Camp NeeKauNis

Water Binder

Rev. 2023 09 25

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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:	2022

Complete if your Category is Large Municipal Complete for all other Categories. Residential or Small Municipal Residential **Does your Drinking-Water System serve Number of Designated Facilities served:** more than 10,000 people? Yes [] No [] 1 Is your annual report available to the public Did you provide a copy of your annual at no charge on a web site on the Internet? report to all Designated Facilities you Yes [] No [] serve? Yes [x] No [] **Location where Summary Report required** under O. Reg. 170/03 Schedule 22 will be **Number of Interested Authorities you** available for inspection. report to: Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility? Yes [x] No []

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 []

Indica	ate how yo	u notified system use	rs that yo	ur annual r	eport is available, a	nd is free of
charg						
-	-	ccess/notice via the w				
	•	cess/notice via Gover		fice		
		cess/notice via a news				
		cess/notice via Public				
		cess/notice via a Publ		y		
l.	Public ac	cess/notice via other	method _			
D	accriba van	ır Drinking-Water Sy	vetom			
		Well (127 ft deep) no		disinfoator	l by IIV after protec	atment by two
	tration uni	` /	on-Godi,	uisiiiiectet	i by 0 v anter pretie	atinent by two
111	ti ativii uiii	.13.				
Т	he disinfect	ted supply then goes	to two sen	arate IIV d	lisinfection units eac	h with
		t by two filtration un	_			
_	ilet facility	•	its that se	1 (c (1) the	Michell and (2) a sh	ower and
		•				
Li	ist all water	r treatment chemical	s used ove	r this repo	rting period	
No	ne					
XX			1 4 - 0			
W		gnificant expenses inc	currea to?			
		l required equipment				
		ir required equipment	4			
	[] Керіа	ce required equipmen	ι			
ΡI	ease nrovi	de a brief description	and a hr	akdown of	f monetary exnenses	incurred
	case provid	ie a brief description	and a biv	akuowii oi	i monetar y expenses	meurrea
Pr	ovide deta	ils on the notices sub	mitted in	accordance	e with subsection 18	(1) of the Safe
		ater Act or section 16				` /
	oills Action				g	- P
	ncident	Parameter	Result	Unit of	Corrective Action	Corrective
D	ate			Measure	See attached	Action Date
2	022 09 08	Na	97	mg/L	Reported,	Sept 12
					Called, Signage	2022

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.

perioa coverca k	vereu by this rinnual report.					
	Number of Grab Samples	Range of Results (min #)-(max #)	Unit of Measure			
Turbidity						
Chlorine						
Fluoride (If the DWS provides fluoridation)						

NOTE: For continuous monitors use 8760 as the number of samples.

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
	Na	Aug 31 2022	97.0	mg/L
	F-	Aug 31 2022	1.36	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	2019/09/10	Please see attached		
Arsenic	"			
Barium	44			
Boron	"			
Cadmium	"			

Chromium				
*Lead	2022/08/19	0.15	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	Please see			
	attached			
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)

Lo	ocation Type	Number of Samples	Range of Lead Results (min#) – (max #)	Unit of Measure	Number of Exceedances
Plumb	ing				
Distril	oution				

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

Parameter PLEASE SEE ATTACHED	Sample	Result	Unit of	Exceedance
43. 33	Date	Value	Measure	
Alachlor				
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-Dichloroethylene (vinylidene				
chloride)				

Ontario Drinking-Water Systems Regulation O. Reg. 170/03

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

Regulation:								
>	170/03		318/08;319/08					
	Private		N/A					



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

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

REPORT	TO:	Water Works Address:	,	Water Type:
Client:	Camp NeeKaunis	40 NeeKaunis Rd. Waubaushene, ON. LOK 2C0	~	Drinking Water
Address:	C/O 91a Fourth Ave.			Sewage/ Waste Water
Contact:	Kristine Wilson-Yang			Soil
Email:	wilson_yangk@yahoo.ca; ericjpreston@gmail.	Water Works Number: 260025922		Other:
Phone:	613-730-4499 or camp 705-538-2357 (seasona	Health Unit: SMDHU		
Fax:		Comments:		
After He	urs Contact:			

Parameter	Reference Method	Reporting Limit	Unit	Guideline/ Standard	Lab # and NM-491 Location Kitchen Result	Lab # and Location Result				
		Schedu	le 23 - Met	als						
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					
	Sched	ule 24 - Vol	atile Organ	ic Compunds						
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					

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

Results relate only to aliquot submitted.

Report not to be reproduced, except in full, without written approval of Aquatic and Environmental Laboratory Inc.

Date Approved: 2019-09-23 Approved By:



Regulation:								
~	170/03		318/08;319/08					
	Private		N/A					



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Date Sam	pled: 2019-09-10 Sample Re	eceipt Date: 2019-09-10		
REPORT -	TO:	Water Works Address:	,	Water Type:
Client:	Camp NeeKaunis	40 NeeKaunis Rd. Waubaushene, ON. LOK 2C0	~	Drinking Water
Address:	C/O 91a Fourth Ave.			Sewage/ Waste Water
Contact:	Kristine Wilson-Yang			Soil
Email:	wilson_yangk@yahoo.ca; ericjpreston@gmail.	Water Works Number: 260025922		Other:
Phone:	613-730-4499 or camp 705-538-2357 (seasona	Health Unit: SMDHU		
Fax:	·	Comments:		

er Hours Contact:						
	Reference	Reporting		Guideline/	Lab # and NM-491 Location Kitchen	Lab # and Location
Parameter	Method	Limit	Unit	Standard	Result	Result
		Glypho	sate in Wa	ter		
Glyphosate	TO-1320	20	μg/L		< 20	
		Schedule 2	4 -Benzo(a)	pyrene		
Benzo(a)pyrene	ORG-91-5105	0.01	μg/L	0.01	< 0.01	
	S	chedule 24	- Pesticide	s & PCBs		
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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Date Approved:	2019-09-23	Approved By:	V
			\cup

Regulation:								
~	170/03		318/08;319/08					
	Private		N/A					



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Telephone: 705-722-5227

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Date Sam	pled: 2019-09-10 Sample R	eceipt Date: 2019-09-10		
REPORT	то:	Water Works Address:	1	Water Type:
Client:	Camp NeeKaunis	40 NeeKaunis Rd. Waubaushene, ON. LOK 2C0	~	Drinking Water
Address:	C/O 91a Fourth Ave.			Sewage/ Waste Water
Contact:	Kristine Wilson-Yang			Soil
Email:	wilson_yangk@yahoo.ca; ericjpreston@gmail	Water Works Number: 260025922		Other:
Phone:	613-730-4499 or camp 705-538-2357 (seasons	Health Unit: SMDHU		
Fax:		Comments:		
After Ho	urs Contact:			

	Reference	Reporting		Guidelien/	Lab # and Location	NM-491 Kitchen	Lab # and Location	
Parameter	Method	Limit	Unit	Standard	F	Result	F	tesult
	S	chedule 24	- Pesticide	s & PCBs				
МСРА	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		

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

Results relate only to aliquot submitted.

