



OPTIONAL ANNUAL REPORT TEMPLATE

Drinking-Water System Number:	260025922
Drinking-Water System Name:	Camp NeeKauNis
Drinking-Water System Owner:	Canadian Yearly Meeting of the Religious Society of Friends (Camp NeeKauNis)
Drinking-Water System Category:	Small Non-Municipal Non-Residential
Period being reported:	2025

<p><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></p> <p>Does your Drinking-Water System serve more than 10,000 people? Yes [] No []</p> <p>Is your annual report available to the public at no charge on a web site on the Internet? Yes [] No []</p> <p>Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><u>Complete for all other Categories.</u></p> <p>Number of Designated Facilities served:</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div> <p>Did you provide a copy of your annual report to all Designated Facilities you serve? Yes [x] No []</p> <p>Number of Interested Authorities you report to:</p> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div> <p>Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [x] No []</p>
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Note: For the following tables below, additional rows or columns may be added or an appendix may be attached to the report

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

Drinking Water System Name	Drinking Water System Number

Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water?
 Yes [] No []



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

- Public access/notice via the web
- Public access/notice via Government Office
- Public access/notice via a newspaper
- Public access/notice via Public Request
- Public access/notice via a Public Library
- Public access/notice via other method _____

Describe your Drinking-Water System

Deep Drilled Well (127 ft deep) non-GUDI, disinfected by UV after pretreatment by two filtration units.

The disinfected supply then goes to two separate UV disinfection units each with pretreatment by two filtration units that serve (1) the kitchen and (2) a shower and toilet facility.

List all water treatment chemicals used over this reporting period

None

Were any significant expenses incurred to?

- Install required equipment
- Repair required equipment
- Replace required equipment

Please provide a brief description and a breakdown of monetary expenses incurred

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

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.

PLEASE SEE ATTACHED	Number of Samples	Range of E.Coli Or Fecal Results (min #)-(max #)	Range of Total Coliform Results (min #)-(max #)	Number of HPC Samples	Range of HPC Results (min #)-(max #)
Raw					
Treated					
Distribution					

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

	Number of Grab Samples	Range of Results (min #)-(max #)	Unit of Measure	<i>NOTE: For continuous monitors use 8760 as the number of samples.</i>
Turbidity				
Chlorine				
Fluoride (If the DWS provides fluoridation)				

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

Date of legal instrument issued	Parameter	Date Sampled	Result	Unit of Measure
				mg/L
				mg/L

Summary of Inorganic parameters tested during this reporting period or the most recent sample results

Parameter	Sample Date	Result Value	Unit of Measure	Exceedance
Antimony	<u>2024 06 19</u>	<u>Please see attached</u>		
Arsenic	“			
Barium	“			
Boron	“			
Cadmium	“			



Chromium				
*Lead	2023/06/26	0.14	µg/L	
Mercury	2019/09/10			
Selenium	“			
Sodium	2022/08/31	97.0	mg/L	
Uranium	“			
Fluoride	2022/08/31	1.97	mg/L	
Nitrite	<u>Please see attached</u>			
Nitrate	“			

*only for drinking water systems testing under Schedule 15.2; this includes large municipal non-residential systems, small municipal non-residential systems, non-municipal seasonal residential systems, large non-municipal non-residential systems, and small non-municipal non-residential systems

Summary of lead testing under Schedule 15.1 during this reporting period

(applicable to the following drinking water systems; large municipal residential systems, small municipal residential systems, and non-municipal year-round residential systems)

Location Type	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
Plumbing				
Distribution				

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

Parameter <u>PLEASE SEE ATTACHED</u>	Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor	2024 06 19			
Atrazine + N-dealkylated metabolites				
Azinphos-methyl				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlorpyrifos				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				
1,2-Dichloroethane				
1,1,1-Trichloroethylene (vinylidene chloride)				



