe the location AND indicate an appropriate letter (indicate Operation Colforne Col	Fancal Strep.
ANCHON WITH 12- Early Consumed CFU/100 ml CF	CFU/100 mg
Total Free mg/L 2 - Mg/L 2 - Mg/L 3 - M	
Rosedale Lock 35 #835J66E47	
9:20 161 Trent Canal Rd. (D) - 09459 0 0	
Kirkfield Lock 36 #835J66E39	
9:50 2023 Kirkfield Rd. (D) V (09460 O O	
Bolsover Lock 37 #835J66E21	1-1-1
10:25 92 Talbot Dr. (D) - 009461 0 > 200	
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138 Bolsover Rd. (D) V (109467 O O O O O O O O O O O O O O O O O O O	+
All samples will be considered DISTRIBUTION samples unless otherwise Indicated. Sampling Precautions: Transport water samples under refrigitation to the samples require analysis retails within 30 hours anothers are the analyzed within 48 hours of collection. Analysis performed by qualified analysis. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accretated by SCC and Identical to MOE in these specific increased by MOE in these specific increased by moe in the following incorpanic and physical parameters. PH, furbidity, and alkalonis, 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 with www.coalab.ca.evaternamples hirt. Separate bottle required for additional parameters. PS & Faecal Strept a Faecal Strept and PC included the Matter NR = Not Received PS and HPC included a hours of incusation. FOR LABORATORY USE ONLY / LABORATORY COMMENTS Analysis Oate & Time UN 0 5 2014 13:00 Enumerated By. Audited By C. Methodology (COAL Endo - COAL DC). MF CFU/100ml	
Analysis Date & TimeEnumerated ByAudited ByMethodology (COAL HPC): SP CFU/Timil; Methodology (COAL FS): MF CFU/Timil Lab No. COG 4 (6) Reported to Submitting Agency & COVIDED Y H.U. &SAC &AWQIB ByDate 20 44 20 42 - 0.5 - 1.	_ot_2BY KN
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Form cannot be aftered without approval of COAL. The Safe Dinning Water Act (SDWA 2002). O' Reg 170:03 and O' Reg 1808, 319:08 (please see www.ene.gov.on.ca for more information), requires that notification of exceedances must be reported to MCE/NDCH/Waterworks for O' Reg 170:03 and to MCE/NDCH/Waterworks for O' Reg 1808, 319:08. Failure to do so is an affecte under the Act. Health Unit temphane and far numbers are indicated on adverse papersons. If is necessary that the above information is complete. A Twe person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILED OUT OR THE LABORATORY MAY REFUSE RECEPT 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 & emencir postal most and emailed to an uninitied number number of addressee(s) inclusive in the standard price. 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: 1ab # cog4(o)

☐ 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

SCANNED & EMAILED

-06- 05 2014

Page 2 of 2 BY

2015-16 Potable Water Adverse Results Summary

		Total		Testing
Location	Date	Coliform	E. Coli	Lab
Lock 4 - Batawa				SGS
	08-06-2015	9 MAC	1 MAC	
No follow up test - did not operate,				
portable washrooms were provided.				
Lock 7 - Glen Ross				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	
Lock 10 - Hagues Reach				SGS
Initial	06-08-2015	37 MAC	9 MAC	
Re-Test #1	11-08-2015	0	0	
Lock 44 - BCMR				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	
Bridge 43 - Bolsover				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	
Bridge 50				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	
Bridge 57 - Hamlet				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	
Washago Shop				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
ranare auc lo curlinase inteld tuliu doille biuck
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.

Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson

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

438-3153 705

Telephone:

sent # of samples sent this page

Kirkfield Sector

Drinking Water System (DWS) # As Assigned By MOE/MOHLTC) 73307

(Please Print)

Signature:

Time

5.6.50.5.1000

www.coalab.ca

4260 Burnside Line, R.R. #4

FLAD

Collected By: Show the Collected By:

Signature:

Name of

Fax: 705-438-5201 + Scan & Email

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

Chuck Wilkinson 705-887-8390

2 sample

FPC

Background

E. coli

Additional Parameter

Freatment Information -Indicate Type/Chlorine Levels

Requires Notification

of chemica "Live Person" After Hours Contact Name and Tel. No: Ministro Hanskired Of SUMPHER 700 # of samples r'cvd this page

Comments/ Conditions: Please See Below 7

CFU/100 E 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 CFU/1 ml THIS AREA IS FOR LABORATORY USE ONLY CFU/100 ml CFU/100 ml CFU/100 ml Total Coliform Check if Laboratory Number Required ER Please Operational/Field Free mg/L Chlorine Total mg/L Other 3 Temp. of (Indicate For °C) Sample Α\N > as per SDWA 2002: (Please check one) 319/08 > > > > > > 318/08 £0/071 Rosedale Lock 35 #835J66E47 Bolsover Bridge 43 (Reg. N/A) (E) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment Kirkfield Lock 36 #835J66E39 Bolsover Lock 37 #835J66E21 Sampling Location
Describe the location AND indicate an appropriate (R) Raw - Before Treatment & Not Consumed 161 Trent Canal Rd. (D) 2023 Kirkfield Rd. (D) 138 Bolsover Rd. (D) 92 Talbot Dr. (D) (D) Distribution - Consumed etter classification ldentifier Sample AM/PM with 12hour clock or use 24-hour 3.00 Sampled (Indicate clock)

Check By: Pre-Fax 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. articulate Matter N/R = Not Received FS and HPC require 48 hours of incubation.

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Enumerated By: る 2 Analysis Date & Time: Audited By: Enumerated By:

Analysis Date & Time:

H.U. @ Reported to Submitting Agency @ Transcription

Verified By:

Transcribed

B

ab No:

Authorized By:

Email H.U. SAC @ Email/Mail Customer:

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

Methodology (COAL Endo - COAL DC): M/F CFU/100ml

Audited By: CHTM

Date:

By:

AWQ#

SCA SEPO 2 5 2015 L

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 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 requires that notification of exceedances must be reported to MOE/MOH/Waterv 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) 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),

OLLIL 18 0.1141-41.

Driman, Pannt of Microhiological Analysis of Drinking Aggady Mah Primary Report, PITA 101, 1206, Revision 1.2

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Invoiced:

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(As Assigned By MOE/MOHLTC)	IOE/MOHLTC) Please See Below			"Live Pe	"Live Person" After Hours Contact Name and Tel. No:	s Contact Nar	ne and Tel. No:	Chuck Will	Chuck Wilkinson 705-887-8390	387-8390			
Submitted By: (Please Print)	Kim Mayshall	Comments/											
Signature:	3	Conditions:											
Time	Sampling Location	Requires Notification as	n as	Treatment	Treatment Information -	Additional							
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use 24-hour	(R) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment	80/61 80/81	°F or °C)) P E	Total Free	S S S S S S S S S S S S S S S S S S S	b c	CFU/100 m	CF-U/100 mi	CF U/100 m	CFU/1 m	Ē	
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Primary Report of Microbiological Analysis of Drinking Water Only

SEP

Date & Time Incubated:

Initials of Receiver:

Date/Time/Temp. (°C) Received:

Chain of Custody

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4

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

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ONLY ONLY 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 not information of exceedances must be reported to MOE/MOHWaterworks for O. Reg 318/08, 19/08. 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. THE SAMPLE(S) OR MAY 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)

Primary Report, PITA 101, 1206, Revision 1.2

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MOE/MOHLTC Upload:

Email H.U.:

Email/Mail Customer:

Report Authorized By:

Transcription Verified By:

Transcribed By: Done 1 of 1

Primary Report of Microbiological Analysis of Drinking Water Only

2015 1430

7 7

SEP

Date & Time

Initials of Receiver:

Date/Time/Temp. (°C) Received:

Chain of Custody

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4

Orillia, ON L3V 6H4

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

Incubated:

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RECEIVED AB

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 transcibled and emailed to an unimited 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) MOHITC/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

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4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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M/F CFU/100 ml

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Analysis	s Date & Tim	e: 2015-09-25 12:45	Е	numerate	ed By: S	SC SC	Aud	lited By:	НМ	Methodology: M	/F CF	FU/100ml							
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Test Methodol	logy and Dete	ction Limit																-	
Total Coliform Total Coliform E. coli Background	C	COAL Endo Detection Limit COAL DC Detection Limit COAL DC Detection Limit COAL Endo Detection Limit	0 - 80 0 - 80 0 - 60 0 - 200		Reportable Reportable Reportable Indicates D	Limit Limit	:	1 1 1	Per Per	rformed by Membrar rformed by Membrar rformed by Membrar rformed by Membrar	ne Filt ne Filt	tration M tration M	I/F CF I/F CF	FU/100 ml FU/100 ml FU/100 ml FU/100 ml					
Dackground	C	O'VE ELIGO DOLOCULON FININ	0 - 200	•	iliuluales L	, o (0110	nauon.	,	-00 FB	nonnou by Meniblai	10 1 111	addon IV	"ı O	J, 100 IIII					

Background

Faecal Streptococcus

HPC

COAL DC

COAL FS

Detection Limit

Detection Limit

COAL HPC Detection Limit

0 - 200

0 - 80

10 - 2.00 x 10³

Indicates Deterioration:

Indicates Deterioration:

Reportable Limit:

>200

>500

Performed by Membrane Filtration

Performed by Membrane Filtration

Performed by Spread Plate

1 1	
LABORATORY	

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

Faecal Streptococcus COAL FS Detection Limit

0 - 80

Reportable Limit:

1

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

Final Certificate of Microbiological Analysis of Drinking Water Temp. Rec'd. Date & Time Received: Receiver: Date & Time Incubated: 2015-09-25 12:30 (°C):

LABORATORY WWW.coalab.ca									2015-09-2	25 12:20	10	.5 A	λB	Incubated:	Date	& Time			
Date Sampled:		2015-09-25	Sy	o/Town stems	HKP	RDH		Rep	ort To: Tr	ent Severn Wa	iterw	ay Kirkfield	Sec	tor ATTN: (Chuc	ck Wilkinsor	<u>1</u>		
Collected By:		Shawn Finn		ulation		9/08		Add	lress: 20	23 Kirkfield Roa	ad Kii	rkfield, ON. ł	KOM	2B0					
Name of		Shawii i iiiii	To	tal # of				Tele	phone: 7	705 438-3153				Ext:		Fax: 705	-438-	·5201 + Scan	& Email
Facility		Kirkfield Sector		es sent samples		1		Ema	ail Address:	chuck.wilkins	on@	pc.gc.ca: kin	n.ma	rshall@pc.gc	.ca:	nicole.hamilto	on@r	oc.gc.ca	
Drinking Water (DWS) #	System	Please See Below	_	sent samples		1				After Hours Conta						on 705-887-8		- iguita	
(DW3)#		Flease See Delow		ceived		1		LIV	e reison /	Aiter Flours Conta	Ct INai	ne and rei. N	J	CHUCK VVI	IKIIIS	011 7 03-007-0	1000		
Submitted By:		Shawn Finn		nditions/ mments	Called &	Verl	oaley	told H2C	results S	ept 26. SC. resa	ample	Э							
					Temp. Of		Treat	ment Infor	mation		To	otal Coliform		E. coli	E	Background		HPC	
	Sample dentifier	Identification of Collection S	ite	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
							Ť												
																	<u> </u>		
						<u> </u>													
	Bolsov	er Bridge 43 (Reg. N/A)		1															
		138 Bolsover Rd.		D						018092		0		0		0			
11:30	II ha aana	idered DISTRIBUTION samp																	
Analysis performe the following inorg COAL accepts no For collection and	anscribed ed by qualif ganic and p responsibi I handling p	I in the 24-hour clock for upled analysts. Results relate only thysical parameters: pH, turbidity, lity for parameters selected, misic rocedures visit www.coalab.ca/w.ptococcus HPC = Heterotrophic PI	oad to the and a lentificaters a	to the Mir aliquot sub- lkalinity. cation of sa imples.html	nistry of the mitted. Sam mples or inc	e Enviples l	rironn nave be quant	een analyze	ed as receive	ed. COAL is accred	ited by	SCC and licen	•	y MOE in these		ic microbiologica			Raw = F Distribution = D Point of Entry = E Comsumed = RWC
Analysis Da	ate & Time	: 2015-09-26 11:00		Enumerate	ed By: S	SC	Au	dited By:	LJ	Methodology: N	∥F CF	-U/100ml							
Analysis Da	ate & Time	:		Enumerate	ed By:		Au	dited By:		HPC Methodolo	ogy: S	P CFU/1ml; F	S Me	thodology: M/F	CFL	J/100ml			
		: AM			uthorized &			_				Released By:							
	Lab	No. Submittir	ng Ag	jency @			1	lealth Uni	t @	Spills Actio	n Cer	itre (SAC) @		AWO	QI #		Ву:	Date:	
Test Methodology Total Coliform Total Coliform E. coli Background Background HPC	C(C(C(tion Limit DAL Endo Detection Limit DAL DC Detection Limit DAL Endo Detection Limit DAL Endo Detection Limit DAL DC Detection Limit DAL DC Detection Limit	0 - 80 0 - 80 0 - 60 0 - 20 0 - 20	0 0 00 00	Reportable Reportable Reportable Indicates I Indicates I	Limit Limit Deterio Deterio	:: oration: oration:	:	1 Pe 1 Pe >200 Pe >200 Pe	rformed by Membra rformed by Membra rformed by Membra rformed by Membra rformed by Spread I	ne Filt ne Filt ne Filt ne Filt	ration M ration M ration M ration M	N/F CI N/F CI N/F CI	FU/100 ml FU/100 ml FU/100 ml FU/100 ml FU/100 ml U/1 ml					

