



**OPTIONAL ANNUAL REPORT TEMPLATE**

<b>Drinking-Water System Number:</b>	260025922
<b>Drinking-Water System Name:</b>	Camp NeeKauNis
<b>Drinking-Water System Owner:</b>	Canadian Yearly Meeting of the Religious Society of Friends (Camp NeeKauNis)
<b>Drinking-Water System Category:</b>	Small Non-Municipal Non-Residential
<b>Period being reported:</b>	2023

<p><b><u>Complete if your Category is Large Municipal Residential or Small Municipal Residential</u></b></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><b><u>Complete for all other Categories.</u></b></p> <p>Number of Designated Facilities served:  <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div></p> <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:  <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1</div></p> <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**

**Supply & Instal Replacemet 1/2 HP Shallow Well Jet Pump. Cost: \$1721.50 Plumber: Harris Plumbing. Date: 2023 09 15.**

**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 See attached	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>2019/09/10</u>	<u>Please see attached</u>		
Arsenic	“			
Barium	“			
Boron	“			
Cadmium	“			



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

\*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)

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

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

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



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

Subcontracting Certificate of Analysis

3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com



Aquatic & Environmental Laboratory Inc.

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

Date Sampled: 2023-06-19 Sample Receipt Date & Time: 2023-06-19 13:41 Total Number of Samples Received: 1

<b>REPORT TO:</b>	<b>Drinking Water System Address:</b>	<b>Water Type:</b>
Client: <u>Camp NeeKaunis</u>	40 NeeKaunis Rd. Waubaushe, ON. L0K 2C0	<input checked="" type="checkbox"/> <u>Drinking Water</u>
Address: <u>C/O 91a Fourth Ave.</u> <u>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: 260025922	<input type="checkbox"/> Soil
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Health Unit: SMDHU	<input type="checkbox"/> Other:
Fax: _____	Comments:	
After Hours Contact: _____		

Parameter	Unit	MAC	AO/OG	MDL	Analysis Start Date	Lab # and Location	NM-295 NH	Lab # and Location	Reference Method
							Result	Result	
Lead	µg/L	10		0.01	2023-06-26		0.14		SPE-LAK-AN-006

Analysis subcontracted to and performed by a lab accredited and/or licenced to perform this specific analysis.

Results relate only to the items tested. Results apply to sample as received.

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

MDL = Method Detection Limit; RL = Reporting Limit

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Sample Relinquishment: Eric Preston Date Approved 2023-06-28 Approved By KN

Sample Collection: \_\_\_\_\_

Subcontracting Certificate of Analysis



Aquatic & Environmental  
Laboratory Inc.

3239 Penetanguishene Rd.  
Barrie, ON. L4M 4Y8  
Telephone: 705-722-5227  
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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

Date Sampled: 2023-07-10 Sample Receipt Date & Time: 2023-07-10 14:01 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"/> <table border="1"> <tr><th colspan="5">Drinking Water</th></tr> <tr><td>R</td><td>T</td><td>D</td><td>RWC</td><td>REC</td></tr> <tr><td></td><td><input checked="" type="checkbox"/></td><td></td><td></td><td></td></tr> </table>	Drinking Water					R	T	D	RWC	REC		<input checked="" type="checkbox"/>			
Drinking Water																	
R		T	D	RWC	REC												
	<input checked="" type="checkbox"/>																
Address: <u>C/O 91a Fourth Ave. Ottawa, ON K1S 2L1</u>	<input type="checkbox"/> Sewage/Waste Water																
Contact: <u>Kristine Wilson-Yang</u>	<input type="checkbox"/> Soil																
Email: <u>wilson_yangk@yahoo.ca; ericjpreston@gmail.com</u>	Drinking Water System Number: <u>260025922</u>	<input type="checkbox"/> Other:															
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	Health Unit: <u>SMDHU</u>																
Fax: _____	Comments:																
After Hours Contact: _____																	

Parameter	Unit	MAC	AO/OG	MDL/RL	Analysis Start Date	Lab # and Location	NM-359 NH	Lab # and Location	Reference Method
Nitrite (as N)	mg/L	1		0.003	2023-07-15		0.003 <MDL		IC-LAK-AN-001
Nitrate (as N)	mg/L	10		0.006	2023-07-15		0.100		IC-LAK-AN-001
Nitrate + Nitrite (as N)	mg/L			0.006	2023-07-15		0.100		IC-LAK-AN-001

Analysis subcontracted to and performed by a lab accredited and/or licenced to perform this specific analysis.