Dichloromethane				
2,4-Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				
Diclofop-methyl				
Dimethoate				
Diquat				
Diuron				
Glyphosate				
Malathion				
2-Methyl-4-chlorophenoxyacetic acid				
Metolachlor				
Metribuzin				
Monochlorobenzene				
Paraquat				
Pentachlorophenol				
Phorate				
Picloram				
Polychlorinated Biphenyls (PCB)				
Prometryne				
Simazine				
Terbufos				
Tetrachloroethylene (perchloroethylene)				
2,3,4,6-Tetrachlorophenol				
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
Trifluralin				
Vinyl Chloride				
Trihalomethanes (THM) (NOTE: show latest annual average ug/L)				
Haloacetic acids (HAA) (note: show latest annual average ug/L)				

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

Parameter	Result Value	Unit of Measure	Date of Sample

Certificate of Analysis

Sample Receipt Date & Time: 2025-05-23 14:47
 Total Number of Samples Received: 4
 Bacterial Analysis Start Date & Time: 2025-05-23 14:52
 Analysis Date & Time: _____



**Aquatic & Environmental
Laboratory** Inc.

3239 Penetanguishene Rd.
 Barrie, ON. L4M 4Y8
 Telephone: 705-722-5227
 Fax: 705-722-5224
 Email: aquaenvirolab@gmail.com

REPORT TO:	Drinking Water System Address:
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubaushene, ON. L0K 2C0</u>
Address: <u>C/O 91a Fourth Ave.</u>	
<u>Ottawa, ON K1S 2L1</u>	
Contact: <u>Kristine Wilson-Yang</u>	Drinking Water System Number: <u>260025922</u>
Email: <u>wilson_yangk@yahoo.ca;</u> <u>ericjpreston@gmail.com</u>	
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Health Unit: <u>SMDHU</u>
Fax: _____	Comments:
After Hours Contact:	

Total Coliform, E.coli, Background - Method AELAB01-DC Performed by Membrane Filtration
 HPC - Method AELAB02-HPC Performed by Spread Plate
 pH - Method AELAB05-pH Performed by Electrometric Method
 Turbidity - Method AELAB04-Turbidity Performed by Nephelometric Method
 Microcystin - Method AELAB03-Microcystin Performed by ELISA

Regulation:

<input checked="" type="checkbox"/>	170/03	<input type="checkbox"/>	319/08	<input type="checkbox"/>	Private
<input type="checkbox"/>	493/17	<input type="checkbox"/>	N/A	<input type="checkbox"/>	

Date and Time Sampled	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming	Chlorine mg/L		UV System	Laboratory Number	Total Coliform		E.coli		Background		HPC		pH		Turbidity NTU	Microcystin	
		Free	Total			</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/1 mL	Temp. (°C)	pH Unit		</>	µg/L
2025-05-23 14:04	Nelson Hall - D				7248	0		0		0								
2025-05-23 14:10	W.H. - D				7249	0		0		0								
2025-05-23 14:18	Pumphouse - R				7250	0		0		0								
2025-05-23 14:20	Rogers Not For Human Consumption - D				7251	0		0		0								

Results relate only to the items tested. Results apply to sample as received. CFU = Colony Forming Units HPM = Heavy Particulate Matter
 Report not to be reproduced, except in full, without written approval of Aquatic and Environmental Laboratory Inc.

Sample Collection: Kris Wilson-Yang
 Sample Relinquishment: Kris Wilson-Yang

Date Approved 2025-05-26 Approved By

Total Coliform	Detection Limit: 0 - 200	Reportable Limit: 1	Microcystin	Detection Limit: 0.150 µg/L	Reportable Limit: ≥ 1.50 µg/L
E.coli	Detection Limit: 0 - 200	Reportable Limit: 1	pH	Detection Limit: 4 - 10	
HPC	Detection Limit: 300		Turbidity	Detection Limit: 0.10 - 40.0 NTU	