Approved for use by TJ prior to use. Page 1 of 1

Performed by Membrane Filtration

M/F CFU/100 ml

Test Methodology and Detection Limit

COAL Endo Detection Limit

COAL DC Detection Limit

COAL Endo Detection Limit

COAL HPC Detection Limit

Detection Limit

Detection Limit

COAL DC

COAL DC

Faecal Streptoporoused for OSE BS TJ protections Limit

0 - 80

0 - 80

0 - 60

0 - 200

0 - 200

0 - 80

10 - 2.00 x 10³

Reportable Limit:

Reportable Limit:

Reportable Limit:

Reportable Limit:

Indicates Deterioration:

Indicates Deterioration:

Indicates Deterioration:

1

>200

>200

>500

Total Coliform

Total Coliform

Background

Background

E. coli

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

Final Certificate of Microbiological Analysis of Drinking Water Temp. Rec'd. Date & Time Received: Receiver: Date & Time Incubated: 2015-09-22 13:30 (°C): HPC & FS Date & Time НМ 2015-09-22 12:25 15.4

LABORATORY	www.	coalab.ca							2010 00 2	12.20	.0			Incubated:					
Date			Two	o/Town															
Sampled:		2015-09-22	Sys	stems Ith Unit	HKPI	חטכ		Rep	ort To: Tr	ent Severn Wa	aterw	ay Kirkfield	Sec	tor ATTN: (Chuc	k Wilkinsor	<u> </u>		
0-1141 0		Kiro Marahall					<u> </u>	Add	ress: 20	23 Kirkfield Ro	ad Kir	kfield, ON. k	MOX	2B0					
Collected By:		Kim Marshall		ulation tal # of	318	9/08		Tele	nhone: 7	705 438-3153				Ext:		Fav: 705	-438-	-5201 + Scan	& Email
Name of Facility		Kirkfield Sector		es sent	;	3													a Lilian
Drinking Wa	ter System			samples sent	1	1		Ema	ail Address:	chuck.wilkins	son@	pc.gc.ca; kin	n.ma	rshall@pc.go	.ca;	nicole.hamilt	on@p	oc.gc.ca	
(DWS) #	-	Please See Below		samples ceived	1	1		"Liv	e Person" /	After Hours Conta	ct Nar	ne and Tel. No	D:	Chuck Wi	kins	on 705-887-8	3390		
			Co	nditions/													—		
Submitted By	<i>r</i> :	Kim Marshall		mments															
F																			
Time	Sample			Water	Temp. Of		1	nent Infor		Laboratory	Тс	otal Coliform		E. coli	E	Background	₩	HPC	1
Sampled	Identifier	Identification of Collection S	ite	Туре	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	ı
	Rosed	ale Lock 35 #835J66E47																	1
09:25		161 Trent Canal Rd.		D						017787		0		0		0			
	Kirkfie	ld Lock 36 #835J66E39																	
08:15		2023 Kirkfield Rd.		D						017788		0		0		42			
																	1		
	Bolso	ver Lock 37 #835J66E21																	
10:20		92 Talbot Dr.		D						017789		0		0		0			
	Bolso	ver Bridge 43 (Reg. N/A)																	
10:05		138 Bolsover Rd.		D						017790		7		2		13			
																	1		
		sidered DISTRIBUTION samp							ı	l		I		1		1		<u>. </u>	
		d in the 24-hour clock for up fied analysts. Results relate only			•			•	,	•		•	•	•	enocif	ic microbiologic	al para	amotors and	
the following in	norganic and p	physical parameters: pH, turbidity,	and a	lkalinity.				•					seu D	/ IVIOL III IIIese :	specii	ic inicrobiologica	я рага	meters and	Raw = R
		ility for parameters selected, misic procedures visit www.coalab.ca/w				orrect	quanti	y, this is th	ne responsib	ility of the submittir	ng ager	ncy.							Distribution = D Point of Entry = E
	-	eptococcus HPC = Heterotrophic P				ulate N	Matter			N/R = Not Received				F.S. and HPC	require	48 hours of incuba	ation	Raw Water C	Comsumed = RWC
Analysis	Date & Time	e: 2015-09-23 12:00		Enumerate	ed By: G	BD	Auc	lited By:	CS	Methodology: N	∕/F CF	FU/100ml							
Analysis	Date & Time	e:		Enumerate	ed By:		Aud	lited By:		HPC Methodole	ogy: S	P CFU/1ml; F	S Me	thodology: M/F	CFL	J/100ml			
Tra	anscribed B	y:AM		A	uthorized &	Rec	hecked	By: LJ/I	KN/TJ		Сору	Released By:	Al	B/HM/KN					
	La	b No. <u>017790</u> Submitti	ng Ag	gency @_	12:4	15	н	ealth Uni	t @ Fax C	opy Spills Actio	n Cer	ntre (SAC) @		AWG	QI #	1	Ву: _	CS Date:	2015-09-23
				_	·				H.								_		

Performed by Membrane Filtration

Performed by Spread Plate

M/F CFU/100 ml

SP CFU/1 ml

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

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TE .
Yac
LABORATORY
LABORATORT

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

www.coalab.ca

Temp. Rec'd. Date & Time Received: Receiver: Date & Time Incubated: 2015-09-22 13:30 (°C): HPC & FS Date & Time 2015-09-22 12:25 15.4 НМ Incubated: Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson

Date		Twp/Town	Kawartha Lakes
Sampled:	2015-09-22	Systems Health Unit	RMDHD
Collected By:	Kim Marshall	Regulation	318/08
Name of	Visitiald Contar	Total # of pages sent	3
Facility Drinking Water Sy	Kirkfield Sector	# of samples sent	11
(DWS) #	Please See Below	# of samples received	11

2023 Kirkfield Road Kirkfield, ON, K0M 2B0 Telephone: 705 438-3153 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

Final Certificate of Microbiological Analysis of Drinking Water

Conditions/ Comments

Kim Marshall Submitted By:

T:	01-		10/-1	Temp. Of		Treatr	ment Inforn	nation	Labantan	To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier		Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 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			
	G	amebridge Lock 41																
11:10		33235 Durham Rd.	D						017786		0		0		0			

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.

Distribution = D

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

Point of Entry = E

Raw = R

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter Raw Water Comsumed = RWC N/R = Not Received F.S. and HPC require 48 hours of incubation Enumerated By: GD Audited By: CS Methodology: M/F CFU/100ml Analysis Date & Time: 2015-09-23 12:00

Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml Analysis Date & Time: Transcribed By: Authorized & Rechecked By: LJ/KN/TJ Copy Released By: GD/AB/HM/KN

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

Test Methodology and Detection Limit COAL Endo Detection Limit Total Coliform. 0 - 80 Reportable Limit: 1 Performed by Membrane Filtration M/F CFU/100 ml Total Coliform COAL DC Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml COAL DC Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml E. coli Detection Limit 0 - 60 1 Background COAL Endo Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration M/F CFU/100 ml Performed by Membrane Filtration M/F CFU/100 ml Background COAL DC Detection Limit 0 - 200 Indicates Deterioration: HPC COAL HPC Detection Limit Approved for use by TJ prior to use. 10 - 2.00 x 10³ Indicates Deterioration: SP CFU/1 ml Performed by Spread Plate

Faecal Streptococcus COAL FS Detection Limit Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4200 Bulliside Lille, K.K. #4	
Orillia, ON L3V 6H4	
Tel: (705) 326-8285 Fax: (705)	5) 326-9316
www.coalab.ca	

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

		Final	Certificate of Microbiolog	gical 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	НМ	HPC & FS Date & Time Incubated:	

1	Report To:	Trent	Severn Waterway I	Kirkfield Secto	r ATTN	: Chuck Wi	Ikinson		
1	Address:	2023 k	Kirkfield Road Kirkfie	ld, ON. K0M 2E	80				
	Telephone:	705	438-3153		Ext:	F	ax: 705-438-520	01 + Scan & Email	
1	Email Addre	ess: ch	nuck.wilkinson@pc.g	c.ca; kim.marsl	nall@pc.	gc.ca; nicole	e.hamilton@pc.g	gc.ca	
1	"Live Persor	n" After	Hours Contact Name a	nd Tel. No:	Chuck V	Vilkinson 70	5-887-8390		
ı									-

Conditions/ Comments

Submitted By: Kim Marshall

_				Temp. Of		Treatr	ment Inforn	nation		To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 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			

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.

Distribution = D Point of Entry = E

Raw = R

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 Comsumed = RWC

Analysis Date & Time:	2015-09-23 12:	:00 Enumerated By: 0	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 N	lo Su	bmitting Agency @	Health Unit @	Spills Action Centre (SAC) @	AWQI#	By:	Date:	
t Methodology and Detection	n Limit							

Total Coliform COAL Endo Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Total Coliform COAL DC Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml 1 E. coli COAL DC Detection Limit 0 - 60 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml 1 0 - 200 M/F CFU/100 ml Background COAL Endo Detection Limit Indicates Deterioration: >200 Performed by Membrane Filtration 0 - 200 Performed by Membrane Filtration M/F CFU/100 ml Background COAL DC Detection Limit Indicates Deterioration: >200 COAL HPC Detection Limit Indicates Deterioration: Performed by Spread Plate SP CFU/1 ml 10 - 2.00 x 10³ >500 COAL FS Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Faecal Streptococcus Detection Limit 0 - 80 Approved for use by TJ prior to use.

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	Nac.
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/// =	
	=1 7 / //
1	3 () //
1 0 0	
LAB	ORATORY
_	

Collected By:

Drinking Water System

Name of

(DWS) #

Facility

Date Sampled: 4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

2015-06-01

Shawn Finn

Kirkfield Sector

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

Please See Below

www.	coa	lab	Ca.

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

Final Certificate of Microbiological Analysis of Drinking Wate
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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:							

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

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

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

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

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

Submitted By:		

Conditions/	Resample
Comments	

		<u> </u>	Temp. Of Treatment Information					Total Coliforn		tal Coliform	E. coli		В	ackground	HPC			
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

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

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.

Raw = RDistribution = D

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

N/R = Not Received

F.S. and HPC require 48 hours of incubation

Point of Entry = E Raw Water Comsumed = RWC

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

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#

Test Methodology and Detection Limit M/F CFU/100 ml Total Coliform COAL Endo Detection Limit 0 - 80Reportable Limit: Performed by Membrane Filtration 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: Performed by Membrane Filtration M/F CFU/100 ml 0 - 200 Performed by Membrane Filtration Background COAL Endo Detection Limit Indicates Deterioration: >200 M/F CFU/100 ml Background COAL DC Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration M/F CFU/100 ml COAL HPC Detection Limit 10 - 2.00 x 10³ Indicates Deterioration: >500 Performed by Spread Plate SP CFU/1 ml Performed by Membrane Filtration Faecal Streptococcus COAL FS Detection Limit Reportable Limit: M/F CFU/100 m 0 - 80

Date:

1 1	
LABORATORY	

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

www.coalab.ca

Faecal Streptococcus COAL FS Detection Limit

0 - 80

Reportable Limit:

		Final	Certificate of Microbiolog	ical 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				/Town	Kawarth	na La	akes												
Sampled:		2015-06-02		stems Ith Unit	RMDHD				Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson										
Collected By: Ian Watson Regulation					N		Add	Address: 2023 Kirkfield Road Kirkfield, ON. K0M 2B0											
Name of		ian watoon	To	tal# of	1				Telephone: 705 438-3153 Ext: Fax: 705-438-5201 + Scan & Email									& Email	
Facility		Kirkfield Sector		es sent samples				Ema	Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca										
Drinking Wat (DWS) #	er System	Please See Below		sent samples	1			_	"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390										
(5110)#		1 Icase Oce Below	red	ceived		1			CT CISOII	Aller Flours Conte	iot i vai	ne and rei. W	<i>J</i> .	Olidok Wi	IKII IO	511 7 00 007 0	3000		
Submitted By:		lan Watson		nditions/ mments	Resampl	e.													
			<u> </u>		Temp. Of		Treatm	ent Infor	mation		To	tal Coliform		E. coli	Е	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	ite	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
		Bridge 50																	
09:02		1202 Ramara Rd. Lakesh	ore	D						008951		0		0		0			
																	1		
All times are Analysis perforr the following inc COAL accepts r	transcribed med by qualif organic and p no responsib	sidered DISTRIBUTION samp d in the 24-hour clock for up ied analysts. Results relate only in hysical parameters: pH, turbidity, ility for parameters selected, misic procedures visit www.coalab.ca/w	othe and a dentific	to the Min aliquot subr Ikalinity. cation of sa	istry of the mitted. Sam mples or inco	e Env	rironme nave bee	en analyze	ed as receive	ed. COAL is accred	lited by	SCC and licen	•		specif	ic microbiologic	al para	meters and	Raw = R Distribution = D Point of Entry = E
	0.	eptococcus HPC = Heterotrophic P		•		ulate M	latter			N/R = Not Received				F.S. and HPC	require	48 hours of incuba	ation	Raw Water (Comsumed = RWC
		2015-06-03 10:30						_											
Analysis I	Date & Time	e:		Enumerate	ed By:		Audi	ited By: _		HPC Methodolo	ogy: S	P CFU/1ml; F	S Met	hodology: M/F	CFU	/100ml			
Tra	inscribed By	/:SS		A	uthorized &	Rech	necked	By: <u>LJ/</u>	ΓJ/KN		Сору	Released By:	K	N/GD/AB/TW				_	
	La	o No Submitti	ng Ag	jency @ _			H	ealth Uni	it @	Spills Actio	n Cen	tre (SAC) @		AWO	# ا پ		Ву: _	Date:	
Test Methodolog Total Coliform Total Coliform E. coli Background Background HPC	C C C C	ction Limit OAL Endo OAL DC OAL DC OAL Endo OAL DC Detection Limit OAL Endo OAL DC Detection Limit OAL DC Detection Limit OAL HPC Detection Limit	0 - 80 0 - 80 0 - 60 0 - 20 0 - 20	0 0 00	Reportable Reportable Reportable Indicates D Indicates D	Limit Limit eterio eterio	: : oration: oration:	:	1 Pe 1 Pe >200 Pe >200 Pe	erformed by Membra informed by Membra informed by Membra informed by Membra informed by Membra informed by Spread	ane Filti ane Filti ane Filti ane Filti	ration Maration Marat	N/F CF N/F CF N/F CF N/F CF	FU/100 ml FU/100 ml FU/100 ml FU/100 ml FU/100 ml J/1 ml					