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MDL = Method Detection Limit; RL = Reporting Limit

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Sample Relinquishment: Kris Wilson-Yang Date Approved 2023-07-19 Approved By [Signature]  
Sample Collection: Mark Abbott

**Subcontracting Certificate of Analysis**



**Aquatic & Environmental Laboratory Inc.**

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

Date Sampled: 2023-08-25 Sample Receipt Date & Time: 2023-08-25 14:16 Total Number of Samples Received: 1

<b>REPORT TO:</b>		<b>Drinking Water System Address:</b>		<b>Water Type:</b>											
Client: <u>Camp NeeKaunis</u>		40 NeeKaunis Rd. Waubaushe, ON. L0K 2C0		<input checked="" type="checkbox"/> Drinking Water <table border="1"> <tr> <td>R</td><td>T</td><td>D</td><td>RWC</td><td>REC</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>		R	T	D	RWC	REC					
R	T			D	RWC	REC									
Address: <u>C/O 91a Fourth Ave.</u> <u>Ottawa, ON K1S 2L1</u>		Sewage/Waste Water													
Contact: <u>Kristine Wilson-Yang</u>		Soil													
Email: <u>wilson_yangk@yahoo.ca; ericjpreston@gmail.com</u>		Drinking Water System Number: <u>260025922</u>		Other:											
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>		Health Unit: <u>SMDHU</u>													
Fax: _____		Comments:													
After Hours Contact: _____															

Parameter	Unit	MAC	AO/OG	MDL/RL	Analysis Start Date	Lab # and Location	NH NM-508	Lab # and Location	Reference Method
						Result	Result		
Nitrite (as N)	mg/L	1		0.003	2023-08-31		< 0.003		IC-LAK-AN-001
Nitrate (as N)	mg/L	10		0.006	2023-08-31		0.048		IC-LAK-AN-001
Nitrate + Nitrite (as N)	mg/L			0.006	2023-08-31		0.048		IC-LAK-AN-001

Analysis subcontracted to and performed by a lab accredited and/or licenced to perform this specific analysis.  
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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 2023-08-31 Approved By AF  
 Sample Collection: Kris Wilson-Yang



Certificate of Analysis

Sample Receipt Date & Time: 2023-06-19 13:41  
 Total Number of Samples Received: 4  
 Bacterial Analysis Start Date & Time: 2023-06-19 13:59  
 Analysis Date & Time: \_\_\_\_\_



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Laboratory** Inc.

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

<b>REPORT TO:</b>	<b>Drinking Water System Address:</b>	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>	<b>Drinking Water System Number:</b> <u>260025922</u>	Microcystin - Method AELAB03-Microcystin Performed by ELISA					
Email: <u>wilson_yangk@yahoo.ca;</u> <u>ericjpreston@gmail.com</u>		<b>Health Unit:</b> <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>	<input type="checkbox"/>
Fax: _____			<input type="checkbox"/>	<u>493/17</u>	<input type="checkbox"/>	<u>N/A</u>	<input type="checkbox"/>
After Hours Contact: _____							

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
2023-06-19 11:00	WS - R				7559	0		0		0								
2023-06-19 11:00	NH - D				7560	0		0		0								
2023-06-19 11:00	WH - D				7561	0		0		43								
2023-06-19 11:00	King (Non-Potable) - RWC				7562	0		0		0								

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: Eric Preston  
 Sample Relinquishment: \_\_\_\_\_

Date Approved 2023-06-20 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: 2023-07-10 14:01  
 Total Number of Samples Received: 4  
 Bacterial Analysis Start Date & Time: 2023-07-10 15:28  
 Analysis Date & Time: \_\_\_\_\_