Certificate of Analysis



3239 Penetanguishene Rd.
Barrie, ON. L4M 4Y8
Telephone: 705-722-5227
Fax: 705-722-5224
Email: aquaenvirolab@gmail.com

Sample Receipt Date & Time: 2025-06-18 16:12
Total Number of Samples Received: 4
Bacterial Analysis Start Date & Time: 2025-06-18 16:22
Analysis Date & Time: _____

REPORT TO:	Drinking Water System Address:
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubaushene, ON. L0K 2C0</u>
Address: <u>C/O 91a Fourth Ave.</u>	
<u>Ottawa, ON K1S 2L1</u>	
Contact: <u>Kristine Wilson-Yang</u>	Drinking Water System Number: <u>260025922</u>
Email: <u>wilson_yangk@yahoo.ca;</u> <u>ericjpreston@gmail.com</u>	Health Unit: <u>SMDHU</u>
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Comments:
Fax: _____	
After Hours Contact:	

Total Coliform, E.coli, Background - Method AELAB01-DC Performed by Membrane Filtration
HPC - Method AELAB02-HPC Performed by Spread Plate
pH - Method AELAB05-pH Performed by Electrometric Method
Turbidity - Method AELAB04-Turbidity Performed by Nephelometric Method
Microcystin - Method AELAB03-Microcystin Performed by ELISA

Regulation:

<input checked="" type="checkbox"/>	170/03		319/08		Private
	493/17		N/A		

Date and Time Sampled	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming	Chlorine mg/L		UV System	Laboratory Number	Total Coliform		E.coli		Background		HPC		pH		Turbidity NTU	Microcystin	
		Free	Total			</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/1 mL	Temp. (°C)	pH Unit		</>	µg/L
2025-06-18 13:50	Nelson-Hall Kitchen Dist - D				8988		0		0		0							
2025-06-18 13:58	Wash House Dist - D				8989		0		0		53							
2025-06-18 14:08	Pump House Raw - R				8990		0		0		0							
2025-06-18 14:11	Cabin - NOT FOR HUMAN CONSUMPTION				8991		0		0		2							
	Cabin name: Rogers.																	

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Sample Collection: Mark Abbott Date Approved 2025-06-19 Approved By KA
Sample Relinquishment: _____

Total Coliform Detection Limit: 0 - 200 Reportable Limit: 1 Microcystin Detection Limit: 0.150 µg/L Reportable Limit: ≥ 1.50 µg/L
E.coli Detection Limit: 0 - 200 Reportable Limit: 1 pH Detection Limit: 4 - 10
HPC Detection Limit: 300 Turbidity Detection Limit: 0.10 - 40.0 NTU

Certificate of Analysis

Sample Receipt Date & Time: 2025-07-29 10:07
 Total Number of Samples Received: 4
 Bacterial Analysis Start Date & Time: 2025-07-29 12:06
 Analysis Date & Time: _____



**Aquatic & Environmental
Laboratory** Inc.

3239 Penetanguishene Rd.
 Barrie, ON. L4M 4Y8
 Telephone: 705-722-5227
 Fax: 705-722-5224
 Email: aquaenvirolab@gmail.com

REPORT TO:	Drinking Water System Address:
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubaushene, ON. L0K 2C0</u>
Address: <u>C/O 91a Fourth Ave.</u>	
<u>Ottawa, ON K1S 2L1</u>	
Contact: <u>Kristine Wilson-Yang</u>	Drinking Water System Number: <u>260025922</u>
<u>wilson_yangk@yahoo.ca;</u>	
Email: <u>ericjpreston@gmail.com</u>	Health Unit: <u>SMDHU</u>
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Comments:
Fax: _____	
After Hours Contact:	

Total Coliform, E.coli, Background - Method AELAB01-DC Performed by Membrane Filtration
 HPC - Method AELAB02-HPC Performed by Spread Plate
 pH - Method AELAB05-pH Performed by Electrometric Method
 Turbidity - Method AELAB04-Turbidity Performed by Nephelometric Method
 Microcystin - Method AELAB03-Microcystin Performed by ELISA