Performed by Membrane Filtration

M/F CFU/100 ml

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1	1 6/12
	LABORATORY

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

www.coalab.ca

			rinal certificate of Microbiolo	gical Alialysis of Dillikilig 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:	

Final Confidence of Missable Install Anabada of Brighton Water

(DWS) #	Please See Below	# of samples received	11
Drinking Water System		# 01 samples sent	11
Name of Facility	Kirkfield Sector	Total # of pages sent # of samples	3
Collected By:	Chuck Wilkinson	Regulation	319/08
Date Sampled:	2015-05-13	Twp/Town Systems Health Unit	HKPRDHU

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson 2023 Kirkfield Road Kirkfield, ON. K0M 2B0 Address: 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 Chuck Wilkinson 705-887-8390 "Live Person" After Hours Contact Name and Tel. No:

Conditions/ Comments

Chuck Wilkinson Submitted By:

F.S. & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count

Analysis Date & Time:

				T 05		Treat	ment Inforn	nation		To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Temp. Of Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)		Laboratory Number			>/<	CFU/100 ml			>/<	CFU/1 ml	
	Rosec	dale Lock 35 #835J66E47																
09:45		161 Trent Canal Rd.	D						007708		0		0		0			
	•																	
09:00		2023 Kirkfield Rd.	D						007709		0		0		0			
	Bolso	ver Lock 37 #835J66E21																
10:45		92 Talbot Dr.	D						007710		0		0		0			
	Bolso	ver Bridge 43 (Reg. N/A)																
10:25		138 Bolsover Rd.	D						007711		0		0		0			

N/R = Not Received

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.

Raw = R

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

Distribution = D Point of Entry = E

Raw Water Comsumed = RWC

By: Date:

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

HPM = Heavy Particulate Matter

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

F.S. and HPC require 48 hours of incubation

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

AWQI# Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ Test Methodology and Detection Limit Total Coliform COAL Endo Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Total Coliform Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml COAL DC Detection Limit 0 - 80 1 E. coli COAL DC Detection Limit 0 - 60 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml M/F CFU/100 ml COAL Endo Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration Background Background COAL DC Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration M/F CFU/100 ml COAL HPC Detection Limit 10 - 2.00 x 10³ Indicates Deterioration: >500 Performed by Spread Plate SP CFU/1 ml M/F CFU/100 ml Faecal Streptococcus COAL FS Detection Limit 0 - 80Reportable Limit: Performed by Membrane Filtration 1 Approved for use by TJ prior to use.

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- 6	LABO		2001	1
	LABO	KAI	JKY	
		V		

Date

Sampled:

Name of Facility

(DWS) #

Collected By:

Drinking Water System

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

2015-05-13

Chuck Wilkinson

Kirkfield Sector

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

www.coalab.ca

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

11

Final Certificate	of	Micro	biolog	ical	Anal	/sis	of	Drinking	Wate

				ogical final join of Diffiniting fraction
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:	

F.S. and HPC require 48 hours of incubation

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 Comme

Please See Below

received

Conditions/
Comments

of samples

		<u> </u>															
				Temp. Of	Treat	ment Infor	mation		Total Colifo			E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			
	G	Samebridge Lock 41															
11:50		33235 Durham Rd.	D					007707		0		0	>	200		•	

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.

Raw = R

Raw Water Comsumed = RWC

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

HPC = Heterotrophic Plate Count

F.S. & Faecal Strep. = Faecal Streptococcus

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

HPM = Heavy Particulate Matter

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

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Transcrib	oed By: S	<u>T</u>		Authorized & Recheck	ked By: LJ/TJ/KN	Copy Released By	: AB/KN/AF/T	W			_		
	Lab No.	007704 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												
Total Coliform.	COAL Endo	Detection Li	mit 0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml						
Total Coliform	COAL DC	Detection Li	mit 0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml						
. coli	COAL DC	Detection Li	mit 0 - 60	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml						
Background	COAL Endo	Detection Li	mit 0 - 200	Indicates Deterioration	>200	Performed by Membrane Filtration	M/F CFU/100 ml						
Background	COAL DC	Detection Li	mit 0 - 200	Indicates Deterioration	>200	Performed by Membrane Filtration	M/F CFU/100 ml						
HPC	COAL HPC	Detection Li	mit 10 - 2.00 x 10 ³	Indicates Deterioration	: >500	Performed by Spread Plate	SP CFU/1 ml						
aecal Streptococcus	COAL FS	Detection Li	mit 0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml						

N/R = Not Received

Approved for use by TJ prior to use.

Date Sampled:

Collected By:

Drinking Water System

Name of Facility

(DWS) #

4260 Burnside Line, R.R. #4 Orillia, ON 13V 6H4

2015-05-13

Chuck Wilkinson

Kirkfield Sector

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

www.coalab.ca

<u> 5.ca</u>		
	Twp/Town Systems	Kawartha Lakes
5-05-13	Health Unit	RMDHD
ck Wilkinson	Regulation	N/A
iald Castan	Total # of pages sent	3
ield Sector	# of samples sent	11
Please See Below	# of samples	

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:	

Report To:	Trent S	Severn Waterway Kirkfield	d Sector ATTN: Chuck	k Wilkinson	
Address:	2023 K	Kirkfield Road Kirkfield, ON.	K0M 2B0		
elephone:	705	438-3153	Ext:	Fax: 705-438-5201 + Scan & Email	
mail Addre	ess: ch	nuck.wilkinson@pc.gc.ca; ki	m.marshall@pc.gc.ca; r	nicole.hamilton@pc.gc.ca	
				· •	_

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

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

received

Time Sample Identifier Identification of Collection			Temp. Of Sample (°C/°F)	 Treatment Information			To	Total Coliform		E. coli		Background		HPC			
	Identification of Collection Site	Water Type		Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			

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

ST

Distribution = D Point of Entry = E

Raw = R

Raw Water Comsumed = RWC 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

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: 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 Total Coliform COAL Endo Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Total Coliform COAL DC Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml M/F CFU/100 ml E. coli COAL DC Performed by Membrane Filtration Detection Limit 0 - 60 Reportable Limit: 1 Background COAL Endo Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration M/F CFU/100 ml Performed by Membrane Filtration M/F CFU/100 ml Background COAL DC Detection Limit 0 - 200 Indicates Deterioration: >200 SP CFU/1 ml HPC COAL HPC Detection Limit Indicates Deterioration: >500 Performed by Spread Plate 10 - 2.00 x 10³ Faecal Streptococcus COAL FS Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml

	1 100
1	
1	
	LABORATORY

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

COAL HPC Detection Limit

Faecal Streptococcus COAL FS Detection Limit

10 - 2.00 x 10³ Indicates Deterioration:

Reportable Limit:

0 - 80

HPC

		Final	Certificate of Microbiolo	ogical 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:	

SP CFU/1 ml

M/F CFU/100 ml

LABORATORY	www.	coalab.ca						2	2015-07-	02 14:45	20	.1 A	В	Incubated:	Daie	Q TIME			
Date Sampled:		2015-07-02		/Town	Kawarth			Pen	ort To: T	rent Severn Wa	torw	av Kirkfield	Sec	tor ATTN:	Chuc	k Wilkinsor	1		
Gampieu.		2010-01-02	Heal	th Unit	SMI	DHU						-			Onac	A WIIKIII30I	•		
Collected By:		Alex Taylor		ulation	N	/A		Addi	ress: 20	023 Kirkfield Roa	aa Kii	rktiela, ON. K	COIVI	2B0					
Name of	_			al # of es sent		1		Tele	phone:	705 438-3153				Ext:		Fax: 705	-438	-5201 + Scan	& Email
Facility		Washago Sector	# of s	samples		1		Ema	ail Address	: chuck.wilkins	on@	pc.gc.ca; kim	n.ma	rshall@pc.go	c.ca;	nicole.hamilt	on@	oc.gc.ca	
Drinking Wa (DWS) #	ter System	Please See Below		samples		1		"Live	Person"	After Hours Contac	ot Nar	me and Tel No	٠.	Chuck Wi	lkine	on 705-887-8	8300		
(0113)#		i lease dee below		eived		1		Live	5 1 G13011	Alter Flours Cornac	JUNA	ne and rei. No	J	OHUCK VVI	IKIIIO	011 7 0 3 - 0 0 7 - 0	3330		
Submitted By	r:	Alex Taylor		nditions/ mments															
					Temp. Of		Treatr	nent Inforr	mation		To	otal Coliform		E. coli	l E	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	ite	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number		CFU/100 ml	>/<			CFU/100 ml	>/<	CFU/1 ml	
		Bridge 57					Ŭ												
		1641 Peninsula Pt. Ro	l	D															
14:10										011444		0		0		0			
All times are Analysis perfor the following in COAL accepts For collection a	e transcribe med by quali norganic and p no responsib and handling	sidered DISTRIBUTION samp d in the 24-hour clock for up fied analysts. Results relate only in ohysical parameters: pH, turbidity, iility for parameters selected, missi procedures visit www.coalab.ca/weptococcus HPC = Heterotrophic P	load to the and ald dentificaters at the same th	to the Min aliquot subr lkalinity. cation of sar mples.html	istry of the nitted. Sam mples or inco	e Env ples h	vironm nave be quanti	en analyze	d as receive	ed. COAL is accredi	ted by	SCC and licens		/ MOE in these		ic microbiologic			Raw = R Distribution = D Point of Entry = E Comsumed = RWC
Analysis	Date & Time	e: 2015-07-03 13:30	E	Enumerate	d By:T	W	Auc	lited By: _	LJ	Methodology: M	/F CF	-U/100ml							
Analysis	Date & Time	e:	E	Enumerate	d By:		Aud	lited By:		HPC Methodolo	gy: S	P CFU/1ml; F	S Met	thodology: M/F	CFU	J/100ml			
Tr	anscribed B	y: <u>ST</u>		Αι	uthorized &	Recl	necked	By: LJ/T	J/KN		Сору	Released By:	L	I/KN				<u> </u>	
	La	b No Submitti	ng Ag	ency @ _				lealth Unit	t @	Spills Action	n Cen	tre (SAC) @		AW0	QI#		Ву:	Date:	
Test Methodolo Total Coliform Total Coliform E. coli Background Background	(Treated) C (Untreated) C C	OAL Endo Detection Limit	0 - 80 0 - 80 0 - 60 0 - 20 0 - 20)))0	Reportable Reportable Reportable Indicates D	Limit Limit eterio	: : oration:	>	Pe Pe 200 Pe	erformed by Membrai erformed by Membrai erformed by Membrai erformed by Membrai erformed by Membrai	ne Filt ne Filt ne Filt	ration M ration M ration M	N/F CF N/F CF N/F CF	FU/100 mI FU/100 mI FU/100 mI FU/100 mI FU/100 mI					

Final Certificate, PITA 102, 1311, Revision 1.3

Approved for use by TJ prior to use.