Date Approved:	2019-09-23	Approved By:	7
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Ministry of the Environment, Conservation and Parks

Notices of Adverse Test Results and Issue Resolution (Schedule 16)

Drinking Water Systems Regulation (O. Reg. 170/03)

Fields marked with	h an asterisk (*) ar	e mandatory.			Website.	1.5.	CA140	40-SEP22		
Section 1 – Writt	ten Notice By Lic	ensed Labora	atory (For	ГНМ гер	orting se	e Sec	tion 2C)	#8		
Indicators of Adve AWQI Number * 159883	Is this	a re-sample? * s ✓ No ☐ Un	nknown If Yo	es, then p	rovide initi	ial AW(QI number	1		
Microbiological *		al/Chemical *	Radiolo					ate Requirement *		
Licensed Laborate	ory Information									
Licensed Laborator SGS Canada	y Name *						CP Laboratory Lic 06	ense Number *		
Unit/Suite Number	Street Number 185	Street Name Concession	Street					10		
City/Town Lakefield	,	Province ON			Telephor 705-652		nber (including area c	ext.		
Email Address			7/				Fax Number (included) 705-652-6365	ding area code)		
Licensed Laborator	ry Emergency Conta	act				1				
Last Name * Didsbury										
First Name * Kimberley					Telephor 705-652		nber (including area c	ext.		
Drinking Water Sy	stem (DWS) Inform	mation								
DWS Name * Camp Neekaunis	S		DWS Nur 2600259		Telephor 613-730		nber (including area c	ext.		
Location * 40 Neekaunis Rd	l, Waubaushene, (ON		Email	Address			=		
DWS Emergency C	Contact Name							-		
Last Name * Wilson-Yang										
First Name * Kristine				Telephone Number (including area code) * 613-730-4499 ext.						
Oral Notification t	o DWS Owner - Pe	rson Contacte	d	e fi			11			
Last Name * Wilson-Yang				First Name * Kristine						
Position of Person Operator	Contacted *									
Telephone Number 613-730-4499	r (including area code) *	ext.	Fax Number (including area code)				(yyyy/mm/dd) * 2/09/08	Time (hh:mm) * 11:53 AM		
Email Address wilson_yangk@y	ahoo.ca	•				'				
Oral Notification t	o Health Unit - Per	son Contacted								
Health Unit Name ' Simcoe Muskoka	* a District Health U	nit	d							
Last Name * Townes				irst Name Rob	*					

	() a			onon i commuca
Position of Person Contacted * Public Health Inspector				
Telephone Number (including are 705-721-7520	a code) * ext.	Fax Number (including area code) 705-722-7696	Date (yyyy/mm/dd) * 2022/09/08	Time (hh:mm) * 11:57 AM
Email Address				
Oral Notification To Spills Ac	tion Centre (SA	C) - Person Contacted		
Last Name * Patel		First Name * Dhara		
Position of Person Contacted * Environmental Officer				
Person Notifying * Kimberley Didsbury			Date (yyyy/mm/dd) * 2022/09/08	Time (hh:mm) * 12:03 PM
Name * Kimberley Didsbury				
Signature	A s			(yyyy/mm/dd) *



Ministry of the Environment, Conservation and Parks

Notices of Adverse Test Results and Issue Resolution (Schedule 16)

Drinking Water Systems Regulation (O. Reg. 170/03)

rields marked with an asterisk () are mandatory.							
Section 2A - Written Notice By Drinking Water	er System	(DWS) Ow	ner (For	THM reporting s	ee Sec	tion 2C)	
Indicators of Adverse Water Quality							
AWQI Number * Is this a re-sample?							
☐Yes X No ☐ U	Jnknown If	Yes, then pr	ovide initia	l AWQI number			
Indicator of Adverse Results							
☐ Microbiological * ☐ Chemical * ☐ Radio	ological *	Operation	nal * [Licence/Order/C	ertificate	Authority *	
Observations of Improperly disinfected water direct	cted to water	users					
Low Distribution Chlorine	mg/	L					
High Turbidity NTU	J						
XOther High Sodium					×		
Details of Adverse Result *							
Sodium reported at 97 mg/mL							
DWS Information							
DWS Name *					DWS No	umber *	
Camp NeeKauNis					26002	25922	
Last Name *		First Name	*				
Wilson-Yang		Kristine					
Position *	na Naal/a	uNI:o					
Trained Person/Operator for Cam	ip iveera	UINIS	-	N			
Email Address			Telephone	Number (including		N20	
wilson_yangk@yahoo.ca Additional Comments		613 730 4499 ext.					
	lia affica. '	705 500 0	0.57				
Phone number of Camp NeeKauN	vis office:	705 538 2	.357				
							
Oral Notification To Local Medical Officer Of Hea	ith - Person	Contacted					
Public Health Unit Name *	ا ما ا مادا						
Simcoe Muskoka District Hea	ith Unit	First Name	*				
Last Name * Dale		First Name	Crai	ia			
Position *							
e ateatro pri 11							
Telephone Number (including area code) * 7705-721-7520 ext.	Fax Number	r (including are	a code)	Date (yyyy/mm/do	d) *	Time (hh:mm) *	
7705-721-7520 _{ext.}	705	722-7696		2022/09/12	2	10:55 am	
DWS Person Providing Oral Notification *		Email Addre					
Kris Wilson-Yang			wilson_	yangk@yahoo.	.ca		
4444F (2018/08) @ Queen's Printer for Ontario 2018						Page 5 of 10	

Fields marked with an asterisk (*) are mandatory	•					Sectio	n 2A continued
Corrective Actions to be Taken by Owner/Operat	tor						
Corrective Actions	Re	quired *		Compl	eted	Co	omments
Resample and Test (including upstream, downstream and at AWQI location)	☐ Yes	X No	□Yes	☐ No	□N/A		
Disinfection Restored / Increased	☐ Yes	X No	□Yes	☐ No	□N/A		
Mains / Pipes Flushed	☐ Yes	X No	□Yes	☐ No	□N/A		
Signs Posted (Do Not Drink Water)	☐ Yes	☐ No	Yes	☐ No	□N/A		
Users Advised to Boil Water / Seek Alternate Source	Yes	X No	□Yes	☐ No	□N/A		
Other (Include any other Health Unit Directions and	any addi	tional attac	chments)				
Other: Signage to alert those on low Na diets	X Yes	☐ No	XYes	☐ No	□N/A	signa	ige emailed
Oral Notification To Spills Action Centre (SAC) -	Person (Contacted					
Last Name * Hamilton		First N	First Name * Neil				
Position * SAC agent							
DWS Person Providing Oral Notifying * Kris Wilson-Yang					Date (yyyy/mm 2022 09	10	Time (hh:mm)* 12:20 pm
Initial DWS Notification Prepared by * Kris Wilson-Yang							
Signature						Date ()	/yyy/mm/dd) *
Mrss.				27		20	22 09 12
Additional Comments							
opies of emails included in this file							

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Ministry of the Environment, Conservation and Parks

Notices of Adverse Test Results and Issue Resolution (Schedule 16)

Drinking Water Systems Regulation (O. Reg. 170/03)

Fields marked with an asterisk (*) are mandat	ory.				
Section 2B - Notice Of Issue Resolution	– Section 16-9 (C	D. Reg. 170/03)			
DWS Information DWS Name * Camp NeeKauNis	20 E. C. S. C. S.		1	D	WS Number * 260025922
DWS Contact Name Last Name *	1 2 3	rst Name *			
Wilson-Yang	15/200	ristine			
Telephone Number (including area code) * 613-730-4499 ext.	Fax Number (i			n_yangk	@yahoo.ca
159883	olved (yyyy/mm/dd) 2022/09/12	* Date Resoluti		Provided (2/09/12	yyyy/mm/dd) *
Are there previous re-sample AWQI Numbers? * Yes X No If known, please provide All Other Resample AV					
Summary of Action Taken and Results Achieved	d (include test resul	ts showing water qu	ality is no	longer adv	verse) *
Signage and direction to alert those and verbal instructions given to post Email alert and signage attached. We will not be re-sampling as we have	in Camp office	2011	Certifica		
Was an Advisory Issued by the Health Unit? *	Advisory Type			Date Issu	ed (yyyy/mm/dd)
☐ Yes ☑ No ☐ Self Imposed Advisory	MECP Labo	oratory 2206		_ 2	2022 09 08
If Rescinded, please select date the advisory was Date Rescinded (yyyy/mm/dd)	as rescinded			=	
Other (Include Health Unit Directions and any ad	dditional attachmen	ts)			
Attached File Name	Created	Modifie	d	Size (MB)	Remove Selected File
Adverse Analytical Result					
		Number of atta	chments	0	
Notification/Report Provided By SGS La	bs MECP 2206				

Last Name *	Please see attachment	First Name *	
Position *			
Signature			Date (yyyy/mm/dd) *
Additional Comm	nents		

Do you have another adverse to report?