Regulation:

<input checked="" type="checkbox"/>	170/03	<input type="checkbox"/>	319/08	<input type="checkbox"/>	Private
<input type="checkbox"/>	493/17	<input type="checkbox"/>	N/A	<input type="checkbox"/>	

Date and Time Sampled	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming	Chlorine mg/L		UV System	Laboratory Number	Total Coliform		E.coli		Background		HPC		pH		Turbidity NTU	Microcystin	
		Free	Total			</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/1 mL	Temp. (°C)	pH Unit		</>	µg/L
2025-07-29 07:42	Nelson-Hall Kitchen Dist - D				11353		0		0		0							
2025-07-29 08:07	Wash House Dist - D				11354		0		0		7							
2025-07-29 08:35	Pump House Raw				11355		0		0		0							
2025-07-29 09:18	Cabin-Rogers - Not For Human Consumption - D				11356		0		0		0							

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Sample Collection: K. Wilson-Yang
 Sample Relinquishment: K. Wilson-Yang

Date Approved 2025-07-30 Approved By

Total Coliform	Detection Limit: 0 - 200	Reportable Limit: 1	Microcystin	Detection Limit: 0.150 µg/L	Reportable Limit: ≥ 1.50 µg/L
E.coli	Detection Limit: 0 - 200	Reportable Limit: 1	pH	Detection Limit: 4 - 10	
HPC	Detection Limit: 300		Turbidity	Detection Limit: 0.10 - 40.0 NTU	

Certificate of Analysis

Sample Receipt Date & Time: 2025-08-28 15:55
 Total Number of Samples Received: 4
 Bacterial Analysis Start Date & Time: 2025-08-28 16:16
 Analysis Date & Time: _____



**Aquatic & Environmental
Laboratory** Inc.

3239 Penetanguishene Rd.
 Barrie, ON. L4M 4Y8
 Telephone: 705-722-5227
 Fax: 705-722-5224
 Email: aquaenvirolab@gmail.com

REPORT TO:	Drinking Water System Address:	Total Coliform, E.coli, Background - Method AELAB01-DC Performed by Membrane Filtration			
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubaushene, ON. L0K 2C0</u>	HPC - Method AELAB02-HPC Performed by Spread Plate			
Address: <u>C/O 91a Fourth Ave.</u>		pH - Method AELAB05-pH Performed by Electrometric Method			
<u>Ottawa, ON K1S 2L1</u>		Turbidity - Method AELAB04-Turbidity Performed by Nephelometric Method			
Contact: <u>Kristine Wilson-Yang</u>	Drinking Water System Number: <u>260025922</u>	Microcystin - Method AELAB03-Microcystin Performed by ELISA			
Email: <u>wilson_yangk@yahoo.ca;</u> <u>ericjpreston@gmail.com</u>		Health Unit: <u>SMDHU</u>	Regulation:		
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Comments:	<input checked="" type="checkbox"/>	<u>170/03</u>	<input type="checkbox"/>	<u>319/08</u>
Fax: _____			<u>493/17</u>	<input type="checkbox"/>	<u>N/A</u>
After Hours Contact:				<input type="checkbox"/>	<u>Private</u>

Date and Time Sampled	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming	Chlorine mg/L		UV System	Laboratory Number	Total Coliform		E.coli		Background		HPC		pH		Turbidity NTU	Microcystin	
		Free	Total			</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/1 mL	Temp. (°C)	pH Unit		</>	µg/L
2025-08-28 15:02	Nelson-Hall Kitchen Dist - D				13688		0		0		0							
2025-08-28 15:19	Wash House Dist - D				13689		0		0		0							
2025-08-28 15:11	Pump House Raw - R				13690		0		0		0							
2025-08-28 15:26	Cabin - Not for Human Consumption - D				13691		0		0		1							