Page 1 of 1

Performed by Spread Plate

Performed by Membrane Filtration

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- 1	
	LABORATORY

Faecal Streptococcus COAL FS Detection Limit

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

		Final	Certificate of Microbiol	ogical 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:	

LABORATORY	www.coalab.ca							:	2015-07-	08 10:35	21	.4 <i>A</i>	λB	Incubated:	Date	& lime			
Date			Twp	p/Town	Kawarth	na La	akes												
Sampled:		2015-07-08		stems alth Unit	SM	DHU		Rep	ort To: Ti	rent Severn Wa	terw	ay Kirkfield	Sec	tor ATTN:	Chuc	k Wilkinsor	1		
Collected By:		Alex Taylor		gulation		/A		Add	ress: 20	023 Kirkfield Ro	ad Ki	rkfield, ON. I	KOM	2B0					
Name of		7 HOX Taylor	To	tal# of				Tele	phone:	705 438-3153				Ext:		Fax: 705	-438-	-5201 + Scan	ı & Email
Facility	,	Washago Sector	# of	ges sent samples		<u>1</u>		Ema	ail Address	: chuck.wilkins	son@	pc.gc.ca; kin	n.ma	rshall@pc.go	c.ca;	nicole.hamilt	on@r	pc.gc.ca	
Drinking Wa (DWS) #	ter System	Please See Below	-	sent samples		1		_		After Hours Conta						on 705-887-8			
(DVV3) #		1 lease dee Below		ceived		1		LIVE	51 G13011	Alter Flours Conta	ici ivai	ine and rei. iv	<i>J</i> .	OHUCK VVI	IKIIIS	011 7 00-007-0)000		
Submitted By	<i>r</i> :	Alex Taylor		onditions/ omments															
					Temp. Of		Treati	ment Inforr	mation		To	otal Coliform		E. coli	E	Background	Т	HPC	
Time Sampled	Sample Identifier	Identification of Collection	Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	T	Laboratory Number		CFU/100 ml	>/<			CFU/100 ml	>/<	CFU/1 ml	
		Bridge 57					Ŭ												
10:02		1641 Peninsula Pt. F	Rd.	D						011916		0		0		0			
																	<u> </u>		
																	_		
All camples	will be con	sidered DISTRIBUTION sam	nlos i	unloss oth	orwise ind	icato	d												
All times are Analysis perfor the following in COAL accepts For collection a	e transcribe rmed by quali norganic and no responsib and handling	d in the 24-hour clock for u fied analysts. Results relate only physical parameters: pH, turbidit bility for parameters selected, mis procedures visit www.coalab.ca/	pload y to the y, and a sidentifi watersa	to the Min aliquot sub- alkalinity. cation of sa amples.html	mitted. Sam	e Env ples h	rironn nave be quanti	een analyze	d as receive	ed. COAL is accred	lited by	SCC and licen		MOE in these					Raw = R Distribution = D Point of Entry = E
F.S. & Faecal Str	•				•			P. 15		N/R = Not Received		=1.14.00		F.S. and HPC	require	e 48 hours of incuba	ition	Raw Water (Comsumed = RWC
		e: 2015-07-09 10:00					_	_					0.14-	Ul - l NA/ F	051	1/4001			
		e:													CFL	J/100mi			
Ir		y: <u>SS</u>			uthorized &							Released By:			21."			_	
Tost Mathadalı		ab No. Submit	tting A	gency @ _			'	Health Uni	t @	Spills Actio	n Cer	itre (SAC) @		AW0	# الـ		Ву: _	Date:	
Test Methodolo Total Coliform Total Coliform E. coli Background Background HPC	(Treated) C (Untreated) C C	OAL Endo Detection Limit	0 - 8 0 - 8 0 - 6 0 - 2 0 - 2	60 60 600	Reportable Reportable Reportable Indicates D Indicates D	Limit Limit Deterio	:: :: oration: oration:	1 1 >	Pe Pe 200 Pe 200 Pe	erformed by Membra erformed by Membra erformed by Membra erformed by Membra erformed by Membra erformed by Spread	ine Filt ine Filt ine Filt ine Filt	ration I ration I ration I ration I	//F C //F C //F C //F C	FU/100 ml FU/100 ml FU/100 ml FU/100 ml FU/100 ml U/1 ml					

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Performed by Membrane Filtration

M/F CFU/100 ml

Reportable Limit:

0 - 80

	1 100
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	LABORATORY

Total Coliform (Untreated) COAL DC Detection Limit

COAL DC

E. coli

HPC

Background

Background

Faecal Streptococcus

0 - 80

0 - 60

0 - 200

0 - 200

0 - 80

10 - 2.00 x 10³

Detection Limit

COAL Endo Detection Limit

COAL DC Detection Limit

COAL HPC Detection Limit

COAL FS Detection Limit

Reportable Limit:

Reportable Limit:

Reportable Limit:

Indicates Deterioration:

Indicates Deterioration:

Indicates Deterioration:

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

		Finai	Certificate of Microbiologic	cal Analysis of Drinking Wate
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	
2010 07 10 14:00	11.0	710	Incubated:	

LABORATORY	www.	coalab.ca							2015-07-1	16 14:00	11.	.8 <i>P</i>	B	Incubated:					
Date			Twp/To	wn	Kawarth	na La	kes							•					
Sampled:		2015-07-16	System Health L		SMI	DHU		Repo	ort To: Tr	ent Severn Wa	aterw	ay Kirkfield	Sec	tor ATTN: 0	Chuc	k Wilkinson	1		
Collected By:		Pete Edgley	Regulat			/A		Addr	ess: 20	23 Kirkfield Roa	ad Kir	kfield, ON. k	(OM	2B0					
Name of		1 ctc Edgley	Total#	of				Telep	ohone: 7	705 438-3153				Ext:		Fax: 705	-438-	5201 + Scan	& Email
Facility	,	Washago Sector	# of samp			1		Ema	il Address:	chuck.wilkins	son@	nc ac ca: kim	n ma	rshall@nc.ac	. ca. i	nicole hamilto	որ @ r	oc ac ca	
Drinking Wa	ter System		sent	-1	:	2											•	70.go.oa	
(DWS) #		Please See Below	# of samp receive		:	2		"Live	"Live Person" After Hours Contact Name and Tel. No: Chuck Wilkinson 705-887-8390										
			Condi	tions/															
Submitted By	r:	Pete Edgley	Comm	nents															
					Temp. Of		Treati	ment Inforn	nation		То	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	ite I	Vater Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
		Bridge 57																	
13:25		1641 Peninsula Pt. Ro	i.	D						012710		0		0		0			
13:25	13:25									012711		0		0		0			
All times are Analysis perfor the following in COAL accepts For collection a F.S. & Faecal Stre Analysis Analysis	transcribe med by quali norganic and no responsib and handling ap. = Faecal Str Date & Time Date & Time	sidered DISTRIBUTION samp d in the 24-hour clock for up fied analysts. Results relate only physical parameters: pH, turbidity, pility for parameters selected, misi procedures visit www.coalab.ca/w eptococcus HPC = Heterotrophic P e: 2015-07-17 13:00 e: y: ST	load to the alique and alkali dentification atersample late Count Enu	he Min uot subn inity. on of sar les.html HPM = imerate	istry of the nitted. Sam mples or income Heavy Particed By: Heavy Lathorized &	ples horrect ulate M M Rech	rironn nave be quanti latter Auc neckee	een analyzed ity, this is the dited By:	d as receive e responsib TJ J/KN	d. COAL is accred iiity of the submittin NR = Not Received Methodology: N HPC Methodolo	ng ager M/F CF ogy: Sl	SCC and licens EU/100ml P CFU/1ml; F3 Released By:	sed by	F.S. and HPC	require CFU	48 hours of incuba	tion	Raw Water C	Raw = R Distribution = D Point of Entry = E Comsumed = RWC
		ab No Submitti	ng Agend	cy @ _			۱	Health Unit	@	Spills Actio	n Cen	tre (SAC) @		AW0	¥ IÇ		Ву:	Date:	
Test Methodolo Total Coliform	0,	ction Limit COAL Endo Detection Limit	0 - 80		Reportable	Limit	:	1	Pei	formed by Membra	ne Filt	ration N	л∕F CF	-U/100 mI					

Final Certificate, PITA 102, 1311, Revision 1.3

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Page 1 of 1

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>200

>200

>500

Performed by Membrane Filtration

Performed by Spread Plate

M/F CFU/100 ml

SP CFU/1 ml

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1		7
	LABORATORY	

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

		Fillal	Certificate of Microbiological	Analysis of Drinking Water
Date & Time Received:	Temp. Rec'd.	Receiver:	Date & Time Incubated:	2015-07-06 11:45
2015-07-06 09:55	19.8	LJ	HPC & FS Date & Time Incubated:	

LABORATORY		705) 326-8285 Fax: (705 .coalab.ca) 326	-9316				2	2015-07-0	06 09:55	19		_J	HPC & FS Incubated:	Date	& Time			
Date			Twp	/Town	Kawarth	na La	akes							•					
Sampled:		2015-07-06		tems th Unit	SM	DHU	J	Repo	ort To: Tr	ent Severn W	aterw	ay Kirkfield	Sec	tor ATTN:	Chuc	k Wilkinsor	<u>1</u>		
Collected By:		Ron Martin		ulation		I/A		Addr	ress: 20	23 Kirkfield Ro	oad Ki	rkfield, ON. ł	KOM	2B0					
Name of		Tion marin	Tota	al # of es sent		1		Tele	phone: 7	705 438-315	3			Ext:		Fax: 705	-438	-5201 + Scan	& Email
Facility		Washago Sector	# of s	amples				Ema	ail Address:	chuck.wilkin	son@	pc.gc.ca; kin	n.ma	rshall@pc.ge	c.ca;	nicole.hamilt	on@	pc.gc.ca	
Drinking Wa (DWS) #	iter Systen	n Please See Below		ent		1				After Hours Cont						on 705-887-8			
(5110)#		1 lease occ Below	rec	eived		1			7 013011 7	Alter Flours Cont	act iva	ine and rei. iv	0.	Oridok W	iikii io	011700 007	2000		
Submitted By	<i>y</i> :			nditions/ mments	Resamp	le													
					Temp. Of		Treatme	ent Inforr	mation		To	otal Coliform		E. coli	E	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	Site	Water Type	Sample (°C/°F)	U.V.	1 = 1	otal Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
		Bridge 57																	•
09:30		1641 Peninsula Pt. Re	d.	D						011505	>	80		0		46			<u> </u>
Reg. 318	8/08; 3	19/08 RESAMPLE																	
Most Rece	ent AWQ	I Number:							-	$\overline{}$									
Most Rece	ent Adve	rse Sample Date: 2015-0	6-30																
		rse Sample Location: 16			a Pt. Rd.					$\overline{}$	As	s per C.O.A	.L. r	ecords					
		zing Laboratory: Centra				Lab	orator	v				•							
		rse Lab I.D. Number: 01			,			,	_										
All samples	will be co	nsidered DISTRIBUTION samp	oles u																
		ed in the 24-hour clock for up lified analysts. Results relate only			-			-	-	-		_		-	specif	fic microbiologic	al parr	ameters and	
the following in	norganic and	physical parameters: pH, turbidity,	and al	kalinity.										,					Raw = R
		bility for parameters selected, misic procedures visit www.coalab.ca/w				orrect	t quantity,	this is th	ie responsib	ility of the submitt	ng age	ncy.							Distribution = D Point of Entry = E
F.S. & Faecal Str	ep. = Faecal S	treptococcus HPC = Heterotrophic P	late Cou	ınt HPM	= Heavy Partic	ulate N	Matter			N/R = Not Receive	d			F.S. and HPC	require	e 48 hours of incuba	tion	Raw Water C	Comsumed = RWC
Analysis	Date & Tin	ne: 2015-07-07 10:00	E	numerate	ed By:	BD	Audit	ed By: _	CS	Methodology:	M/F C	FU/100ml							
Analysis	Date & Tin	ne:	E	Enumerate	ed By:		Audit	ed By: _		HPC Methodo	logy: S	SP CFU/1ml; F	S Me	thodology: M/F	- CFL	J/100ml			
Tr	anscribed E	By: ST		Α	uthorized &	Rec	hecked I	By: <u>LJ/T</u>	J/KN		Copy	Released By:	L,	J/KN				_	
	L	ab No. 011505 Submitti	ng Ag	ency @ _	10:3	37	He	alth Unit	t @10:5	Spills Acti	on Cer	ntre (SAC) @		AW	QI#		Ву: _	CS Date:	2015-07-07
Test Methodolo Total Coliform Total Coliform E. coli Background Background HPC Faecal Strepto	(Treated) (Untreated)	COAL Endo Detection Limit	0 - 80 0 - 80 0 - 60 0 - 20 0 - 20 10 - 2 0 - 80	0 0 0.00 x 10 ³	Reportable Reportable Reportable Indicates I Indicates I Reportable	Limit Limit Deterio Deterio Deterio	t: t: oration: oration: oration:	>	Pei Pei 200 Pei 200 Pei	rformed by Membi rformed by Membi rformed by Membi rformed by Membi rformed by Spread rformed by Membi	ane Fili ane Fili ane Fili ane Fili I Plate	tration M tration M tration M tration M	M/F CI M/F CI M/F CI M/F CI SP CF	FU/100 mI FU/100 mI FU/100 mI FU/100 mI FU/100 mI U/1 mI FU/100 mI					

Final Certificate 318/319 Resample, PITA 106, 1503, Revision 1.5
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Final Certificate 318/319 Resample, PITA 106, 1503, Revision 1.5
Page 1 of 1

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	LABORATORY

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

		Final	Certificate of Microbiolo	ogical 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:	