**Aquatic & Environmental  
Laboratory** Inc.

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

<b>REPORT TO:</b>	<b>Drinking Water System Address:</b>	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>	<b>Drinking Water System Number:</b> <u>260025922</u>	Microcystin - Method AELAB03-Microcystin Performed by ELISA			
Email: <u>wilson_yangk@yahoo.ca;</u> <u>ericjpreston@gmail.com</u>		<b>Regulation:</b>			
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	<b>Health Unit:</b> <u>SMDHU</u>	<input checked="" type="checkbox"/>	<u>170/03</u>	<input type="checkbox"/>	<u>319/08</u>
Fax: _____	<b>Comments:</b>	<input type="checkbox"/>	<u>493/17</u>	<input type="checkbox"/>	<u>N/A</u>
<b>After Hours Contact:</b>		<input type="checkbox"/>		<input type="checkbox"/>	<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
2023-07-10 10:24	NH - D				8822	0		0		0								
2023-07-10 11:15	WH - D				8823	0		0		9								
2023-07-10 11:01	Pumphouse-W2 Raw - R				8824	0		0		0								
2023-07-10 10:36	Jones - Not for Human Consumption - D				8825	0		0		0								

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 Date Approved 2023-07-11 Approved By KN  
 Sample Relinquishment: Mark Abbott

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: 2019-08-14 12:01  
 Total Number of Samples Received: 4  
 Bacterial Analysis Start Date & Time: 2019-08-14 12:06  
 Analysis Date: \_\_\_\_\_



**Aquatic & Environmental  
Laboratory** Inc.

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

<b>REPORT TO:</b>	<b>Water Works Address:</b>	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
Client: <u>Camp NeeKaunis</u>	40 NeeKaunis Rd. Waubaushe, ON. L0K 2C0	
Address: <u>C/O 91a Fourth Ave.</u>		
<u>Ottawa, ON K1S 2L1</u>		
Contact: <u>Kristine Wilson-Yang</u>	<b>Water Works Number:</b> <u>260025922</u>	
Email: <u>wilson_yangk@yahoo.ca; ericjpreston@gmail.com</u>	<b>Health Unit:</b> <u>SMDHU</u>	
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	<b>Comments:</b>	<b>Regulation:</b> <input checked="" type="checkbox"/> 170/03 <input type="checkbox"/> 318/08;319/08 <input type="checkbox"/> Private <input type="checkbox"/> N/A
Fax: _____		
After Hours Contact: _____		

Date and Time Sampled	Sample ID, Location and Type: Raw; T = Entry/Treated; D = Distribution; RC = Raw Water Consumed	Chlorine		Temp. of Sample (°C/°F)	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			</>	µg/L
2019-08-14 11:10	NH - D				7611		0		0		0						
2019-08-14 11:20	WH - D				7612		0		0		0						
2019-08-14 11:40	W2 - R				7613		0		0		0						
2019-08-14 11:30	Zavitz - D				7614		0		0		0						

Results relate only to aliquot submitted. CFU = Colony Forming Units HPM = Heavy Particulate Matter  
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Date Approved 2019-08-15 Approved By KN Sample Collection: Eric Preston  
 Sample Relinquishment: Eric Preston

Total Coliform	Detection Limit: 0 - 150	Reportable Limit: 1	Microcystin	Detection Limit: 0.150 µg/L	Reportable Limit: ≥ 1.50 µg/L
E.coli	Detection Limit: 0 - 150	Reportable Limit: 1	pH	Detection Limit: 4 - 10	Reportable Limit: N/A
HPC	Detection Limit: 10 - 2.00 x 10 <sup>3</sup>	Indicates Deterioration: >500	Turbidity	Detection Limit: 0.10 - 40.0 NTU	Indicates Deterioration: N/A

Certificate of Analysis

Sample Receipt Date & Time: 2023-08-25 14:16  
 Total Number of Samples Received: 3  
 Bacterial Analysis Start Date & Time: 2023-08-25 14:29  
 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