Results relate only to the items tested. Results apply to sample as received. CFU = Colony Forming Units HPM = Heavy Particulate Matter
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Sample Collection: Kris Wilson-Yang
 Sample Relinquishment: _____

Date Approved 2025-08-29 Approved By AF

Total Coliform	Detection Limit: 0 - 200	Reportable Limit: 1	Microcystin	Detection Limit: 0.150 µg/L	Reportable Limit: ≥ 1.50 µg/L
E.coli	Detection Limit: 0 - 200	Reportable Limit: 1	pH	Detection Limit: 4 - 10	
HPC	Detection Limit: 300		Turbidity	Detection Limit: 0.10 - 40.0 NTU	

Certificate of Analysis

Sample Receipt Date & Time: 2025-09-18 13:18
 Total Number of Samples Received: 4
 Bacterial Analysis Start Date & Time: 2025-09-18 13:33
 Analysis Date & Time: _____



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 Barrie, ON. L4M 4Y8
 Telephone: 705-722-5227
 Fax: 705-722-5224
 Email: aquaenvirolab@gmail.com

REPORT TO:	Drinking Water System Address:
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubaushene, ON. L0K 2C0</u>
Address: <u>C/O 91a Fourth Ave.</u>	
<u>Ottawa, ON K1S 2L1</u>	
Contact: <u>Kristine Wilson-Yang</u>	Drinking Water System Number: <u>260025922</u>
Email: <u>wilson_yangk@yahoo.ca;</u> <u>ericjpreston@gmail.com</u>	
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Health Unit: <u>SMDHU</u>
Fax: _____	Comments:
After Hours Contact:	

Total Coliform, E.coli, Background - Method AELAB01-DC Performed by Membrane Filtration
 HPC - Method AELAB02-HPC Performed by Spread Plate
 pH - Method AELAB05-pH Performed by Electrometric Method
 Turbidity - Method AELAB04-Turbidity Performed by Nephelometric Method
 Microcystin - Method AELAB03-Microcystin Performed by ELISA

Regulation:

<input checked="" type="checkbox"/>	170/03	<input type="checkbox"/>	319/08	<input type="checkbox"/>	Private
<input type="checkbox"/>	493/17	<input type="checkbox"/>	N/A	<input type="checkbox"/>	

Date and Time Sampled	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreational Swimming	Chlorine mg/L		UV System	Laboratory Number	Total Coliform		E.coli		Background		HPC		pH		Turbidity NTU	Microcystin	
		Free	Total			</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/100 mL	</>	CFU/1 mL	Temp. (°C)	pH Unit		</>	µg/L
2025-09-18 11:15	Nelson-Hall Kitchen Dist - D				15010		0		0		0							
2025-09-18 11:20	Wash House Dist - D				15011		0		0		0							
2025-09-18 11:30	Pump House Raw - R				15012		0		0		0							
	Cabin NOT FOR HUMAN CONSUMPTION																	
2025-09-18 11:40	Cabin Name: Rogers				15013		7		0		3							

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Sample Collection: Mark Abbott
 Sample Relinquishment: Mark Abbott

Date Approved 2025-09-19 Approved By AF

Total Coliform	Detection Limit: 0 - 200	Reportable Limit: 1	Microcystin	Detection Limit: 0.150 µg/L	Reportable Limit: ≥ 1.50 µg/L
E.coli	Detection Limit: 0 - 200	Reportable Limit: 1	pH	Detection Limit: 4 - 10	
HPC	Detection Limit: 300		Turbidity	Detection Limit: 0.10 - 40.0 NTU	

Subcontracting Certificate of Analysis

3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Regulation:	
<input checked="" type="checkbox"/> 170/03	<input type="checkbox"/> 493/17
<input type="checkbox"/> 319/08	<input type="checkbox"/> Private
<input type="checkbox"/> 243/07	<input type="checkbox"/> N/A



Aquatic & Environmental
Laboratory Inc.

