

SGS Canada Inc.
 657 Consortium Court
 London - Ontario - N6E 2S8
 Phone: 519-672-4500 FAX: 519-672-0361

10-September-2021

OCWA-Elgin Middlesex Hub (West Elgin-DWS)

Attn : Cindy Sigurdson

Date Rec. : 08 September 2021
 LR Report: CA20379-SEP21

9210 Graham Rd.
 West Lorne, ON
 N0L 2P0, Canada

Copy: #1

Phone: 519-768-9925
 Fax:519-768-9929

CERTIFICATE OF ANALYSIS

Final Report

Sample ID	Sample Date & Time	Sampled By	Temperature Upon Receipt °C	Field ResCl Total mg/L	Field ResCl Free mg/L	Total Coliform cfu/100mL	E.Coli cfu/100mL	Heterotrophic Plate Count (HPC) cfu/1mL
1: Analysis Start Date			---	---	---	08-Sep-21	08-Sep-21	08-Sep-21
2: Analysis Start Time			---	---	---	17:25	17:25	16:55
3: Analysis Completed Date			---	---	---	10-Sep-21	10-Sep-21	10-Sep-21
4: Analysis Completed Time			---	---	---	14:38	14:38	14:38
5: MAC			---	---	---	0	0	---
6: DW DW- SS#WE:10 124 Queen St	07-Sep-21 11:43	Dan Sous	3.3	1.05	0.83	0	0	< 10
7: DW DW- SS#WE:15 Port Glasgow	07-Sep-21 12:04	Dan Sous	3.3	---	1.02	0	0	---
8: DW DW- SS#WE:27 Opposite 26360 Dymock	07-Sep-21 11:25	Dan Sous	3.3	0.87	0.61	0	0	< 10
9: DW DW- SS#WE:16 27707 Pioneer @401	07-Sep-21 09:15	Dan Sous	3.3	---	0.63	0	0	---

MAC - Maximum Acceptable Concentration

Method Descriptions

Parameter	Description	SGS Method Code
E.Coli	E.Coli by MF (using DCM)	ME-CA-[ENV]MIC-LAK-AN-001
Heterotrophic Plate Count (HPC)	Heterotrophic Plate Count (HPC) by SP (using SPCA)	ME-CA-[ENV]MIC-LAK-AN-002
Total Coliform	Total Coliform by MF (using DCM)	ME-CA-[ENV]MIC-LAK-AN-001

Angela Stott, B.Sc.
 Branch Manager-London
 Environment, Health & Safety



Ontario Clean Water Agency - Request for Laboratory Services and CHAIN OF CUSTODY - BACTI (Weekly 1, 3, 5)

Waterworks/Project #: 260094627
 Project Name: West Elgin Water Distribution System
 Org. No.: 1266
 Applicable Regulation: O. Reg. 170/03
 Quote #: _____
 Attached Parameter List: No

(C of C) LIMS No.: SP 20379
Laboratory Section Sample Condition upon Receipt:
 Date Rec'd: SFP 18, 2021 Time Rec'd: 08:35 Initials: [Signature]
 Temperature Upon Receipt: 29.33°C, 13.6
KS

Requested Turnaround Time: **Lab App. Req'd	**24-48h <input type="checkbox"/>	5-7d <input type="checkbox"/>	7-10d <input type="checkbox"/>	Other: <input type="checkbox"/>	Specify: _____
Report To: Terri-Lynn Thomson	Data Transfer Contact: Terri-Lynn Thomson	Invoice To: Delynne Felder	Laboratory: SGS Environmental Services (1)		
Address: 2701 Old Lakeshore Rd Bright's Grove, ON N0N 1C0	2701 Old Lakeshore Rd Bright's Grove, ON N0N 1C0	9210 Graham Road RR#2 West Lorne, ON N0L 2P0	657 Consortium Court London, ON N6E 2S8	185 Concession St. Lakefield ON K0L	
Telephone: 519-312-0847	519-312-0847	519-768-9925	519-672-4500	705-652-2000	
Fax: 519-768-9929	519-768-9929	519-768-9929	519-672-0361	705-652-6365	
E-mail: tthomson@ocwa.com	tthomson@ocwa.com	dfelder@ocwa.com			

Sample					Parameters										Comments	Reportable to MOE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Upload to OCWA Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Control Point* (Sample Type)	Tag Group (up to 4 characters as in PDC)	Sample Location Name	Date / Time	# of Bottles	Cl Residual		E.coli	Total Coliform	HPC									
					Total (mg/L)	Free (mg/L)												
DW	DW	SS# WE:10 124 Queen St. East	11:45	1	1.05	0.83	X	X	X									
DW	DW	SS# WE15: Port Glasgow	12:04	1		1.02	X	X										
DW	DW	SS# WE27: Opposite 26360 Dymock	11:05	1	0.87	0.61	X	X	X									
DW	DW	S# WE16: 27707 Pioneer @401	9:15	1		0.63	X	X										

Sampler Name:	<u>[Signature]</u>	MOH (Ministry of Health) Phone #: 519-631-9900
Sampler Signature:	<u>[Signature]</u>	MOH (Ministry of Health) After Hrs Phone #: 519-631-9900
Submitter Name:	<u>Courtney Lamb</u>	MOH (Ministry of Health) Fax #: 519-633-0468
Submitter Signature:	<u>[Signature]</u>	MOE Spills Action Centre Phone #: 1-800-268-6060
AWQI Contact and Pager #:	On call Operator: 519-435-6539	MOE Spills Action Centre Fax #: 1-800-268-6061

{1} Completion of work may require the subcontracting of samples between the London and Lakefield laboratories

* Control Point: **RW** – Raw, **TW** – Treated, **DW** – Distribution, **C/F** – Coagulation/Flocculation, **S/C** – Sedimentation/Clarification, **Clar** – Clarifier, **Filt** – Filter, **BW** – Backwash, **FSup** – Filter Supernatant, **FBW** – Filter Backwash, **WW** – Wastewater, **RWFC** – Raw Water for Consumption (Water source for a DWS that does not have a treatment system. These samples are for consumption and are reportable under O. Reg. 170/03)
 Issued Rev. 2: 2021-05-06