<b>REPORT TO:</b>	<b>Drinking Water System Address:</b>
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>	<b>Drinking Water System Number:</b> <u>260025922</u>
<u>wilson_yangk@yahoo.ca;</u>	
Email: <u>ericjpreston@gmail.com</u>	<b>Health Unit:</b> <u>SMDHU</u>
Phone: <u>613-730-4499 or camp 705-538-2357 (seasonal)</u>	<b>Comments:</b>
Fax: _____	
<b>After Hours Contact:</b>	

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

<b>Regulation:</b>	<input checked="" type="checkbox"/>	170/03	<input type="checkbox"/>	319/08	<input type="checkbox"/>	Private
		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
2023-08-25 13:29	NH - D				11628		0		0		0							
2023-08-25 13:39	WH - D				11629		0		0		2							
2023-08-25 13:50	King - D ( Not for Drinking) - D				11630		0		0		0							
2023-08-25 13:27	W2 Raw - R				11627		0		0		0							

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: Kris Wilson-Yang

Date Approved 2023-08-28 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	

Subcontracting Certificate of Analysis

3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com



Aquatic & Environmental Laboratory Inc.

Regulation:			
<input checked="" type="checkbox"/>	170/03	<input type="checkbox"/>	318/08;319/08
<input type="checkbox"/>	Private	<input type="checkbox"/>	N/A

Date Sampled: 2019-09-10

Sample Receipt Date: 2019-09-10

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


Parameter	Reference Method	Reporting Limit	Unit	Guideline/Standard	Lab # and Location	NM-491 Kitchen	Lab # and Location
					Result	Result	
<b>Schedule 23 - Metals</b>							
Total Antimony	MET-93-6103	0.60	µg/L	6	< 0.60		
Total Arsenic	MET-93-6103	0.60	µg/L	25	< 0.60		
Total Barium	MET-93-6103	0.50	µg/L	1000	25.7		
Total Boron	MET-93-6103	10.0	µg/L	5000	866		
Total Cadmium	MET-93-6103	0.20	µg/L	5	< 0.20		
Total Chromium	MET-93-6103	0.60	µg/L	50	0.93		
Total Selenium	MET-93-6103	0.80	µg/L	50	< 0.80		
Total Uranium	MET-93-6103	0.20	µg/L	20	0.95		
Total Mercury	MET-93-6100	0.10	µg/L	1	< 0.10		
<b>Schedule 24 - Volatile Organic Compounds</b>							
Vinyl Chloride	VOL-91-5001	0.17	µg/L	2	< 0.17		
1,1 Dichloroethene	VOL-91-5001	0.30	µg/L	14	< 0.30		
Dichloromethane	VOL-91-5001	0.30	µg/L	50	< 0.30		
1,2- Dichloroethane	VOL-91-5001	0.20	µg/L	5	< 0.20		
Carbon Tetrachloride	VOL-91-5001	0.20	µg/L	5	< 0.20		
Benzene	VOL-91-5001	0.20	µg/L	5	< 0.20		
Trichloroethylene	VOL-91-5001	0.20	µg/L	5	< 0.20		
Toluene	VOL-91-5001	0.20	µg/L	60	< 0.20		
Tetrachloroethene	VOL-91-5001	0.20	µg/L	10	< 0.20		
Ethylbenzene	VOL-91-5001	0.10	µg/L	140	< 0.10		
Xylenes (Total)	VOL-91-5001	0.22	µg/L	90	< 0.22		
1,2- Dichlorobenzene	VOL-91-5001	0.10	µg/L	200	< 0.10		
1,4- Dichlorobenzene	VOL-91-5001	0.10	µg/L	5	< 0.10		

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<input type="checkbox"/>	Private	<input type="checkbox"/>	N/A