Date Sampled: 2024-06-19 Sample Receipt Date & Time: 2024-06-19 15:43 Total Number of Samples Received: 1

REPORT TO:	Drinking Water System Address:	Water Type:
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubaushe, ON. L0K 2C0</u>	<input checked="" type="checkbox"/> Drinking Water
Address: <u>C/O 91a Fourth Ave. Ottawa, ON K1S 2L1</u>		<input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> RWC <input type="checkbox"/> REC
Contact: <u>Kristine Wilson-Yang</u>		<input type="checkbox"/> Sewage/Waste Water
Email: <u>wilson_yangk@yahoo.ca; ericjpreston@gmail.com</u>	Drinking Water System Number: <u>260025922</u>	<input type="checkbox"/> Soil
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Health Unit: <u>SMDHU</u>	<input type="checkbox"/> Other:
Fax: _____	Comments:	
After Hours Contact: _____		

Parameter	Unit	MAC	AO/OG	MDL/RL	Analysis Start Date	Lab # and Location	NM-328 Nelson Hall (Kitchen)	Lab # and Location	Reference Method
						Result	Result		
Diquat	ug/L	70		1	2024-06-24		1<MDL		IC-LAK-AN-005
Paraquat	ug/L	10		1	2024-06-24		1<MDL		IC-LAK-AN-005
Glyphosate	ug/L	280		1	2024-06-25		1<MDL		IC-LAK-AN-003
Polychlorinated Biphenols (PCBs) - Total	ug/L	3		0.04	2024-06-24		0.04<MDL		GC-LAK-AN-001
Benzo(a)pyrene	ug/L	0.01		0.004	2024-06-27		0.004<MDL		GC-LAK-AN-005
Alachor	ug/L	5		0.02	2024-06-27		0.02<MDL		GC-LAK-AN-018
Atrazine + N-dealkylated metabolites	ug/L	5		0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Atrazine	ug/L			0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Desethyl atrazine	ug/L			0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Azinophos-methyl	ug/L	20		0.05	2024-06-27		0.05<MDL		GC-LAK-AN-018
Carbaryl	ug/L	90		0.05	2024-06-27		0.05<MDL		GC-LAK-AN-018
Carbofuran	ug/L	90		0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Chloropyrifos	ug/L	90		0.02	2024-06-27		0.02<MDL		GC-LAK-AN-018
Diazinon	ug/L	20		0.02	2024-06-27		0.02<MDL		GC-LAK-AN-018
Dimethoate	ug/L	20		0.06	2024-06-27		0.06<MDL		GC-LAK-AN-018
Diuron	ug/L	150		0.03	2024-06-27		0.03<MDL		GC-LAK-AN-018
Malathion	ug/L	190		0.02	2024-06-27		0.02<MDL		GC-LAK-AN-018
Metolachor	ug/L	50		0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Metribuzin	ug/L	80		0.02	2024-06-27		0.02<MDL		GC-LAK-AN-018
Phorate	ug/L	2		0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Prometryne	ug/L	1		0.03	2024-06-27		0.03<MDL		GC-LAK-AN-018
Simazine	ug/L	10		0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018
Terbufos	ug/L	1		0.01	2024-06-27		0.01<MDL		GC-LAK-AN-018

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MAC = Maximum Acceptable Concentration; AO/AG = Aesthetic Objective/Operational Guideline

MDL = Method Detection Limit; RL = Reporting Limit

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Sample Relinquishment: Kris Wilson-Yang

Date Approved 2024-07-02 Approved By [Signature]

Sample Collection: Kris Wilson-Yang

Subcontracting Certificate of Analysis

3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Regulation:	
<input checked="" type="checkbox"/> 170/03	<input type="checkbox"/> 493/17
<input type="checkbox"/> 319/08	<input type="checkbox"/> Private
<input type="checkbox"/> 243/07	<input type="checkbox"/> N/A



Aquatic & Environmental Laboratory Inc.