Fields marked with an asterisk (*) are mandatory.

☐ Yes

X No

Section 2B continued

¹ The original adverse test result.

² When resolving an AWQI state all resample AWQI number's associated with the initial AWQI. For example, if there is an adverse test result of Total Coliform one of the corrective actions is to resample. If the resample came back adverse then you resample again. You need to continue to resample until the test results for two consecutive sets of samples taken 24 to 48 hours apart are clear or as directed by the Health Unit. At this point, the incident is resolved. Submit the AWQI form and include all related AWQI number's (Initial AWQI number and any Resample AWQI number) on the same Section 2B. This eliminates the requirement to submit a Section 2B form for every adverse test result associated with one incident. If the first resample test result is clear then this section does not apply. For THM's, drinking water system owners/operators are not required to take resamples as part of the prescribed corrective actions; unless directed by the Health Unit.



Ministry of the Environment, Conservation and Parks

Issue Resolution (Schedule 16) Notices of Adverse Test Results and

Drinking Water Systems Regulation (O. Reg. 170/03)

Section 3 – Adverse Analytical Results	Adverse An	Section 3 – Adverse Analytical Results	ults .							
AWQI Number *	Y *			a re-sample? * ✓ No ✓ Unknown	If Yes, then provide initial AWQI number	de initial	AWQI nun	ber		
Licensed Laboratory Name * SGS Canada	oratory Name a	*				NZ	MECP Lab 2206	oratory Lice	MECP Laboratory License Number * 2206	
Select the app	olicable test re	Select the applicable test results you are reporting *	eporting *		=		8			
☐Microbiological Test	jical Test	✓ Physi	cal/Chemica	✓ Physical/Chemical/Radiological Test						
Microbiological Testing	cal Testing									
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time - Sample Collected (yyyy/mm/dd / hh:mm)	- Sample :ted ! / hh:mm)	Sample Type and Sample Location * U: Untreated* T: Treated** D: Distribution		Count / 100 mL		P-A / 100mL Confirmed	Date Data Approved (yyyy/mm/dd) *	Chlorine Residual (mg/l)*** / F- Free / C-Combined
					Total Coliforms (TC)	al ns (TC)	E. coli (EC)			
		Date	Time		C			TC _		F mg/L
								EC		о П
		Date	Time		UU			тс		F mg/L
								EC 🗆		с _П
Physical or C	Chemical or F	Physical or Chemical or Radiological Testing	esting		*					
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd)	- Sample :ted m/dd)	Sample Type and Sample Location * U: Untreated* T: Treated** D: Distribution	cation * Parameter *	eter *	Result(s)**** *		Units of Measure/ Standard	Date Data Approved (yyyy/mm/dd) *
C > 1 A O A O		Date	Time		<u>_</u>					
CA14040- SEP22	8	2022/08/31	3:27 PM	DW NM-575 NH D2	□T Sodium		97.0	mg	mg/L / 20 mg/L	2022/09/08
		Date	Time		<u></u> -					

Signature	Didsbury Kimberley	Notification/Report Provided By Last Name * First Name *	Please describe any other direction perscribed by Health Unit or additional actions taken/results achieved		Attached File Name	Other Information Attached ☐ Yes ☑ No	Has Health Unit been notified? * Health Unit Name * ✓ Yes No Simcoe Muskoka District Health Unit	Fields marked with an asterisk (*) are mandatory.
			en/results achieved		Created			
	Project Specialist	Position *		Number of attachments	Modified		Users Adv	
				0	Size (MB)		/ised to Boi	
Date (yyyy/mm/dd) *					Size (MB) Remove Selected File		Users Advised to Boil/Seek Alternate Water ☐ Yes ☐ No ☐ Unkown	Section 3 continued

** Refers to treated water samples collected downstream of treatment equipment.

**** When reporting Trihalomethanes, please include the latest quarterly average result and the calculated running annual average value.

*** Indicate Free or Combined Chlorine Residual in mg/l for treated drinking water. Enter N/A if no chlorination is provided.

*Only for Drinking Water Systems that obtained exemptions from treatment requirements under O. Reg. 170/03.

Fw: Camp Neekaunis - Adverse sodium

From: kristine wilson-yang (wilson_yangk@yahoo.ca)

To: danielle.pastore@smdhu.org; peter.vreugdenhil@ontario.ca

Cc: ericjpreston@gmail.com; markstuartabbott@gmail.com

Date: Thursday, September 8, 2022 at 02:10 p.m. EDT

Please see the following attachment with results.

I understand that this is not a serious health emergency but is something to advise Camp users through postings.

I also understand that the cut off level of 20 mg/mL is based on recommendations for low-sodium diets and that we should present the results for people to make personal choices regarding levels of intake.

Please let me know if this is an appropriate response. I hope to be very clear with our community so as not to make it seem that our water is not drinkable.

We will also consider a small RO unit for drinking water from the distribution in the kitchen.

Camp NeeKauNis also has a prior exemption: November 20, 2015 Certificate of Approval 6597-A4DN7Y was issued for Camp NeeKauNis stating that re-sampling of sodium does not apply to the Camp NeeKauNis Well Supply System but we will be sampling every 60 months from the sampling date of 31 August 2022 as per our recent inspection

---- Forwarded Message -----

From: Didsbury, Kim (Lakefield) <kim.didsbury@sgs.com>

To: wilson_yangk@yahoo.ca <wilson_yangk@yahoo.ca>; awqi.reporting@ontario.ca <awqi.reporting@ontario.ca>

Sent: Thursday, September 8, 2022 at 12:19:37 p.m. EDT

Subject: Camp Neekaunis - Adverse sodium

Please see attached adverse form for the high sodium results we spoke about today for Camp Neekaunis.

Best regards,

Kimberley Didsbury

Industries & Environment

Project Specialist

Environmental Services

Ontario Sites

SGS Canada Inc.

185 Concession Street, P.O. Box 4300 Lakefield Ontario, Canada K0L 2H0

Phone: +01 705-652-2114

Fax: +01 705-652-6365 E-mail: kim.didsbury@sgs.com

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Camp Neekaunis - adverse sodium_0001.pdf 2.2MB

Re: Sodium Signage to be posted in the Wash House and in Nelson-Hall?

From: Alice Preston (alicepreston956@gmail.com)

To: wilson_yangk@yahoo.ca

Cc: ericjpreston@yahoo.ca; rnunn@brocku.ca

Date: Friday, September 9, 2022 at 01:21 p.m. EDT

Thanks for the heads up.

On Fri., Sep. 9, 2022, 12:56 p.m. kristine wilson-yang, <wilson_yangk@yahoo.ca> wrote:

Note: The sodium level of Camp NeeKauNis's drinking water is naturally above the recommended level for people on sodium-restricted diets.

This may be amended after we talk with the Health Department.

Nothing for you to do but we needed to let you know as you are on site.

Cheers,

Kris

PS: Camp does not promote the use of bottled water in general, though there may be some specific reasons that could occur.