Date Sampled: 2019-09-10 Sample Receipt Date: 2019-09-10

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

Parameter	Reference Method	Reporting Limit	Unit	Guideline/Standard	Lab # and Location	NM-491 Kitchen	Lab # and Location
					Result	Result	
<b>Glyphosate in Water</b>							
Glyphosate	TO-1320	20	µg/L		< 20		
<b>Schedule 24 - Benzo(a)pyrene</b>							
Benzo(a)pyrene	ORG-91-5105	0.01	µg/L	0.01	< 0.01		
<b>Schedule 24 - Pesticides &amp; PCBs</b>							
Carbofuran	ORG-91-5101	2.5	µg/L	90	< 2.5		
Carbaryl	ORG-91-5101	5	µg/L	90	< 5		
Diuron	ORG-91-5101	10	µg/L	150	< 10		
Triallate	ORG-91-5101	1	µg/L	230	< 1		
Diquat	ORG-91-5102	5	µg/L	70	< 5		
Paraquat	ORG-91-5102	1	µg/L	10	< 1		
PCB's	ORG-91-5112	0.1	µg/L	3	< 0.1		
Bromoxynil	ORG-91-5110	0.3	µg/L	5	< 0.3		
Diacamba	ORG-91-5110	0.5	µg/L	120	< 0.5		
2,4-D	ORG-91-5110	0.2	µg/L	100	< 0.2		
2,4-Dichlorophenol	ORG-91-5110	0.5	µg/L		< 0.5		
Diclofop-methyl	ORG-91-5110	0.5	µg/L	9	< 0.5		
Pentachlorophenol	ORG-91-5110	0.5	µg/L	60	< 0.5		
Picloram	ORG-91-5110	0.5	µg/L		< 0.5		
2,3,4,6- Tetrachlorophenol	ORG-91-5110	0.1	µg/L		< 0.1		
2,4,6- Trichlorophenol	ORG-91-5110	0.5	µg/L		< 0.5		

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<input checked="" type="checkbox"/> 170/03	<input type="checkbox"/> 318/08;319/08
<input type="checkbox"/> Private	<input type="checkbox"/> N/A

Date Sampled: 2019-09-10

Sample Receipt Date: 2019-09-10

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


Parameter	Reference Method	Reporting Limit	Unit	Guidelien/ Standard	Lab # and Location	NM-491 Kitchen	Lab # and Location
					Result	Result	
<b>Schedule 24 - Pesticides &amp; PCBs</b>							
MCPA	ORG-91-5110	5.0	µg/L		< 500		
Phorate	ORG-91-5103	0.5	µg/L	2	< 0.5		
Dimethoate	ORG-91-5103	2.5	µg/L	20	< 2.5		
Terbufos	ORG-91-5103	0.5	µg/L	1	< 0.5		
Diazinon	ORG-91-5103	1.0	µg/L	20	< 1.0		
Malathion	ORG-91-5103	5.0	µg/L	190	< 5.0		
Chlorpyrifos	ORG-91-5103	1.0	µg/L	90	< 1.0		
Azinphos-methyl	ORG-91-5103	2.0	µg/L	20	< 2.0.		
De-ethylated Atrazine	ORG-91-5104	0.5	µg/L		< 0.5		
Atrazine + N-dealkylated metabolites	ORG-91-5104	0.5	µg/L	5	< 0.5		
Trifluralin	ORG-91-5104	2.0	µg/L	45	< 2.0		
Simazine	ORG-91-5104	1.0	µg/L	10	< 1.0		
Atrazine	ORG-91-5104	0.5	µg/L		< 0.5		
Metribuzin	ORG-91-5104	0.25	µg/L	80	< 0.25		
Alachlor	ORG-91-5104	0.25	µg/L	5	< 0.25		
Prometryne	ORG-91-5104	0.25	µg/L	1	< 0.25		
Metolachlor	ORG-91-5104	0.11	µg/L	50	< 0.11		

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Approved By: 

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<input checked="" type="checkbox"/>	170/03	<input type="checkbox"/>	318/08;319/08
<input type="checkbox"/>	Private	<input type="checkbox"/>	N/A

Date Sampled: 2019-09-10      Sample Receipt Date: 2019-09-10

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

Parameter	Reference Method	Reporting Limit	Unit	Guideline/Standard	Lab # and Location	NM-491 Kitchen	Lab # and Location
					Result	Result	Result
<b>Schedule 24 - Volatile Organic Compunds</b>							
Chlorobenzene	VOL 5001	0.10	µg/L		< 0.10		

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Date Approved: 2021-03-10      Approved By: KN