Date Sampled: 2024-06-19 Sample Receipt Date & Time: 2024-06-19 15:43 Total Number of Samples Received: 1

REPORT TO:	Drinking Water System Address:	Water Type:
Client: <u>Camp NeeKaunis</u>	<u>40 NeeKaunis Rd. Waubauskene, ON. L0K 2C0</u>	<input checked="" type="checkbox"/> Drinking Water
Address: <u>C/O 91a Fourth Ave. Ottawa, ON K1S 2L1</u>		<input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> D <input type="checkbox"/> RWC <input type="checkbox"/> REC
Contact: <u>Kristine Wilson-Yang</u>		<input type="checkbox"/> Sewage/Waste Water
Email: <u>wilson_yangk@yahoo.ca; ericjpreston@gmail.com</u>	Drinking Water System Number: <u>260025922</u>	<input type="checkbox"/> Soil
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Health Unit: <u>SMDHU</u>	<input type="checkbox"/> Other:
Fax:	Comments: <u>AWQI # 165308 for sodium adverse.</u>	
After Hours Contact:		

Parameter	Unit	MAC	AO/OG	MDL/RL	Analysis Start Date	Lab # and Location	NM-328 Nelson Hall (Kitchen)	Lab # and Location	Reference Method
						Result	Result		
Fluoride	mg/L	1.5		0.06	2024-06-24		1.27		EWL-LAK-AN-014
Antimony	ug/L	6		0.6	2024-06-24		0.6<MDL		SPE-LAK-AN-006
Arsenic	ug/L	10		0.2	2024-06-24		0.2<MDL		SPE-LAK-AN-006
Barium	ug/L	1000		0.02	2024-06-24		25.8		SPE-LAK-AN-006
Boron	ug/L	5000		2	2024-06-24		865		SPE-LAK-AN-006
Cadmium	ug/L	5		0.003	2024-06-24		0.003<MDL		SPE-LAK-AN-006
Chromium	ug/L	50		0.08	2024-06-24		0.16		SPE-LAK-AN-006
Mercury	ug/L	1		0.01	2024-06-24		0.01<MDL		SPE-LAK-AN-006
Sodium	mg/L	20	200	0.01	2024-06-24		100 MAC		SPE-LAK-AN-005
Selenium	ug/L	50		0.04	2024-06-24		0.04 <MDL		SPE-LAK-AN-006
Uranium	ug/L	20		0.002	2024-06-24		0.985		SPE-LAK-AN-006
Benzene	ug/L	1		0.32	2024-06-24		0.32 <MDL		GC-LAK-AN-004
Carbon Tetrachloride	ug/L	2		0.17	2024-06-24		0.17<MDL		GC-LAK-AN-004
1,2-Dichlorobenzene	ug/L	200	3	0.41	2024-06-24		0.41<MDL		GC-LAK-AN-004
1,4-Dichlorobenzene	ug/L	5	1	0.36	2024-06-24		0.36<MDL		GC-LAK-AN-004
1,1-Dichloroethylene (vinylidene Chloride)	ug/L	14		0.33	2024-06-24		0.33<MDL		GC-LAK-AN-004
1,2-Dichloroethane	ug/L	5		0.35	2024-06-24		0.35<MDL		GC-LAK-AN-004
Dichloromethane	ug/L	50		0.35	2024-06-24		0.35<MDL		GC-LAK-AN-004
Monochlorobenzene	ug/L	80	30	0.30	2024-06-24		0.30<MDL		GC-LAK-AN-004
Tetrachloroethylene (perchloroethylene)	ug/L	10		0.35	2024-06-24		0.35<MDL		GC-LAK-AN-004
Trichloroethylene	ug/L	5		0.44	2024-06-24		0.44<MDL		GC-LAK-AN-004
Vinyl Chloride	ug/L	1		0.17	2024-06-24		0.17<MDL		GC-LAK-AN-004

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