LABORATORY		.coalab.ca) 326-93	16				:	2015-07	7-09 10:20	19	.0 A	AΒ	HPC & FS Incubated:	Date	& Time			
Date			Twp/Tow		Kawarth	na La	akes												
Sampled:		2015-07-09	Systems Health Un		SM	DHU	J	Repo	ort To:	Trent Severn Wa	terw	ay Kirkfield	Sec	tor ATTN:	Chuc	k Wilkinsor	<u> </u>		
Collected By:		Adam Watson	Regulation	n	N	l/A		Addı	ress: 2	2023 Kirkfield Roa	ad Ki	rkfield, ON. Ł	MO	2B0					
Name of			Total # of pages sen			1		Tele	phone:	705 438-3153				Ext:		Fax: 705	-438	-5201 + Scan	& Email
Facility		Washago Sector	# of sample	_				Ema	ail Addres	ss: chuck.wilkins	on@	pc.gc.ca; kin	n.ma	rshall@pc.go	c.ca;	nicole.hamilt	on@	pc.gc.ca	
Drinking Wa (DWS) #	iter Systen	n Please See Below	# of sample	s		1		"Live	Person'	" After Hours Conta	ct Na	me and Tel No	u.	Chuck Wi	lkins	on 705-887-8	8390		
(5110) !!		110000 000 201011	received			1			71 010011	71101110010 00110	01110	ino ana roi. re	o.	Oridok VVI	1141110	011 7 00 007 1	3000		
Submitted By	<i>y</i> :	Adam Watson	Comme		Resamp	le													
					Temp. Of		Treatm	ent Inforr	mation		To	otal Coliform		E. coli	E	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	SITE	ater /pe	Sample (°C/°F)	U.V.		Total Cl ₂ (mg/L)	Free C (mg/L)	- i Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
		Bridge 57																	
09:45		1641 Peninsula Pt. Ro	d.	D						012068		0		0		0			
Reg. 31	8/08; 3 ⁻	19/08 RESAMPLE																	
Most Rec	ent AWQ	I Number:							-										
Most Rec	ent Adve	rse Sample Date: 2015-0	7-06																
Most Rec	ent Adve	rse Sample Location: 16	341 Penir	sula	Pt. Rd.					As p	er C	O.A.L. rec	ord	S					
Most Rec	ent Analy	zing Laboratory: Centr	al Ontari	o An	alytical	Lab	orato	'v											
		rse Lab I.D. Number: 01						•	_										
All samples All times are Analysis perfo the following in COAL accepts	will be con e transcribe rmed by qua norganic and no responsi	nsidered DISTRIBUTION samped in the 24-hour clock for up lified analysts. Results relate only physical parameters: pH, turbidity, bility for parameters selected, misi procedures visit www.coalab.ca/w	ples unless load to the to the aliquo , and alkalini dentification	Mini t subm ty. of san	istry of the nitted. Sam	e Env	vironme have bee	n analyze	d as rece	ived. COAL is accred	ited by	SCC and licen			specif	fic microbiologic	al par	ameters and	Raw = R Distribution = D Point of Entry = E
	-	treptococcus HPC = Heterotrophic P			: Heavy Partic	ulate N	Matter			N/R = Not Received				F.S. and HPC	require	48 hours of incuba	ition	Raw Water (Comsumed = RWC
Analysis	Date & Tin	ne: 2015-07-10 10:00	Enum	erate	d By: S	C	Audi	ted By: _	AF	Methodology: N	I/F CF	=U/100mI							
Analysis	Date & Tin	ne:	Enum	erate	d By:		Audi	ted By: _		_ HPC Methodolo	gy: S	P CFU/1ml; F	S Me	thodology: M/F	CFL	J/100ml			
Tr	anscribed E	By: ST		Au	uthorized &	Rec	hecked	By: LJ/T	J/KN		Сору	Released By:	S	T/AF/HM				_	
	L	ab No Submitt	ing Agency	@			He	ealth Unit	t @	Spills Actio	n Cer	ntre (SAC) @		AW	QI#		Ву:	Date:	
Total Coliform E. coli Background Background HPC	(Treated) (Untreated)	COAL Endo Detection Limit	0 - 80 0 - 80 0 - 60 0 - 200 0 - 200 10 - 2.00 x	10 ³	Reportable Reportable Indicates D Indicates D Indicates D Reportable	Limit Limit Deterio Deterio Deterio	t: t: oration: oration: oration:	> >	F 200 F 200 F 500 F	Performed by Membra Performed by Membra Performed by Membra Performed by Membra Performed by Spread I	ne Filt ne Filt ne Filt ne Filt Plate	tration M tration M tration M tration M	M/F CI M/F CI M/F CI M/F CI SP CF	FU/100 mI FU/100 mI FU/100 mI FU/100 mI FU/100 mI					

Final Certificate 318/319 Resample, PITA 106, 1503, Revision 1.5 Approved for use by TJ prior to use. Page 1 of 1

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	LABORATORY

HPC

COAL HPC Detection Limit

Faecal Streptococcus COAL FS Detection Limit

10 - 2.00 x 10³ Indicates Deterioration:

Reportable Limit:

0 - 80

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

		Finai	Certificate of Microbiologic	al Analysis of Drinking wate
Date & Time Received:	Temp. Rec'd.	Receiver:	Date & Time Incubated:	2015-07-17 12:00
2015-07-17 11:34	16.3	AB	HPC & FS Date & Time	
2010 01 11 11101		,	Incubated:	

SP CFU/1 ml

M/F CFU/100 ml

LABORATORY		05) 326-8285) 326-9	9316				:	2015-07-	17 11:34	16	.3 A	В	HPC & FS Incubated:	Date (& Time			
Date			Twp/To		Kawarth	a La	kes							•					
Sampled:		2015-07-17	Syster Health I		SMI	DHU		Repo	ort To: Tr	ent Severn Wa	terw	ay Kirkfield	Sec	tor ATTN:	Chuc	k Wilkinsor	1		
Collected By:		Adam Watson	Regula			/A		Addı	ress: 20	23 Kirkfield Roa	ad Kii	kfield, ON. k	MO	2B0					
Name of		7100111110011	Total#	# of				Tele	phone:	705 438-3153				Ext:		Fax: 705	-438-	-5201 + Scan	& Email
Facility	1	Washago Sector	# of sam			1		Ema	il Addross	: chuck.wilkins	on @	ne de ea: kim	ma	rehall@nc.gr		nicole hamilt	on @u	ne de ea	
Drinking Wa	ter System		sent	ť		1		Lilla	III Audiess.	. CHUCK.WIIKIIIS	OII W	po.go.ca, Kiii	ı.ıııa	isiiaii@pc.gc	,.ca,	IIICOIE.Haifille	JII@	pc.gc.ca	
(DWS) #		Please See Below	# of sam receive			1		"Live	Person"	After Hours Conta	ct Nar	me and Tel. No):	Chuck Wi	lkins	on 705-887-8	3390		
			Condi	itions/															
Submitted By	r.	Adam Watson	Comr	ments															
T :	0			NA /-4	Temp. Of		Treatm	ent Inforr	mation	Labanatan	To	otal Coliform		E. coli	Е	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	ito I	Water Type	Sample (°C/°F)	.v.u	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
		Bridge 57																	
09:30		1641 Peninsula Pt. Ro	l.	D						012731		0		0		0			
All times are Analysis perfor the following in COAL accepts For collection a	e transcribe med by quali norganic and a no responsib and handling	sidered DISTRIBUTION samp d in the 24-hour clock for up fied analysts. Results relate only obysical parameters: pH, turbidity, illity for parameters selected, misio procedures visit www.coalab.ca/w eptococcus HPC = Heterotrophic P	load to to to the alique and alkal dentification atersamp	the Mini quot subm linity. ion of san bles.html	stry of the nitted. Sam	e Env ples h	rironmo nave bee quantity	en analyze	d as receive	ed. COAL is accredi	ited by	SCC and licens	•	MOE in these		ic microbiologica			Raw = R Distribution = D Point of Entry = E Comsumed = RWC
Analysis	Date & Time	e: 2015-07-18 10:30	Enu	umerate	d By: <u>H</u>	М	Aud	ited By: _	TJ	Methodology: M	1/F CF	FU/100ml							
Analysis	Date & Time	ə:	Enu	umerate	d By:		Aud	ited By:		HPC Methodolo	gy: S	P CFU/1ml; FS	S Met	hodology: M/F	CFU	/100ml			
Tra	anscribed B	y:SS		Au	thorized &	Rech	necked	By: LJ/T	J/KN		Сору	Released By:	S	C/KN/HM/LJ				_	
	La	b No Submitti	ng Agen	ncy @ _			н	ealth Unit	t @	Spills Action	n Cen	tre (SAC) @		AW0	QI#		Ву: _	Date:	
Test Methodolo Total Coliform Total Coliform E. coli Background Background	(Treated) C (Untreated) C C	OAL Endo Detection Limit	0 - 80 0 - 80 0 - 60 0 - 200 0 - 200		Reportable Reportable Reportable Indicates D	Limit: Limit: eterio	: ration:	1	Pe Pe 200 Pe	rformed by Membra rformed by Membra rformed by Membra rformed by Membra rformed by Membra	ne Filt ne Filt ne Filt	ration M ration M ration M	1/F CF 1/F CF 1/F CF	FU/100 ml FU/100 ml FU/100 ml FU/100 ml FU/100 ml					

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Performed by Spread Plate

Performed by Membrane Filtration

>500

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			TORY	
		V		

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

		Final	Certificate of Microbiolog	ical 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:	

LABORATORY	www.	coalab.ca						2015-06-3	30 14:25	10	.8 A	В	Incubated:	Jale (s rime			
Date Sampled:		2015-06-30	Twp/Town Systems				Popu	ort To: Tr	ent Severn Wa	toru	av Kirkfiold	Sac	tor ATTN: (`huc	k Wilkinsor			
Sampleu.		2013-00-30	Health Unit	SM	DHU		Kepi							muc	K WIIKIIISOI	•		
Collected By:	:	Ellie Wright	Regulation	318	8/08		Add	ress: 20	23 Kirkfield Roa	ad Ki	rkfield, ON. k	(OM :	2B0					
Name of	,	Washana Castan	Total # of pages sent		2		Tele	phone: 7	705 438-3153				Ext:		Fax: 705	-438-	-5201 + Scar	า & Email
Facility Drinking Wa		Washago Sector	# of samples sent		6		Ema	il Address:	chuck.wilkins	on@	pc.gc.ca; kim	ı.ma	rshall@pc.gc	.ca;	nicole.hamilt	on@p	pc.gc.ca	
(DWS) #		Please See Below	# of samples received		6		"Live	Person" /	After Hours Conta	ct Na	me and Tel. No):	Chuck Wi	kins	on 705-887-8	3390		
Submitted By	y:	Ellie Wright	Conditions Comments															
				Temp. Of		Treat	ment Infor	mation		To	otal Coliform		E. coli	Е	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection S	Site Water Type	Sample (°C/°F)	>	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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																
	1	1	1 _	_											_			
12:45		7001 Upper Big Chute I	Rd. D						011315		0		0		0			
		Lock 45																
01:10	T	175 Port Severn Rd. N	N. D						011316		0		0		0			
All times are Analysis perfo the following in	e transcribe ormed by quali norganic and	sidered DISTRIBUTION sam d in the 24-hour clock for up fied analysts. Results relate only physical parameters: pH, turbidity	bload to the M to the aliquot su , and alkalinity.	inistry of the bmitted. Sam	e Env	rironr nave b	een analyze	d as receive	d. COAL is accredi	ted by	SCC and licens	•	•	specifi	c microbiologic	al para	umeters and	Raw =
		oility for parameters selected, misi procedures visit www.coalab.ca/w			orrect	quant	ity, this is th	e responsib	ility of the submitting	g age	ncy.							Distribution = Point of Entry =

N/R = Not Received

Spills Action Centre (SAC) @

D

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

Lab No. 011313 Submitting Agency @ courtesy notice Health Unit @

Point of Entry = E

Raw Water Comsumed = RWC

Enumerated By: LJ Audited By: CS Methodology: M/F CFU/100ml Analysis Date & Time: 2015-07-01 14:00

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

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

Test Methodology and Detection Limit Total Coliform (Treated) COAL Endo Detection Limit 0 - 80 Reportable Limit: 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 M/F CFU/100 ml COAL DC Detection Limit Reportable Limit: Performed by Membrane Filtration E. coli 0 - 60 1 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 COAL HPC Detection Limit Performed by Spread Plate SP CFU/1 ml HPC 10 - 2.00 x 10³ Indicates Deterioration: >500 Faecal Streptococcus COAL FS Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml By: **LJ** Date: **2015-07-01**

F.S. and HPC require 48 hours of incubation

AWQI#

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	?
LABORATORY	

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

		Final	Certificate of Microbiolog	ical 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:	

(DWS) #	Please See Below	# of samples	6
Drinking Water Sy		# of samples sent	6
Name of Facility	Washago Sector	Total # of pages sent	2
Collected By:	Ellie Wright	Regulation	N/A
Sampled:	2015-06-30	Systems Health Unit	SMDHU
Date		Twp/Town	Kawartha Lakes

Report To:	Trent Severn Waterway Kirkfield Se	ctor ATTN: C	Chuck Wilkinson								
Address:	2023 Kirkfield Road Kirkfield, ON. K0M	1 2B0									
Telephone:	705 438-3153	Ext:	Fax: 705-438-5201 + Scan & Email								
Email Addr	Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca										
"Live Perso	n" After Hours Contact Name and Tel. No:	Chuck Wil	kinson 705-887-8390								

Ellie Wright Submitted By:

Conditions/ Comments

_			l	Temp. Of	 Treati	ment Inforn	nation		To	tal Coliform	E. coli		В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			
		sidered DISTRIBUTION samples															

N/R = Not Received

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.