THE WATER FROM OUR WELL IS HIGH IN SODIUM (>20 mg/L). (1)

THIS IS A NATURAL FEATURE OF OUR WATER.

Sodium Level 97 mg/L. In 2L: 194 mg. Recommended Daily Intake: 2300 mg. (2)

CAMP NEEKAUNIS Physical Development Sub-committee

- (1) Notice Required by Simcoe Muskoka District Health Unit
- (2) (https://www.canada.ca/en/health-canada/services/technical-documents-labelling-requirements/table-daily-values/nutrition-labelling.html#p1

2022 09 rev 2023 07

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CAMP NEEKAUNIS Physical Development Sub-committee

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2022 09 rev 2023 07

Regi	ulation:		
>	170/03	319/08	243/07
	402/17	Drivato	NI/A

Sample Collection:

Sample Relinquishment:

Eric Preston



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Approved By

Date Approved 2022-08-02

Fax: 705-722-5224

493	/17	Priva	ite	N/A								Email: ac	uaenvirol	ab@gr	mail.com
Date Sam	pled:			2022-07-20			Sample I	Receipt	: Date:	202	22-07-20		•	- 0	
REPORT										s Address:					Water Type:
Client:		NeeK						40 N	leeKaun	is Rd. Wauba		~	Drinking Water		
Address:		va, ON						1							Sewage/ Waste Water
Contact:								1							Soil
Email:				hoo.ca; ericjp	resto	n@gmai	il.com	Wat	er Work	s Number:	26002592	.2			Other:
Phone:				r camp 705-5											<u>l</u>
Fax:	Comments:														
After Ho	urs Co	ntact:													
										Lab # and Location	NM-417 NH	Lab # and Location			
		Paran	neter			Unit	MAC	AO/OG	MDL	Res	ult		Result		Reference Method
		Nitrite	•	•		mg/L	1		0.003	0.0					IC-LAK-AN-001
	Ni+	Nitrate rate + N				mg/L	10		0.006	0.0					IC-LAK-AN-001 IC-LAK-AN-001
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Regu	ılation:		
>	170/03	319/08	243/07
	493/17	Private	N/A



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Date Sample Receipt Date 2022-08-19 Sample Receipt Date 2022-08-19 Sampl	493	/17	Private	N/A								Email: aq	uaenvirola	ab@gı	mail.com
Client: Camp NeeKaunis Address: C/O 91a Fourth Ave. Ottawa, ON K1S 2L1 Sewage / Waste Water Wilson-yangk@yahoo.ca; ericipreston@gmail.com Water Works Number: 260025922 Other: Parameter Unit MAC A0/OS MDL Result Result Result Reference Methics Refer	Date Sam	pled:		2022-08	3-19		Sample I	Receipt	Date:	:	2022-08-19				
Address: C/O 91a Fourth Ave. Ottawa, ON K1S 2L1 Contact: Kristine Wilson-Yang Email: wilson-yangk@yahoo.ca, ericipreston@gmail.com 613-730-4499 or camp 705-538-2357 (seasonal) Fax: After Hours Contact:	REPORT :	TO:						Wat	er Worl	ks Address:					Water Type:
Sewage/ Waste Water								40 N	eeKaun	is Rd. Wau	ıbaushene, O	N. LOK 2CO		~	Drinking Water
Soil Contact: Kristine Wilson-Yang Soil Soil Soil Comments Soil Co	Address:														Sewage/
Email: wilson_yangk@yahoo.ca; ericipreston@gmail.com Water Works Number: 260025922 Other: Phone: 613-730-4499 or camp 705-538-2357 (seasonal) Health Unit: SMDHU Fax: After Hours Contact: Comments: SMDHU Parameter Unit MAC AD/OG MDL Result Result Result Reference Methors SPE-LAK-AN-OC MINIT Result Reference Methors SPE-LAK-AN-OC MINIT Result SPE-LAK-AN-OC MINIT RESULT SPE-LAK-AN-OC MINIT RESULT Result Result Reference Methors SPE-LAK-AN-OC MINIT RESULT SPE-LAK-AN-OC MINIT RESULT Result Result Reference Methors SPE-LAK-AN-OC MINIT RESULT														\vdash	
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Lead													ļ 		
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.								AO/OG		<u> </u>			Result		
Results relate only to the items tested. Results apply to sample as received.			Leau	ı		дв/ с	10		0.01		0.13	+			JFE-LAK-AN-000
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MDI = Method Detection Limit: RI = Reporting Limit	Results rela	ate only ximum	to the ite Acceptable	ms tested. Re Concentrati	esults ap on; AO/A	ply to samp AG = Aeseth	ole as rec	eived.			ic analysis.				

Sample Collection:	Kris Wilson-Yang	Date Approved	2022-08-30	Approved By	KN	
Sample Relinquishment:	Kris Wilson-Yang					

Regi	ulation:		
>	170/03	319/08	243/07
	493/17	Private	N/A



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

493	/17	Private	N/A								Email: aq	uaenvirol	ab@gr	mail.com
Date Sam	pled:		2022-08	-31		Sample I	Receipt	Date:	:	2022-08-31			- 0	
REPORT	TO:								s Address:				,	Water Type:
Client:		leeKaun					40 N	leeKaur	is Rd. Wau	ıbaushene, C	N. LOK 2C0		~	Drinking Water
Address:	C/O 91	a Fourth	Ave.				4						-	Sewage/
	Ottawa	, ON K19	5 2L1											Waste Water
Contact:	Kristine	Wilson-	-Yang											Soil
Email:	wilson_	yangk@ya	ahoo.ca; e	ricjpres	ton@gma	il.com	Wat	er Worl	s Number	: 26002592	22			Other:
Phone:	613-73	0-4499 o	or camp 7	05-538	3-2357 (se	asonal)	_	th Unit:						
Fax:							Comr	nents: A '	WQI for Sodi	um adverse is 1	159883			
After Ho	urs Cont	act:												
									Lab # and	NM-575	Lab # and			
									Location	N-H D2	Location	i ! •		
		Paramete	r		Unit	MAC	AO/OG	MDL	ı	Result		Result		Reference Method
		Fluoride			mg/L	1.5		0.06		1.36				EWL-LAK-AN-014
		Sodium			mg/L	20		0.01		97.0				SPE-LAK-AN-006
														,
								to perfor	m this specif	ic analysis.				
					ply to samp AG = Aeseth			erational	Guideline					
			PI - Pano			-,	, - 1		-					

MDL = Method Detection Limit; RL = Reporting Limit

Sample Collection:	Kris Wilson-Yang	Date Approved	2022-09-08	Approved By	KN
Sample Relinquishment:	Mark Abbott				

2022-06-24

HPC

14:15

Certificate of Analysis

Sample Receipt Date & Time:	2022-06-24 14:49
Total Number of Samples Received:	3
Bacterial Analysis Start Date & Time:	2022-06-24 14:54