Distribution = D Point of Entry = E

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

F.S. and HPC require 48 hours of incubation Raw Water Comsumed = RWC

Enumerated By: LJ Audited By: CS Methodology: M/F CFU/100ml Analysis Date & Time: 2015-07-01 14:00 Enumerated By: Audited By: HPC Methodology: SP CFU/1ml; FS Methodology: M/F CFU/100ml Analysis Date & Time:

Copy Released By: LJ/AB Transcribed By: ST Authorized & Rechecked By: LJ/TJ/KN Lab No. 011317 Submitting Agency @ 14:07 Health Unit @ 15:10 Spills Action Centre (SAC) @ AWQI#

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 M/F CFU/100 ml COAL DC Detection Limit 0 - 60 Reportable Limit: Performed by Membrane Filtration E. coli 1 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 COAL HPC Detection Limit Indicates Deterioration: Performed by Spread Plate SP CFU/1 ml 10 - 2.00 x 10³ >500 Faecal Streptococcus COAL FS Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml

Raw = R

CENTR	۸۱ (ONTARIO ANALYTICAL LA	ABOE	24705	N II	10		C	hain of	f Custoo	yk		P	rimary Re	port of Micr	obiological A	Analysis of D	rinking Water Only	у
CENTRA	42 O Te	260 Burnside Line, R.R. #4 Drillia, ON L3V 6H4 el: (705) 326-8285 Fax: (705) 326-9 ww.coalab.ca		TATOR	CY II	NC.		LAB USE	R	ete/Time/Te	VE	D a	acceived: Initials of Re	B	Date & Time incubated:	JUL 1 4	2015	15 15	
Date Sampled:	9 0	\$ \(\bar{\pi} \) \(Sys	Town	nship/To	COH		FOR		JUL 1 4			13:22		Date & Time Incubated:				
(Please Print)		Cliebright	Healt	th Unit of pages ent	1,000	RMDHD	\dashv	-	eport To:	- Market Barot No.	W. Sanda	0.000 7	terway Kirkfield Sect d Kirkfield, ON: K0M 2		I: Chuck Will	kinson			_
Signature: Name of Facility:		Washago Sector	# of sam this p	ples sent				-	lephone:	705			TAIRMOID, OTT. NOW	Ext:	F	ax: 705-438	-5201 + Scan	& Email	_
Pacility: Washago Sector Drinking Water System (DWS) # (As Assigned By MOE/MOHLTC) Please See Below						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 (Please Print) Signature:	- ,	Clichright	Comm															0	=
Time Sampled	mple ntifier		er p	uires Notifica er SDWA 20 lease check	002:	Temp. of Sample (Indicate	In	dicate	1. Children 1971		Para	ditional ameter ease eck if	Laboratory Number	Total Coliform	E. coli	Background	HPC	Faecal Strep	-
hour clock or use 24-hour clock)	hour clock or use 24-hour USE 24-hour (E) Point of Entry - Consumed		170/03	318/08;	%F or °C)		1.157	Other	Total mg/L	Free mg/L	Req	guired S	Th	3772477444040	IS FOR LABOR	CFU/100 ml	ONLY	ml	
		Bridge 57																	
9:30		1641 Penninsula Pt. Rd. (D)			~								012392	7	0	0			_
		Washago Shop	\$77.55 DE	NY CHILD	1000														-
G100		3321 Bond St. (D)			~								012393	0	0	0			_
											<u> </u>								_
must be analyze microbiological pa submitting agenc Particulate Matter	ed within aramete by For r N/R =	considered DISTRIBUTION samples unle in 48 hours of collection. Analysis performed by ors and the following inorganic and physical parar collection and handling procedures visit www.coa - Not Received. FS and HPC require 48 hours of in USE ONLY / LABORATORY COMMENTS	y qualified meters: pi- liab.ca/wat ncubation.	l analysts. F I, turbidity, a tersamples l	Results and alk	relate only to alinity. COAL	o the al	liquot s	submitted. S	Samples ha	ive bee eters so	en analy elected,	yzed as received COAL is a , misidentification of sample al Strep. = Faecal Streptocd	accredited by es or incorred cous HPC	y SCC and licens of quantity, this is Heterotrophic P	sed by MOE in the sthe responsibilit late Count HPM	nese specific ty of the	Pre-Fax Check B)
Analysis Date 8		JUL 1 5 2015 \33		r. <i>O</i>	1	_ Audited E	By:	Gn		Methodolo	ogy (C	OAL E	Endo - COAL DC): M/F C	11.11	SCOHU	15 - d.c	NMED & I	EMAILED	
Analysis Date 8	k Time	: Enume	erated By	c		_ Audited E	Зу: _			Methodolo	gy (C	OAL H	IPC): SP CFU/1ml; Meth	Page,	1- 1536 DALFS): 10 f.	CFU/100m	PHY .	. 2015	
ab No: 0/a	3	9 2 Reported to Submitting Agence	:у @	143	2	_ H.U. @	7	1410	SAC	@		AWQ	DI# By:	0	Date:	2015/	07/15	7.11.	

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.eno.gov.on.ca for more information), requires that notification of exceedances must be reported to MOE/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 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 adversee(s) inclusive in the standard price. After hours samples)

H.U.:

Upload:

Customer:

Authorized By:

Verified By:

By:

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 - 520 |

Adverse Result:	Sample ID & Location:
TC:7	012392 BRIDGE 57
Oral Notification To Parks	Canada Sector(all samples)
Person Contacted:	Date & Time:
COLLEEN MADIGAN	2015/07/15 14:32
Person Notifying:	Position/Lab:
SARAH CASTER	Tech
	Parks Canada Site
Person Contacted:	Date & Time:
COLCEEN MADIGAN	2015/07/15 14:32
Person Notifying:	Position/Lab:
SARAH CASTER	Tech.
Oral Notification To He	ealth Authority Contact
Person Contacted:	Date & Time:
CRAIG DAE	2015/7/15 1440 Position/Lab:
Person Notifying:	Position/Lab:
CINDY STOTHERS	LAB TECH
	oort Completion
Prepared By: Cindy Stothers	Date: 2015/07/15
Approved By: Lesley 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

Joans email July 15/15 KM.



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

Phone: 705-652-2000 FAX: 705-652-6365

Trent-Severn Waterway (Southern Area)

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

12 Trent Drive Campbellford, ON K0L 1L0,

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

11-June-2015

#1

Copy:



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

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

Copy: #1

K0L 1L0,

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



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

Phone: 705-652-2000 FAX: 705-652-6365

Trent-Severn Waterway (Southern Area)

Date Rec.: 06 August 2015 Attn: Greg Stencell

12 Trent Drive Campbellford, ON K0L 1L0,

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

LR Report: CA14173-AUG15

Copy: #1

10-August-2015

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



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

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
KOL 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

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	LABORATORY

4260 Burnside Line, R.R. #4 Orillia ON L3V 6H4

			rinai certificate di Microbidi	ogical Alialysis of Drillking 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:	

AWQI#

Final Cartificate of Microbial arical Analysis of Drinking Water

LABORATORY		705) 326-8285 Fax: (705 coalab.ca	5) 326-9316					2015-06-0)4 11:40	(°C	C):	B	HPC & FS D				2013-06-0	4 12.00
Date Sampled:		2015-06-04	Twp/Town Systems Health Unit	SM	DHU		Repo	ort To: Tr	ent Severn Wat	erwa	ny Kirkfield So	ector	•	ck W	/ilkinson			
Collected By:		Alex Taylor	Regulation		8/08		Addr	ess: 20	23 Kirkfield Road	d Kirk	rfield, ON. K0I	M 2B	0					
Name of		•	Total # of pages sent		1		Tele	phone: 7	705 438-3153				Ext:		Fax: 705	-438- <u>5</u>	5201 + Scan 8	& Email
Facility Drinking Wat		Washago Sector	# of samples sent		1		Ema	il Address:	chuck.wilkinso	on@p	oc.gc.ca; kim.r	narsh	nall@pc.gc.ca	; nico	ole.hamilton@	pc.gc	c.ca	
(DWS) #		Please See Below	# of samples received		1		"Live	Person" A	After Hours Contac	t Nar	ne and Tel. No:		Chuck Will	kinso	n 705-887-83	90		
Submitted By:		Alex Taylor	Conditions		е													
				Temp. Of		Treat	ment Inforr	nation		T	otal Coliform		E. coli	Е	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection	Site Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
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All times are Analysis perform following inorga COAL accepts r	transcribed ned by qualific nic and physic no responsibili nd handling p	I in the 24-hour clock for up ad analysts. Results relate only to cal parameters: pH, turbidity, and ty for parameters selected, miside rocedures visit www.coalab.ca/wa	bload to the Mir to the aliquot submalkalinity. entification of samptersamples.html	istry of the itted. Sample:	Envir s have et quar	been a	analyzed as	received. C	OAL is accredited by	SCC	-	•	n these specific r		piological parame			Raw = F Distribution = I Point of Entry = F Comsumed = RW0

Date:

2015-06-05 10:30 Analysis Date & Time: 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: Authorized & Rechecked By: LJ/TJ/KN Copy Released By: AB/AF

Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @

Test Methodology and Detection Limit Total Coliform (Treated) COAL Endo Detection Limit M/F CFU/100 ml 0 - 80 Reportable Limit: Performed by Membrane Filtration Total Coliform (Untreated) COAL DC Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml E. coli COAL DC Detection Limit 0 - 60 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 10³ Indicates Deterioration: >500 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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	LABORATORY

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

		1	Final Certificate of Microbio	ological 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	

	>>> Tal. /	705) 206 0205 Fav. (70	E) 200 0240							(°C	;):							
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Jampica.		2010 00 00	Health Unit	SM	DHU		_							<u> </u>	TIKIII 3011			
Collected By:		Alex Taylor	Regulation	318	3/08		Addr	ess: 2	2023 Kirkfield Road	KIIK	ileia, ON. Ku	IVI ZB	0					
Name of			Total # of pages sent		1		Telep	ohone:	705 438-3153				Ext:		Fax: 705-	438-5	5201 + Scan 8	k Email
acility		Washago Sector	# of samples		1		Emai	I Addres	s: chuck.wilkinso	n@p	c.gc.ca; kim.r	marsh	hall@pc.gc.ca	; nic	ole.hamilton@	pc.gc	c.ca	
Orinking War DWS) #	ter System	Please See Below	# of samples		<u> </u>		"Live	Person"	After Hours Contac	t Nam	ne and Tel. No:	:	Chuck Will	kinso	n 705-887-83	90		
			received		1			. 0.00	7 inter 1 ioure Comac		10 4114 1011 110		Ondon III					
			Conditions															
Submitted By		K. C.	Comments															
				Temp. Of		Treat	ment Inforn	nation		To	otal Coliform		E. coli	E	Background		HPC	
Time	Sample	Identification of Collection	Nater	Sample	>	7	Total Cl ₂	T	Laboratory			١,				,		
Sampled	Identifier		Туре	(°C/°F)	U.V.	Other	(mg/L)	(mg/L)	Number 2	>/<	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			
																1		
All samples	will be con	sidered DISTRIBUTION sar	nples unless oth	erwise indi	cated	<u> </u>						<u> </u>						
		ed in the 24-hour clock for u		-							-	-						
		fied analysts. Results relate only sical parameters: pH, turbidity, an		tted. Samples	have	been	analyzed as	received.	COAL is accredited by	SCC a	and licensed by	MOE i	in these specific r	microb	oiological paramet	ers and	d the	Raw = R
		ility for parameters selected, misic		les or incorrec	t quar	itity, th	is is the resp	onsibility	of the submitting agend	y.								Distribution = D
S. & Faecal Stre	-	procedures visit www.coalab.ca/w eptococcus HPC = Heterotrophic		1 = Heavy Particu	late Ma	tter			N/R = Not Received				F.S. and HPC	require	e 48 hours of incubation	on	Raw Water	Point of Entry = E Comsumed = RWC
Analysis	Date & Tim	ne: 2015-06-06 11:30	Enumera	ted By: S	SC SC	Au	dited By:	AF	Methodology: M	/F CF	-U/100ml							
		ne:							=	gy: SI	P CFU/1ml; FS	Meth	nodology: M/F (CFU/	100ml			
		By: ST		Authorized 8		_			_		Released By:							
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Test Methodolo			itting Agency @				realut Utill		Spills Action	i cen	11c (3AC) W		AVV	ઝ Ι#		,y	Date: _	
Γotal Coliform (Treated) (COAL Endo Detection Limit	0 - 80	Reportable			1		Performed by Membran				FU/100 ml					
otal Coliform (. coli		COAL DC Detection Limit COAL DC Detection Limit	0 - 80 0 - 60	Reportable Reportable			1		Performed by Membrane Performed by Membrane				-U/100 ml -U/100 ml					
ackground		COAL DC Detection Limit	0 - 80	Indicates D					Performed by Membran				-U/100 ml					
Background	(COAL DC Detection Limit	0 - 200	Indicates D	eterior	ation:	>	200 F	Performed by Membran	e Filtra	ation N	//F CF	U/100 ml					
HPC		COAL HPC Detection Limit	10 - 2.00 x 10 ³	Indicates D					Performed by Spread Pl				U/1 ml					
aecal Streptod	occus (COAL FS Detection Limit	0 - 80	Reportable	∟ırnıt:		1	F	erformed by Membran	e riitra	auon N	//r CF	U/100 ml					

Approved for use by TJ prior to use. Page 1 of 1

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	LABORATORY	

4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

www.coalab.ca

			Final Certificate of Microbiol	ogical Alialysis of Dilliking Water
Date & Time Received:	Temp. Rec'd. (°C):	Receiver:	Date & Time Incubated:	2015-06-02 16:00
2015-06-02 14:56	12.4	МН	HPC & FS Date & Time Incubated:	

Final Cartificate of Microbiological Analysis of Drinking Water

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

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

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

2023 Kirkfield Road Kirkfield, ON. K0M 2B0

Conditions/ Comments

Submitted By: Chuck Wilkinson

		<u> </u>																
				Temp. Of		Treat	ment Inforr	nation		To	otal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	e Water Type	Sample (°C/°F)	U.V.	Other		Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			
		' I I DIOTRIBUTION																

Address:

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.

Raw = R Distribution = D

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

Point of Entry = E

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 C

Raw Water Comsumed = RWC

CS Date: 2015-06-03

Analysis Date & Time: 2015-0	6-03 14:30 Enumerated By: G	D Audited By: CS	Methodology: M/F CFU/100ml	
Analysis Date & Time:	Enumerated By:	Audited By:	HPC Methodology: SP CFU/1ml; FS Methodolo	gy: 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
Test Methodology and Det	ection Limit									
Total Coliform (Treated)	COAL Endo	Detection L	.imit 0 - 80	Reportable Limit:	1	Performed	by Membrane Filtration	M/F CFU/100 ml		
Total Coliform (Untreated)	COAL DC	Detection L	imit 0 - 80	Reportable Limit:	1	Performed	by Membrane Filtration	M/F CFU/100 ml		
E. coli	COAL DC	Detection L	imit 0 - 60	Reportable Limit:	1	Performed	by Membrane Filtration	M/F CFU/100 ml		
Background	COAL Endo	Detection L	imit 0 - 200	Indicates Deterioration:	>200	Performed	by Membrane Filtration	M/F CFU/100 ml		
Background	COAL DC	Detection L	imit 0 - 200	Indicates Deterioration:	>200	Performed	by Membrane Filtration	M/F CFU/100 ml		
HPC	COAL HPC	Detection L	imit 10 - 2.00 x 10 ³	Indicates Deterioration:	>500	Performed	by Spread Plate	SP CFU/1 ml		
Faecal Streptococcus	COAL FS	Detection L	imit 0 - 80	Reportable Limit:	1	Performed	by Membrane Filtration	M/F CFU/100 ml		Fina

	4260 Burnside
1 172	Orillia, ON L3V
	Tel: (705) 326-
LABORATORY	www.coalab.ca

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

Final Certificate of Microbiological Analysis of Drinking Water Temp, Rec'd. Date & Time Received: Receiver: Date & Time Incubated: 2015-06-02 16:00 (°C): HPC & FS Date & Time 2015-06-02 14:56 12.4 МН Incubated:

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

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson 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 Chuck Wilkinson 705-887-8390 "Live Person" After Hours Contact Name and Tel. No:

Chuck Wilkinson Submitted By:

Conditions/ Comments

				Temp. Of		Treat	ment Inforr	mation		To	otal Coliform		E. coli	Е	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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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Raw = RDistribution = D

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. S. & Faecal Strep. = Faecal S	g procedures v		atersamples.html	= Heavy Particulate Matter		N/R = Not Received	F.S. a	and HPC require 48 hours o	f incubation	Point of Entry = E Raw Water Comsumed = RWC
Analysis Date & T	ime:	2015-06-03 14:30	Enumerat	ted By: <u>GD</u> Au	udited By: CS	Methodology: M/F CFU/100ml				
Analysis Date & T	ime:		Enumerat	ted By: Au	ıdited By:	HPC Methodology: SP CFU/1ml;	FS Methodology:	: M/F CFU/100ml		
Transcribed	d By: ST	<u> </u>		Authorized & Rechecke	ed By: LJ/TJ/KN	Copy Released E	By: GD/AB/TW	1		<u>-</u>
	Lab No.	Subm	itting Agency @		Health Unit @	Spills Action Centre (SAC) @)	AWQI#	Ву:	Date:
est Methodology and De	tection Limit									
otal Coliform (Treated)	COAL Endo	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml			
otal Coliform (Untreated)	COAL DC	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml			
. 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			
aecal Streptococcus	COAL FS	Detection Limit	0 - 80	Reportable Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml			

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4260 Burnside Line, R.R. #4 Orillia, ON L3V 6H4

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

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			mai certificate di Microbiol	ogical Allalysis of Dilliking 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:	

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

Final Cartificate of Microbiological Analysis of Drinking Water

Orinking Water System sent 6	_
# of samples	
Name of Total # of pages sent 2 -acility Washago Sector	
Collected By: Chuck Wilkinson Regulation 318/08	
Sampled: 2015-09-09 Systems Health Unit SMDHU	
Date Twp/Town	

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

Chuck Wilkinson Submitted By:

		L															
_				Temp. Of	 Treat	ment Inforn	nation		To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Sit	e Water Type	Sample (°C/°F)	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			
		idered DISTRIBUTION sample															

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

Detection Limit

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).

Reportable Limit:

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.

Raw = RDistribution = D Point of Entry = E

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

0 - 80

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

COAL FS

M/F CFU/100 ml

F.S. & Faecal Strep. = Fa	aecal Streptococcus	HPC = Heterotrophic P	late Count HPM	I = Heavy Particu	late Matter		N/R = Not Received	F.S.	and HPC require 48	hours of incubation	Raw Water Comsumed = RW
Analysis Date	e & Time:2	2015-09-10 14:00	Enumerat	ted By: C	S Audite	d By:	Methodology: M/F CFU/100m	I			
Analysis Date	e & Time:		Enumerat	ted By:	Audite	d By:	HPC Methodology: SP CFU/1	ml; FS Methodology	: M/F CFU/100	ml	
Transc	cribed By: AM	<u> </u>		Authorized 8	Rechecked By	/: LJ/KN/	Copy Release	ed By: HM/AB/CS			_
	Lab No.	Submit	ting Agency @		Hea	th Unit @	Spills Action Centre (SAC	c) @	AWQI#	Ву:	Date:
Test Methodology ar	nd 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 D	eterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml			
Background	COAL DC	Detection Limit	0 - 200	Indicates D	eterioration:	>200	Performed by Membrane Filtration	M/F CFU/100 ml			
HPC	COAL HPC	Detection Limit	10 - 2.00 x 10 ³	Indicates D	eterioration:	>500	Performed by Spread Plate	SP CFU/1 ml			

Performed by Membrane Filtration

Approved for use by TJ prior to use.

Faecal Streptococcus

Final Certficate, PITA 102, 1503, Revision 1.4

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LABORATOR	SA

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

			Final Certificate of Microbiol	ogical 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:	

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

Report To: Trent Severn Waterway Kirkfield Sector ATTN: Chuck Wilkinson 2023 Kirkfield Road Kirkfield, ON. K0M 2B0 Fax: 705-438-5201 + Scan & Email Telephone: 705 438-3153 Ext: Email Address: chuck.wilkinson@pc.qc.ca; kim.marshall@pc.qc.ca; nicole.hamilton@pc.qc.ca

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

Conditions/ Comments

Submitted By: Chuck Wilkinson

F.S. & Faecal Strep. = Faecal Streptococcus

COAL HPC

COAL FS

HPC

Faecal Streptococcus

				Temp. Of		Treati	ment Inforr	mation		To	otal Coliform		E. coli	Е	Background		HPC	
Time Sampled	Sample Identifier	Identification of Collection Sit	e Water Type	I	U.V.	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	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			
		idered DISTRIBUTION sample																

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Detection Limit

Detection Limit

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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.

Raw = RDistribution = D Point of Entry = E

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HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter

10 - 2.00 x 10³

0 - 80

N/R = Not Received

Performed by Spread Plate

Performed by Membrane Filtration

F.S. and HPC require 48 hours of incubation

Raw Water Comsumed = RWC

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

Indicates Deterioration:

Reportable Limit:

SP CFU/1 ml

M/F CFU/100 ml

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 Total Coliform COAL Endo Detection Limit Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml 0 - 80 Total Coliform COAL DC Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml Performed by Membrane Filtration E. coli COAL DC Detection Limit 0 - 60 Reportable Limit: M/F CFU/100 ml Performed by Membrane Filtration COAL Endo Detection Limit Indicates Deterioration: M/F CFU/100 ml Background 0 - 200 >200 Background COAL DC Detection Limit 0 - 200 Indicates Deterioration: >200 Performed by Membrane Filtration M/F CFU/100 ml

Final Certficate, PITA 102, 1503, Revision 1.4 Approved for use by TJ prior to use.

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Page 1 of 1

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		Final	Certificate of Microbiolog	gical 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	Twp/Town Systems Health Unit		Report To: Tre	ent Severn Waterway Kirkfield	Sector ATTN: Ch	uck Wilkinson		
Collected By: Kim Marshall	Regulation		Address: 202	23 Kirkfield Road Kirkfield, ON. H	(0M 2B0			
Name of	Total # of pages sent	2	Telephone: 7	05 438-3153	Ext:	Fax: 705-		
Facility Washago Sector Drinking Water System	# of samples sent	6	Email Address:	chuck.wilkinson@pc.gc.ca; kin	ilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hami			
DWS) # Please See Below	# of samples received	6	"Live Person" A	After Hours Contact Name and Tel. No	o: Chuck Wilkin	nson 705-887-8		

2023 Kirkfield Road Kirkfield, ON. K0M 2B0 Fax: 705-438-5201 + Scan & Email Telephone: 705 438-3153 Ext: 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/ Kim Marshall Comments Submitted By:

			Temp. Of		Treati	ment Inforn	nation		To	otal Coliform		E. coli	В	ackground		HPC	
Sample dentifier	Identification of Collection Site	Water Type	Sample (°C/°F)		Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
Lock 42																	
	2597 Bonsor Rd.	D						018069		0		0		0			
Lock 43																	
	19 SR 409 Unit 1	D						018070		0		0		0			
	Lock 44																
	7001 Upper Big Chute Rd.	D						018071		0		0		0			
Lock 45																	
	175 Port Severn Rd. N.	D						018072		0		0		0			
d		Lock 42 2597 Bonsor Rd. Lock 43 19 SR 409 Unit 1 Lock 44 7001 Upper Big Chute Rd. Lock 45 175 Port Severn Rd. N.	Lock 42	Identification of Collection Site Water Type Sample (°C/°F)	Identification of Collection Site Water Type Sample (°C/°F) Sample	Lock 42 2597 Bonsor Rd. D Lock 43 19 SR 409 Unit 1 D Lock 44 7001 Upper Big Chute Rd. D Lock 45 175 Port Severn Rd. N. D Water Type Sample (°C/°F) P Sample (°C/°F) P Sample (°C/°F) P Sample (°C/°F) P Lock 43 D Lock 44 Tool Upper Big Chute Rd. D Lock 45 175 Port Severn Rd. N. D	Identification of Collection Site	Identification of Collection Site	Identification of Collection Site Water Type Sample (°C/°F) Sample	Identification of Collection Site Water Type Sample (°C/°F) Sample (°C/°F) Total Cl ₂ (mg/L) Free Cl ₂ (mg/L) Number S/<	Identification of Collection Site Water Type Sample (°C/°F) Sample	Identification of Collection Site Water Type Sample (°C/°F) Sample (°C/°F) Total Cl ₂ (mg/L) Free Cl ₂ (mg/L) Number Sample (mg/L) Sample (mg/L) Sample (mg/L) Number Sample (mg/L) Samp	Identification of Collection Site Sample (*Cr/°F) Sample (*C	Identification of Collection Site Water Type Sample (°C/°F) Sample	Identification of Collection Site Valer Type Sample (*C/°F) Sample	Identification of Collection Site CFU/100 ml Sample CFU/100 ml S/c CFU/100 ml	Identifier Identification of Collection Site Type Sample (°C/°F) Sample (°C/°F)

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Distribution = D

Raw = R

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

Point of Entry = E ΙС

F.S. & Faecal Strep. = Fae	ecal Streptococcus	HPC = Heterotrophic I	Plate Count HPM = Heavy Pa	rticulate Matter		N/R = Not Received	F.S. and	HPC require 48 hours of incubation	Raw Water Comsumed = RW
Analysis Date 8	& Time:	2015-09-25 12:45	Enumerated By:	SC Audited	d By: HM	Methodology: M/F CFU/100ml			
Analysis Date 8	& Time:		Enumerated By:	Audited	d By:	HPC Methodology: SP CFU/1ml	; FS Methodology	: M/F CFU/100ml	
Transcrib	bed By: A	M	Authorized	I & Rechecked By	: LJ/KN/TJ	Copy Released I	By: HM/AB/SC		
	Lab No.	Submitt	ing Agency @	Hea	th Unit @	Spills Action Centre (SAC) @		AWQI # By: _	Date:
Test Methodology and	d Detection Limit	t							
Total Coliform	COAL End	 Detection Limit 	0 - 80 Reportal	ble Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml		
Total Coliform	COAL DC	Detection Limit	0 - 80 Reportal	ble Limit:	1	Performed by Membrane Filtration	M/F CFU/100 ml		

Reportable Limit: M/F CFU/100 ml COAL DC Detection Limit 0 - 60 Performed by Membrane Filtration E. coli 1 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 COAL HPC Detection Limit Performed by Spread Plate SP CFU/1 ml 10 - 2.00 x 10³ Indicates Deterioration: >500 Faecal Streptococcus COAL FS Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml

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

		Final	Certificate of Microbiolog	ical 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:	

(DWS) #	Please See Below	# of samples received	6
Drinking Water Sy	rstem	sent	6
Name of Facility	Washago Sector	Total # of pages sent # of samples	2
Collected By:	Kim Marshall	Regulation	N/A
Date Sampled:	2015-09-24	Twp/Town Systems Health Unit	SMDHU

Report To:	Trent	Severn W	aterway Kirkfield	Sector ATTN: Ch	uck Wilkinson
Address:	2023 k	Kirkfield R	oad Kirkfield, ON. K	OM 2B0	
Telephone:	705	438-315	3	Ext:	Fax: 705-438-5201 + Scan & Email
Email Addre	ess: ch	nuck.wilkir	nson@pc.gc.ca; kim.	marshall@pc.gc.ca	a; nicole.hamilton@pc.gc.ca
"Live Person	n" After	Hours Con	tact Name and Tel. No:	Chuck Wilkin	nson 705-887-8390

Submitted By: Kim Marshall Com

Conditions/ Comments

_				Temp. Of	 Treat	ment Inforn	nation		To	tal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	Other	Total Cl ₂ (mg/L)		Laboratory Number	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/100 ml	>/<	CFU/1 ml	
08:25		1641 Peninsula Pt. Rd.	D					018073		0		0		0			
Washago Shop																	
08:05		3321 Bond St.	D					018074		0		0		0			
		oidered DISTRIBUTION comple															

All samples will be considered DISTRIBUTION samples unless otherwise indicated.