W2 - R



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

REPORT :	TO:		Water W			Coliform,		, ,	round	d - Me	thod	AELAI	B01-D0	Perf	ormed						
Client:	Camp Ne	eeKaunis	40 NeeK	aunis R	d. Wau	baushene, (ON.	LOK 2C0)	b	у М	embrane	Filtrat	tion							
Address:	C/O 91a	Fourth Ave.								F	IPC -	- Method <i>i</i>	٩ELAI	B02-HP0	C Perf	forme	d by	Spread	Plate		
	Ottawa,	ON K1S 2L1								p) H - N	Method A	ELAB(05-pH P	erfor	med b	y Ele	ctrom	etric M	letho	od
Contact:	Kristine V	Wilson-Yang										dity - Met									
Email:	wilson_ya	ngk@yahoo.ca; ericjpreston@gmail.com	Water W	orks N	umber:	2600259	22				Иeth	•	nou r	ALLADO-	T TUIT	Diaity	i ciic	Jilica	by NC	JIICIC	metric
Phone:	613-730-4	1499 or camp 705-538-2357 (seasonal)	Health U	nit:	SMDHU	J				N	Лicro	ocystin - N	1etho	d AELAI	303-N	Microc	ystin	Perfo	rmed b	y ELI	SA
Fax:				:							D			10	/00			. /0.0			
After H	ours Conta	act:									ке	gulation	╘	170, 493	/03 3/17		319 N/A	9/08	P	rivat	<u>e</u>
Date a	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distributio Date and Time RC = Raw Water Consumed; REC = Recreation			orine g/L	Temp. of Sample	Laboratory	Tot	al Coliform		E.coli	Ba	ckground	_	НРС					oidity	Mid	crocystin
Sam	Sampled Swimming			Total	(°C/°F)	Number		CFU/100 mL		CFU/100 mL		CFU/100 mL		CFU/1 ml	-	рН		N	TU		μg/L
2022-06-2	022-06-24 14:20 Rogers - D					6940		0		0		0									
2022-06-2	2-06-24 14:10 NH - D					6941		0		0		0									

6942

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	Date Approved	2022-06-27	Approved By	0
Consider Bullion Colonian	IZ C. VAPI V				_

Sample Relinquishment: Kris Wilson-Yang

Detection Limit: 300

Total Coliform Detection Limit: 0 - 150
E.coli Detection Limit: 0 - 150

Reportable Limit: 1
Reportable Limit: 1
Indicates Deterioration: >500

Microcystin pH Turbidity Detection Limit: 0.150 μg/L Detection Limit: 4 - 10 Detection Limit: 0.10 - 40.0 NTU

0

Reportable Limit: $\geq 1.50 \ \mu g/L$

0

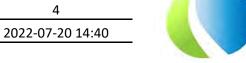
REPORT TO:

Certificate of Analysis

Sample Receipt Date & Time: 2022-07-20 13:09

Total Number of Samples Received: 4

Bacterial Analysis Start Date & Time: 2022-07-20 14:40



Water Works Address:



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Total Coliform, E.coli, Background - Method AELAB01-DC Performed

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Client:	Camp Ne	eKaunis 40	0 NeeKa	aunis R	d. Waul	oaushene, (ON.	LOK 2CO		D	y IVI	embrane i	-11117	ation							
Address:	C/O 91a	ourth Ave.								Н	IPC -	Method A	AEL/	AB02-I	HPC Per	orme	d by Sp	read Pla	ate		
	Ottawa,	ON K1S 2L1								р	H - N	/lethod Al	ELAE	305-pl	H Perfor	med b	y Elect	rometri	ic Met	hod	
Contact:	Kristine V	Vilson-Yang									urbi	dity - Met	hod	AFIA	.B04-Tur	hiditv	Perfor	med by	Neph	elometri	c
Email:	wilson_ya	ngk@yahoo.ca; ericjpreston@gmail.com W	/ater W	orks N	umber:	2600259	22				/leth	,		,,,		,					-
Phone:	613-730-4	499 or camp 705-538-2357 (seasonal) H	ealth U	nit:	SMDHU					N	/licro	cystin - N	leth	od AE	LAB03-N	/licroc	ystin P	erforme	ed by I	LISA	
Fax:		Cc	omments	:							Por	gulation:	. Г	y 1	170/03		319/	ne	Priv	ato	
After Ho	ours Conta	act:									IVE	guiationi	· -	— 	493/17		N/A	06	PIIV	ate	
Date a	nd Time	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RC = Raw Water Consumed; REC = Recreational		orine g/L	Temp. of Sample	Laboratory	Tota	al Coliform		E.coli	Ba	ckground		НРС				Turbidit	tv	1icrocyst	tin
	pled	Swimming	Free	Total	(°C/°F)	Number		CFU/100 mL		CFU/100 mL		CFU/100 mL		CFU/:	1 mL	рΗ		NTU	</td <td>> μg/l</td> <td>L</td>	> μg/l	L
2022-07-2	0 11:00	NH - D				8525		0		0		0									
2022-07-2	0 11:00	WH - D				8526		0		0		0									
2022-07-2	0 11:00	W2 - R				8527		0		0		0									
2022-07-2	0 11:00	WF - D				8528		0		0		0									
																					\dashv

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:	Eric Preston	Date Approved	2022-07-21	Approved By	9	
Sample Relinquishment:						

Total Coliform E.coli

HPC

Detection Limit: 0 - 150
Detection Limit: 0 - 150
Detection Limit: 300

Reportable Limit: 1
Reportable Limit: 1
Indicates Deterioration: >500

Microcystin pH Turbidity Detection Limit: 0.150 μg/L Detection Limit: 4 - 10 Detection Limit: 0.10 - 40.0 NTU Reportable Limit: $\geq 1.50 \mu g/L$

Sample Collection:

Total Coliform

E.coli

HPC

Sample Relinquishment:

Certificate of Analysis

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.

Reportable Limit: 1

Reportable Limit: 1

Indicates Deterioration: >500

Kris Wilson-Yang

Kris Wilson-Yang

Detection Limit: 0 - 150

Detection Limit: 0 - 150

Detection Limit: 300

Sample Receipt Date & Time: 2022-08-19 12:03

Total Number of Samples Received: 3

Bacterial Analysis Start Date & Time: 2022-08-19 12:30



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

REPORT	го:	Water W		Total Coliform, E.coli, Background - Method AELAB01-DC Performed by Membrane Filtration																	
Client:	Camp Ne	eKaunis	40 NeeK	aunis R	d. Wau	baushene, (ON.	L0K 2C0)	ľ	y M	embrane l	Filtr	ation							
Address:	C/O 91a	Fourth Ave.								H	HPC -	Method A	AELA	AB02-	HPC Per	forme	d by S	Spread Plate	е		
	Ottawa,	ON K1S 2L1								ļ)H - I	Method A	ELAI	В05-р	H Perfo	rmed I	by Ele	ctrometric l	Meth	nod	
Contact:	Kristine V	Vilson-Yang									urhi	dity - Met	hod	ΙΔΕΙΔ	R∩⁄I-Tiii	rhidity	Perfo	ormed by Ne	enhe	lometi	ric
Email:	wilson_ya	ngk@yahoo.ca; ericjpreston@gmail.com	Water W	orks N	umber:	2600259	22				Иeth	•	iiou	ALLA	.DO- 101	Diaity	1 0110	Tilled by Ive	Spric	iometi	ic
Phone:	613-730-4	499 or camp 705-538-2357 (seasonal)	Health U	Init:	SMDHU	J				N	Micro	ocystin - N	1eth	od AE	LAB03-	Micro	cystin	Performed	by E	LISA	
Fax:			Comments	S:							Da		. Г	Ī,	70/02		1240	/00	<u>.</u>		7
After Ho	ours Conta									Re	gulation	· -		170/03 493/17	+	319 N/A		Priva	ate	-	
	nd Time	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RC = Raw Water Consumed; REC = Recreationa	m	orine ng/L	Temp. of Sample	Laboratory	Tota	al Coliform		E.coli	1	ckground 1	†	НРС				Turbidity	N	1icrocy:	
	pled	Swimming	Free	Total	(°C/°F)	Number		CFU/100 mL				CFU/100 mL		CFU/	1 mL	рН		NTU		> μg,	/L
2022-08-1		NM - D				10366		0		0	-	0					\rightarrow		+		
2022-08-1		WH - D				10367		0		0	-	0					\dashv		+	┼	
2022-08-1	9 11:00	W2 - R	+-			10368		0		0		0					\dashv		+	+	
																	\dashv		+	+	
			\bot																\perp		
																	ightharpoonup		\bot	 	
							l														

Date Approved

Microcystin

Turbidity

2022-08-22

Detection Limit: 0.150 μg/L

Detection Limit: 0.10 - 40.0 NTU

Detection Limit: 4 - 10

Approved By

Reportable Limit: ≥ 1.50 μg/L

atic and Environmental Eaboratory me. 1 005 Subcontracting ecrisisms	
Subcontracting Certificate of Analysis	

Re	gulation:	
~	170/03	493/17
	319/08	Private
	243/07	N/A



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

243/0)7	N/A							Lillall. aqt	activii olabe	gillall.com
Date Sam	pled:2	2023-06-19	Sample Re	ceipt D	ate & Tir	me:	2023-06	-19 13:41 Total Nur	mber of Samp	ples Received:	1
REPORT	TO:					Drin	king Water	System Address:			ater Type:
Client:	Camp N	eeKaunis					leeKaunis R			✓ R	Drinking Water T D RWC REC
Address:	C/O 91a	Fourth Ave.				Wau	ıbaushene,	ON. LOK 2CO			·
	Ottawa,	ON K1S 2L1								Sew	age/Waste Water
Contact:	Contact: Kristine Wilson-Yang									Soil	
Email:	mail: wilson_yangk@yahoo.ca; ericjpreston@gmail.con					m Drin	king Water	System Number: 2	60025922	Othe	er:
					Hea	lth Unit:	SMDHU				
Fax:						Comi	ments:			_	
After H	ours Con	tact:									
	Paran	neter	Unit	MAC	AO/OG	MDL	Analysis Start Date	Lab # and NM-295 Location NH Result	Lab # and Location	Result	- Reference Method
	Le		μg/	-t		0.01	2023-06-26	0.14			SPE-LAK-AN-006
				-							
									+		
									1		
						•	•	Ī			1

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 = Aesethic Objective/Operational Guideline

MDL = Method Detection Limit; RL = Reporting Limit

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

Subcontracting	Certificate	or Analy	'SI :
Dogulation			

e	gulation:		
/	170/03	493/17	
	319/08	Private	
	243/07	N/A	



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Date Sam	ppled: 2023-07-10 Sam	ple Rec	eipt Da	te & Tir	ne:	2023-07-	-10 14:01	Total Num	ber of Sam	ples Re	ceive	ed: <u>1</u>	_
REPORT	TO:				Drin	Drinking Water System Address:					Water Type:		
Client:	Camp NeeKaunis				40 N	40 NeeKaunis Rd.					>	Drinking Wa	
Address:	C/O 91a Fourth Ave.				Wau	Waubaushene, ON. LOK 2CO					H	~	
	Ottawa, ON K1S 2L1										Sewage/Waste Water		
Contact:	t: Kristine Wilson-Yang										S	Soil	
Email:	wilson_yangk@yahoo.ca; ericjpreston@gmail.co					Drinking Water System Number: 260025922					Other:		
Phone:	613-730-4499 or camp 705	-538-23	57 (sea	isonal)	Health Unit: SMDHU								
Fax:					Comr	Comments:							
After H	ours Contact:												
					MDL/	Analysis	Lab # and Location	NM-359 NH	Lab # and Location			Refer	rence
	Parameter	Unit	MAC	AO/OG	,	Start Date		Result		Result		Met	
	Nitrite (as N)	mg/L	1		0.003	2023-07-15	0.0	03 <mdl< td=""><td></td><td></td><td></td><td>IC-LAK-</td><td>AN-001</td></mdl<>				IC-LAK-	AN-001
	Nitrate (as N)	mg/L	10		0.006	2023-07-15		0.100				IC-LAK-	AN-001
1	Nitrate + Nitrite (as N)	mg/L			0.006	2023-07-15		0.100				IC-LAK-	AN-001

Nitrite (as N)	mg/L	1	0.003	2023-07-15	0.003 <mdl< th=""><th>IC-LAK-AN-</th></mdl<>	IC-LAK-AN-
Nitrate (as N)	mg/L	10	0.006	2023-07-15	0.100	IC-LAK-AN-
Nitrate + Nitrite (as N)	mg/L		0.006	2023-07-15	0.100	IC-LAK-AN

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 = Aesethic Objective/Operational Guideline

MDL = Method Detection Limit; RL = Reporting Limit

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



Re	gulation:	_
>	170/03	493/17
	319/08	Private
	243/07	N/A



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Date Sam	npled: <u>2023-08-25</u> Sam	ple Rec	eipt Da	te & Tir	me: _	2023-08	-25 14:16	Total Num	ber of Samp	oles Received	1
REPORT	TO:				Drin	Drinking Water System Address:					/ater Type:
Client:	Camp NeeKaunis					leeKaunis R	✓ R	Drinking Water T D RWC REC			
Address	: C/O 91a Fourth Ave.				Wau	Waubaushene, ON. LOK 2CO					·
	Ottawa, ON K1S 2L1						Sev	Sewage/Waste Water			
Contact: Kristine Wilson-Yang										Soil	
Email:	wilson_yangk@yahoo.ca; e	ton@g	mail.co	m Drin	king Water	System N	umber: 26	0025922	Oth	er:	
Phone:	613-730-4499 or camp 705-	isonal)	Hea	lth Unit:	SMDHU						
Fax:					Comr	ments:					
After H	ours Contact:										
					MDL/	Analysis	Lab # and Location	NH NM-508	Lab # and Location		Reference
	Parameter	Unit	MAC	AO/OG	,	Start Date		Result	R	esult	Method
	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

				MDL/	Analysis	Location NH NM-508	Location	Reference
Parameter	Unit	MAC	AO/OG		Start Date	Result	Result	Method
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.

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

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

MDL = Method Detection Limit; RL = Reporting Limit

Sample Relinquishment:	Kris Wilson-Yang	Date Approved	2023-08-31	Approved By	Af
Sample Collection:	Kris Wilson-Yang				

REPORT TO:

2023-06-19

11:00

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



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Total Coliform, E.coli, Background - Method AELAB01-DC Performed

by Membrane Filtration

0

Reportable Limit: ≥ 1.50 μg/L

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Client:	Camp Ne	eKaunis]40 N	veekau	nis ku.	vvau	bausnene, i	JIV.	LUK ZCU	,												
Address:	C/O 91a	Fourth Ave.									Н	IPC -	Method A	AELAE	302-HPC	Perf	iorme	d by	Spread	Plate		
	Ottawa,	ON K1S 2L1									р	H - I	Method AE	LABO)5-pH Pe	rfori	med t	oy Ele	ectrome	etric M	letho	od
Contact:	Kristine V	Vilson-Yang																				
Email:		angk@yahoo.ca; ton@gmail.com	Drin	nking W	ater Sys	tem	Number:	2	.600259	22		urbi ⁄leth	dity - Meth iod	nod A	ELAB04-	Turk	bidity	Perf	ormed l	by Ne	helc	metric
Phone:	613-730-4	499 or camp 705-538-2357 (seasonal)	Hea	ealth Unit: SMDHU							N	Microcystin - Method AELAB03-Microcystin Performed by ELISA										
Fax:			Com	Comments:								_					Т	Ι.				\neg
After Ho	ours Conta	act:										Ke	gulation:	 	493/			319 N/A	9/08	Р	rivat	e
Date ar	nd Time	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreation		Chlc mg	orine g/L	System	Laboratory	Tot	al Coliform		E.coli	Ba	ckground		HPC		рН		Turbi	ditv	Mic	crocystin
	pled	Swimming	iai	Free	Total	NV S	Number		CFU/100 mL		CFU/100 mL		CFU/100 mL		CFU/1 mL	Temp	p. (°C) pl	H Unit	NT			μg/L
2023-06-1	9 11:00	WS - R					7559		0		0		0									
2023-06-1	9 11:00	NH - D					7560		0		0		0									
2023-06-1	9 11:00	WH - D					7561		0		0		43									· ·