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

Lab No.

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

Submitting Agency @

N/R = Not Received

Spills Action Centre (SAC) @

F.S. and HPC require 48 hours of incubation

AWQI#

Distribution = D Point of Entry = E

Raw Water Comsumed = RWC

Raw = R

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

Analysis Date & Time: Analysis D

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

Health Unit @

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: Performed by Membrane Filtration M/F CFU/100 ml Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml COAL DC Detection Limit 0 - 60 E. coli 1 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 COAL HPC Detection Limit Indicates Deterioration: >500 Performed by Spread Plate SP CFU/1 ml 10 - 2.00 x 10³ Faecal Streptococcus COAL FS Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml

Approved for use by TJ prior to use.

Primary Report of Microbiological Analysis of Drinking Water Only

30

2015

(T)

C

Date & Time Incubated:

Initials of Receiver:

Date/Time/Temp. (°C) Received:

Chain of Custody

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4

Orillia, ON L3V 6H4

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

RECEIVED AB 6.1

ONTA

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/MOH/Waterworks for O. Reg 318/08, 319/08. Failure to do so its an officine under the Act. Health Unit blophone and fax rumbers 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 then the transcribed and emailed to an unimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies for after hours samples)

Primary Report of Microbiological Analysis of Drinking Water Only

0

M

2015

a) 0

SE

Date & Time

Date/Time/Temp. (°C) Received: Initials of Receiver:

Chain of Custody

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

4260 Burnside Line, R.R. #4

Orillia, ON L3V 6H4

Fel: (705) 326-8285 Fax: (705) 326-9316

RECEIVED AB 6.

Incubated:

MOHLCAMOHMatworks for O Reg 318/08. Failure to do so its 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. 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 an emailed to an unimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies for after hours samples) Form cannot be altered without approval of COAL. The Safe Dr

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

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- 7	
	LABORATORY

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

		Final	Certificate of Microbiolog	ical 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:	

(DWS) #	Please See Below	# of samples received	6
Drinking Water S	•	sent	6
Name of Facility	Washago Sector	Total # of pages sent # of samples	2
Collected By:	Chuck Wilkinson	Regulation	318/08
Sampled:	2015-10-07	Systems Health Unit	SMDHU
Date		Twp/Town	

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

Conditions/ Chuck Wilkinson Submitted By: Comments

				Temp. Of		Treat	ment Inforr	mation		To	otal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	U.V.	Other	Total Cl ₂ (mg/L)		Laboratory Number	>/<	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			
		sidered DISTRIBUTION complete												•			·	

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).

Reportable Limit:

Indicates Deterioration:

Indicates Deterioration:

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.

1

>200

>200

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

Distribution = D

Raw = R

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

COAL DC Detection Limit

COAL Endo Detection Limit

Detection Limit

COAL DC

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

N/R = Not Received

Performed by Membrane Filtration

Performed by Membrane Filtration

Performed by Membrane Filtration

F.S. and HPC require 48 hours of incubation

M/F CFU/100 ml

M/F CFU/100 ml

M/F CFU/100 ml

M/F CFU/100 ml

SP CFU/1 ml

Point of Entry = E Raw Water Comsumed = RWC

Analysis Date &	Time: 2	015-10-08 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	r: M/F CFU/100ml			
Transcribe	ed By: SS		Authoriz	ed & Rech	ecked By: LJ/T	J/KN	Copy Released E	By: CS/AB/DL/	SS			
	Lab No.	Submitt	ing Agency @		Health Unit	t @	Spills Action Centre (SAC) @)	AWQI#	Ву:	Date:	
Test Methodology and I	Detection Limit											
Total Coliform	COAL Endo	Detection Limit	0 - 80 Repo	rtable Limit:	1		Performed by Membrane Filtration	M/F CFU/100 ml				
Total Coliform	COAL DC	Dotoction Limit	0 - 90 Pono	table Limit	1	1	Porformed by Mombrane Filtration	M/E CELI/100 ml				

0 - 200 COAL HPC Detection Limit Performed by Spread Plate HPC 10 - 2.00 x 10³ Indicates Deterioration: >500 Faecal Streptococcus COAL FS Detection Limit Reportable Limit: Performed by Membrane Filtration 0 - 80

0 - 60

0 - 200

E. coli

Background Background

190
100
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NOV.
PICT

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

		Final	Certificate of Microbiolog	ical 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	МН	HPC & FS Date & Time Incubated:	

Depart To. Trent Covern Weterway Kirkfield Coster, ATTN: Chuck Wilkinson

(DWS) #	Please See Below	# of samples received	6
Drinking Water Sv	vstem	# of samples sent	6
Name of Facility	Washago Sector	Total # of pages sent	2
Collected By:	Chuck Wilkinson	Regulation	N/A
Sampled:	2015-10-07	Systems Health Unit	SMDHU
Date		Twp/Town	

Report To:	rent	Severn waterw	ay Kirkfield Secto	OF ALLIN:	: Chuck Wilkinson				
Address:	2023	Kirkfield Road Ki	rkfield, ON. K0M 2E	30					
Telephone:	705	438-3153		Ext:	Fax: 705-438-5201 + Scan & Email				
Email Addr	Email Address: chuck.wilkinson@pc.gc.ca; kim.marshall@pc.gc.ca; nicole.hamilton@pc.gc.ca								
"Live Perso	n" After	Hours Contact Na	me and Tel. No:	Chuck W	Vilkinson 705-887-8390				

Chuck Wilkinson Submitted By:

Conditions/ Comments

				Temp. Of	 Treati	ment Inforn	nation		To	otal Coliform		E. coli	В	ackground		HPC	
Time Sampled	Sample Identifier	Identification of Collection Site	Water Type	Sample (°C/°F)	Other	Total Cl ₂ (mg/L)	Free Cl ₂ (mg/L)	Laboratory Number >	>/<	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			
		sidered DISTRIBUTION samples															

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.

Distribution = D

Raw Water Comsumed = RWC

Raw = R

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 Point of Entry = E

F.S. and HPC require 48 hours of incubation

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 Analysis Date & Time: Transcribed By: Authorized & Rechecked By: LJ/TJ/KN Copy Released By: CS/AB/DL/SS Lab No. Submitting Agency @ Health Unit @ Spills Action Centre (SAC) @ AWQI# Date:

N/R = Not Received

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: Performed by Membrane Filtration M/F CFU/100 ml M/F CFU/100 ml COAL DC Detection Limit 0 - 60 Reportable Limit: Performed by Membrane Filtration E. coli 1 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 COAL HPC Detection Limit Indicates Deterioration: Performed by Spread Plate SP CFU/1 ml 10 - 2.00 x 10³ >500 Faecal Streptococcus COAL FS Detection Limit 0 - 80 Reportable Limit: Performed by Membrane Filtration M/F CFU/100 ml



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

Phone: 705-652-2000 FAX: 705-652-6365

Trent-Severn Waterway (Northern Sector)

Attn: Chuck Wilkinson

2023 Kirkfield Road Kirkfield, ON K0M 2B0,

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

Fax:705-438-5201

25-August-2016

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

Copy: #1

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



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

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

Copy: #1

K0M 2B0,

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



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

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

Copy: #1

K0M 2B0,

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



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

Phone: 705-652-2000 FAX: 705-652-6365

Trent-Severn Waterway (Southern Area)

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

12 Trent Drive Copy: #1 Campbellford, ON K0L 1L0,

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

15-September-2016

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

CA 14299 - SEP 16

Adverse Result: 1) 10 Total coliforms, Ø E col.	Sample ID & Location: 1) NR Brighton Road Bridge
	2) NR Brighton Road Bridge
2) 9 Total Colforms, Ø Gcoli Oral Notification To Parks	Canada Sector(all samples) 🗸
Person Contacted:	Date & Time:
Karl Ellis	Sept 14/16 @ 15:09
Person Notifying:	Position/Lab:
Brad Moore	Technician
	Parks Canada Site
Person Contacted:	Date & Time: Sept 14/16 @ 15:37
John Mcpeak	
Daman Natificing	Position/Lab:
Person Notifying:	Fosition/Lab:
Disco	Technician
	ealth Authority Contact
Person Contacted: Marrianne Pond	Date & Time: Sept 14/16 15:19
Person Notifying:	Position/Lab:
Brad Moore	Technician
Laboratory Re	port Completion
Prepared By: Brad Ma	Date: Sept 14/16
Approved By:	Date: 34//6
Sent to Sector Contact via Fax: See	Date: Sept 14/16
Contact Sheet	
Sent to Nicole Bragg & Health Authority	Date: Sept 14/16



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

Phone: 705-652-2000 FAX: 705-652-6365

Trent-Severn Waterway (Southern Area)

Attn: Greg Stencell

Date Rec.: 15 September 2016

LR Report: CA14355-SEP16

12 Trent Drive Campbellford, ON K0L 1L0,

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

16-September-2016

#1

Copy:

ADVERSE WATER QUALITY FORM – Parks Canada

FAX TO: Nicole Hamilton 705 689 1797

Nicole Hamilton 705 689 1797

Sector from which Adverse came from (See List)

Table 7 = Listing s Say

Nov thern Health Authority: Refer to Table 1

cotinued by Kim Harshall

Adverse Result: Sample ID & Location: 6 NR Lock 36 5 Total coliform Oral Notification To Parks Canada Sector(all samples) Person Contacted: Date & Time:

Kim Marshall July 29, 2016 705-438-5201 Ax

Position/Lab: Laboratory Person Notifying: Cayla Austin SGS Canada Technician

Person Contacted: Date & Time: Kevin Faulkner, Lock Master July 29, 2016 Position/Lab: Laboratory Tech/ 705-438-3126

Person Notifying: Cayla Austin SGS Canada

Oral Notification To Parks Canada Site

Oral Notification To Health Authority Contact Person Contacted: Debbie Johnson 905-885-9100 Ph 905-885-9551fex Date & Time: July 29,2016 14:37 Called @ 13.02, advised to call Haliburton-Kawartha-Pine Ridge back @ 14:00.

Person Notifying: Cayla Austin Position/Lab: Laboratory Tech/ SGS Canada

Laboratory Report Completion Prepared By: Cayla Austin Date: Tuly 29, 2016 Approved By: Date: July 29, 2016

Date: July 29, 2016 Sent to Sector Contact via Fax: See

Contact Sheet Sent to Duncan Manser, Nicole Date: July 29, 2016 Hamilton & Health Authority

Duncan, manser@pc.gc, ca nicole, braga @ pc, qc, ca

G Engineering 4000 to 9999 Operational 4285 - Potable Water Potable water II Communication 2014 Parks Canada - Communication of Results



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

Phone: 705-652-2000 FAX: 705-652-6365

Trent-Severn Waterway (Northern Sector)

Attn: Chuck Wilkinson

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

2023 Kirkfield Road Kirkfield, ON K0M 2B0,

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

03-August-2016

#1

Copy:



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

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

Copy: #1

K0M 2B0,

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



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

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

Copy: #1

K0M 2B0,

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.

Project Specialist

CA14323-A4GIL

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:	Sample ID & Location: (Lock 43)			
5 Total coliform	6 NR Swift			
Oral Notification To Parks Canada Sector(all samples)				
Person Contacted: Chuck	Date & Time:			
Wilkinson	Aug 12, 2016			
ask sector which siter > Lock 43.	15,27			
Person Notifying:	Position/Lab:			
Cayla Austin	Microbidogy technician SGS Lakefield			
Oral Notification To	o Parks Canada Site			
Person Contacted:	Date & Time:			
Andrew Klett	Andrew Klett			
705-756-8177	Aug 12, 2016 15:38			
Person Notifying:	Position/Lab:			
Cayla Austin	Microbiology technician SGS Latefield			
	ealth Authority Contact			
Person Contacted: Steve Borg	Date & Time:			
Simcos Maskory Dila	Qua 12, 201h			
705721 7520 ph 705-721+495	Position/Lab:			
Person Notifying:	Position/Lab:			
Cayla Austin	Microbiology technician Sostield			
Laboratory Re	port Completion			
Prepared By: Cayla Austin	Date: August 12, 2016			
Approved By: Emma Turne	Date: August 12, 2=16			
Sent to Sector Contact via Fax: See	Date:			
Contact Sheet 705-438 -5201	Aug 12, 2016			
Sent to Duncan Manser, Nicole	Date: Aug 12, 2016			
Hamilton & Health Authority) (2)			

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



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

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

Copy: #1

K0M 2B0,

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



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

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

Copy: #1

K0M 2B0,

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