7562

Drinking Water System Address:

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:	Eric Preston	Date Approved _	2023-06-20	Approved By	1
Sample Relinquishment:					O

Total Coliform Detection Limit: 0 - 200
E.coli Detection Limit: 0 - 200
HPC Detection Limit: 300

Reportable Limit: 1
Reportable Limit: 1

King (Non-Potable) - RWC

Microcystin pH Turbidity Detection Limit: 0.150 μg/L Detection Limit: 4 - 10

0

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



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Total Coliform, E.coli, Background - Method AELAB01-DC Performed

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

REPORT 1	TO:		Drink	ing W	ater Sys	tem	Address:						Coliform,			round	- Me	ethod	d AELAB	01-DC	Perf	ormed
Client:	Camp Ne	eKaunis	40 Ne	eeKau	nis Rd.	Waul	oaushene, (ON.	LOK 2CC)		by Membrane Filtration										
Address:	C/O 91a	Fourth Ave.									ľ	HPC - Method AELAB02-HPC Performed by Spread Plate										
	Ottawa,	ON K1S 2L1									p)H - N	∕lethod Al	ELAE	305-pH P	erforn	ned l	by Ele	ectrome	etric Me	etho	d
Contact:	Kristine V	Vilson-Yang																				
		angk@yahoo.ca;									Т	Turbidity - Method AELAB04-Turbidity Performed by Nephelometric									metric	
Email:	ericjprest	on@gmail.com	Drinki	ing W	ater Sys	tem	Number:	2	600259	22	N	∕leth	od									
Phone:	613-730-4	499 or camp 705-538-2357 (seasonal)	Healtl	h Unit	t: SM	1DHU					N	∕licro	cystin - N	1eth	od AELA	B03-M	licro	cystin	n Perforr	med by	y ELI:	SA
Fax:			Comme	ents:								Res	gulation:	. Г	✓ 170	/03		310	9/08	Pr	rivate	
After Ho	ours Conta	act:										1108	, aiatioiii	·	_	3/17		N/A			Ivac	_
Date ar	nd Time	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreation		Chlo mg	rine g/L	System	Laboratory	Tota	al Coliform		E.coli	Bad	ckground		НРС		рН		Turbi	idity	Mic	crocystin
Sam		Swimming		Free	Total	NV S	Number		CFU/100 mL		CFU/100 mL		CFU/100 mL		CFU/1 m	L Temp.	. (°C) r	pH Unit	NTI			μg/L
2023-07-1	0 10:24	NH - D					8822		0		0		0									
2023-07-1	0 11:15	WH - D					8823		0		0		9									
2023-07-1	0 11:01	Pumphouse-W2 Raw - R					8824		0		0		0									
2023-07-1	0 10:36	Jones - Not for Human Comsumtion - D					8825		0		0		0				\perp				\Box	
																	_				\dashv	
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			+														\dashv				\dashv	
											1						\dashv				\exists	

Date Approved

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:	Mark Abbott

Total Coliform E.coli HPC

Detection Limit: 0 - 200 Detection Limit: 0 - 200 Detection Limit: 300

Reportable Limit: 1 Reportable Limit: 1 Microcystin рΗ Turbidity

Detection Limit: 0.150 μg/L Detection Limit: 4 - 10 Detection Limit: 0.10 - 40.0 NTU

2023-07-11

Reportable Limit: ≥ 1.50 μg/L

Approved By

REPORT TO:

2023-08-25

Total Coliform

E.coli HPC

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



3239 Penetanguishene Rd.

Barrie, ON. L4M 4Y8

Telephone: 705-722-5227

Total Coliform, E.coli, Background - Method AELAB01-DC Performed

by Membrane Filtration

0

Fax: 705-722-5224

Email: aquaenvirolab@gmail.com

Client:	Camp Ne	eKaunis	40 Nee	Kau	nis Rd.	Wau	baushene, (ON.	L0K 2C0)	b	у М	embrane F	-iltra	tion							
Address:	C/O 91a F	ourth Ave.									Н	IPC -	Method A	AELAI	B02-I	HPC Per	forme	ed by	Spread P	ate		
	Ottawa, 0	ON K1S 2L1									р)H - I	Method Al	ELAB	05-pl	H Perfor	med	by Ele	ctrometr	ic Me	etho	od
Contact:	Kristine V	Vilson-Yang																				
Email:		angk@yahoo.ca; on@gmail.com	Drinkin	g W	ater Sys	tem	Number:	2	6002592	22		urbi ⁄Ieth	dity - Metl lod	hod A	AELA	B04-Tur	bidity	, Perfo	ormed by	Nepl	helo	metric
Phone:	613-730-4	499 or camp 705-538-2357 (seasonal)	Health	ealth Unit: SMDHU						N	Лicro	ocystin - M	letho	d AE	LAB03-ľ	Micro	cystin	Perform	ed by	y ELI	SA	
Fax:			Commen	ts:								Res	gulation:	. Г.	1	170/03		310	9/08	Dr	ivate	
After Ho	ours Conta	ict:										110	Salationi	`	-	493/17		N/A	_		ivac	_
Date a	nd Time	Sample ID, Location and Type: R = Raw; T = Entry/Treated; D = Distribution; RWC = Raw Water Consumed; REC = Recreation			orine g/L	System	Laboratory	Tot	al Coliform		E.coli	Ва	ckground		НРС		рН		Turbidi	tv	Mic	crocystin
Sam	pled	Swimming	Fre	e	Total	s vn	Number		CFU/100 mL		CFU/100 mL		CFU/100 mL		CFU/1	1 mL Tem	p. (°C) _[pH Unit	NTU			μg/L
2023-08-2	5 13:29	NH - D					11628		0		0		0		•							
2023-08-2	5 13:39	WH - D					11629		0		0		2									
2023-08-2	5 13:50	King - D (Not for Drinking) - D					11630		0		0		0									

11627

Drinking Water System Address:

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.

Kris Wilson-Yang Sample Collection: Kris Wilson-Yang

W2 Raw - R

Date Approved

2023-08-28

Approved By

Reportable Limit: ≥ 1.50 μg/L

Sample Relinquishment:

13:27

Detection Limit: 0 - 200

Detection Limit: 0 - 200 Detection Limit: 300

Reportable Limit: 1 Reportable Limit: 1 Microcystin Turbidity

Detection Limit: 0.150 μg/L Detection Limit: 4 - 10

0

Detection Limit: 0.10 - 40.0 NTU



CERTIFICATE OF ACHIEVEMENT

ERIC PRESTON

has successfully completed the following course and has been awarded 1.8 CEUs.

Operation of Small Drinking Water Systems - Online course

st The person named in this certificate meets the requirements of Clause (b) of the definition of "Trained Person " in subsection 1 (st	1) of O. Reg.
170/03 (Drinking Water Systems) made under the Safe Drinking Water Act, 2002 for 36 months after the issue date.	_

Brian Botton	October 14, 2022
Brian Bates	* Issue Date

CEO www.wcwc.ca



CERTIFICATE OF ACHIEVEMENT

KRIS WILSON-YANG

has successfully completed the

Best Practices for Small Systems course

WWOCS Course ID # 10034

April 12, 2021 to April 13, 2021

Director Approved Continuing Education Units: 0.7

Dela	April 13, 2021
Carl Kuhnke	Date

CEO www.wcwc.ca



CERTIFICATE OF ACHIEVEMENT

MARK ABBOTT

has successfully completed the following course and has been awarded 1.8 CEUs.

Operation of Small Drinking Water Systems - Online course

st The person named in this certificate meets the requirements of Clause (b) of the definition of "Trained Person " in subsection 1 (st	1) of O. Reg.
170/03 (Drinking Water Systems) made under the Safe Drinking Water Act, 2002 for 36 months after the issue date.	_

Brian Bates

September 14, 2022

* Issue Date

CEO www.wcwc.ca

m

9823 Seam

Camp NeeKauNis Water System Maintenance Record

Sire Assessing	20							
	1	R		_	R			
Date Time	Solenoid	Solenoid	Filter Train UV	UV Level	UV Level	Other	Actions	Initials
	Test √	Test √	ΔΡ	%	%	Maintenance		
20/08/200 2:45pm				30			tomassochiel	MA
witched t	X	<	0050	1000	100%	Lsolenoid	an Ma	1100
	om c			., , 0	. , ,	neeks	ame La	
	1			`).		changing		11/2
						5	DU want Switched ON	111
*			1			,	1	10/
15/10/200 10:20 on		2	1 mi	40		Ris Jennit +	much (x) ginder	1
		•	1	00			subject those on	(
								1
			1		870)	1	TOURS IN MALTINE.	1111
							3 chuck sugar	
18/10/2002 11.am		Ars.	em	Shur	A class	7	Was filled	March
14/6-1202 01	Poles	anit	Sh. ~	that	1			
	1		'					5
	m	nh+	the	,				823
							2	Mart
	×	<	3890		848	? cleek sl	seve	0
			Ü			Asolenoid	(11)	
20/1/10	11	1	01/0	100	1	Saal van 11-	- ed this reason -	MA
6,180K101	MOR	1000	where	1	12 ha			T. 4.
23/06/18	<	<	005		2066			2
00.8 2290	7	7	0	20	99	FLUSHED!	LINES WITH BLEACH	000
8.21.29	1		3	90				1

Solenoid Check: Simulate Power Outage and Check Box it Solenoid Clicks Off and Water is cut

Pressure Differential Δ P: Report difference in fore and aft pressures on filter train 14% is cut off to change filters

Willow - Kris W. Gan - Tang

2023 Earn

Camp NeeKauNis Water System Maintenance Record

	-	D			R				
Time	Solenoid	Solenoid	Filter Train UV Level	IV Level	UV Level	Other	Actions	2	Initials
Care	Test V	Test √ *	ΔP 9	%	%	Maintenance	R- cheek	38	R
11:80/22/17		×	1052	99	96	SHI	Bord wee	EK STERMINI	1
			620	-	11		Ward I	Sur A2 x	1
						cleaning	00 ev	0	
			,	-		*	nut low	*	+
ž.						1	- will call	Manky Vonice	agr.
									1
									1
									1
									1
									+
									1
									+
									+
		1							
									+

Solenoid Check: Simulate Power Outage and Check Box if Solenoid Clicks Off and Water is cut

Pressure Differential Δ P: Report difference in fore and aft pressures on filter train 14% is cut off to change filters

	_	R		L	R			
Date Time	Solenoid	Solenoid	Filter Train UV Level	UV Level	UV Level	Other	Actions	Sientiul
	Test V	Test V	ΔP	%	%	Maintenance		CAI
20/100 2.40 mm	$\overline{}$	mit in wee	1291	100%	not in use	*did check	transented	0
						2nd system ox	from mer from	
						V	" hatamed"	7
31/08/2002 4:10	X md	<	1051	CH	1000%	needs now	Solener (L)	143
							2	
70:01 nocpilal	×	<	1061	7	979	4	3	144
		0		3	-			
16/10/20 12:30	0	close	or do	man 1	instem			(Jane)
1 - 1 - 2	<		1451	1009			wannow & has	7
-		+ 2	-	Ruc	& Ma	W.	NEW FILL	Well Say
, ,	-	1			•			1
8/6/2013 :11	1:50 2	<	1081	1000%	100%-	total	anul -cheek	AM
11			"			1	(4)	1)
1,6 22 33	18		08/	001		-	FCHECKED-15 0	スかけれ
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Solenoid Check: Simulate Power Outage and Check Box if Solenoid Clicks Off and Water is cut

Pressure Differential Δ P: Report difference in fore and aft pressures on filter train 14% is cut off to change filters

1177 - Kris Wilson- Yang

Camp NeeKauNis Water System Maintenance Record

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Solenoid Check: Simulate Power Outage and Check Box if Solenoid Clicks Off and Water is cut

Pressure Differential Δ P: Report difference in fore and aft pressures on filter train 14% is cut off to change filters

Photograph this Will - Kristwiker-Young

Camp NeeKauNis Water System Maintenance Record

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Solenoid Check: Simulate Power Outage and Check Box if Solenoid Clicks Off and Water is cut

Pressure Differential Δ P: Report difference in fore and aft pressures on filter train 14% is cut off to change filters

MM. Kim Wilsa - Yang.

Robin Smith Engineering

5365 Line 4, Hillsdale ON LOK 1V0 Ph (705)835-1556 Fx (705) 835-5894 Cell (705) 321-6995

Report

To: Quaker Camp NeeKauNis
Wilf Ruland, Paul Sheardown

JULY (12 usgpm) which is less than 2.0 literan

From: Robin Smith polices better aww leveloga to elections a periodical

Date: May 12, 2017 bna einemenluper grinofinom lenotibbe riffw anideo a nerbliro

Re: Small Non-Municipal Non-Residential Drinking Water System

Engineering Evaluation Report: Updated for New POU System - #616

The following addresses the O.Reg.170/03 requirements of the Engineer's Report for Camp NeeKauNis. The report represents site conditions as they were found in September 2016 and reflects the requirements of amendment to O.Reg. 170, 374/15.

It is the Owner's responsibility to meet the requirements of the Regulation applicable to the system category. The following information will assist in meeting those requirements but will not replace the operator's requirement to reference and understand the regulatory requirements for the system category. Note that future amendments may modify those requirements, particularly for training, testing and monitoring listed below. For additional guidance refer to the guide "Providing Safe Drinking Water to the Public" for Drinking water Systems that Serve Designated Facilities and found at the MOE website www.ene.gov.on.ca.

Drinking Water System Name / Number / Water Source:

Camp NeeKauNis:

Well Supply - 260025922; Groundwater

Category:

- Non-Municipal Non-Residential Small, serving designated facility
- Children's Camp
 Children's Camp

 Pump tests we conducted from the raw water supply pumps P1 and P2 indicate maximum pumping rate of 0.76 l/s (12 usgpm) which is less than 2.9 litres/s

The camp is divided into two areas. The kitchen/dining hall, wash-house and children's cabins constitute the 'designated facility' component of the site when the children's camp is operational. Other cabins are reserved for adults, or adults and family only, and do not constitute a designated facility.

Within the designated facility, the kitchen / dining hall and the wash-house water treatment system has been upgraded to meet O.Reg.170. The children's cabins, within which there are some washroom facilities (sinks), have not yet been up graded to be served by a drinking water system meeting the requirements of O.Reg.170. However, a Certificate of Approval was issued granting Relief from Regulatory Compliance for the provision of secondary disinfection for the water supply to the children's cabins with additional monitoring requirements and conditions.

The Wash-house and Kitchen/Dining Hall point of entry/point of use drinking water systems are the primary focus of this report.

Additionally, the Central Pumphouse, which serves the entire site, does include previously upgraded UV light primary disinfection. The Camp executive and membership wished to avoid the use of chlorine in the drinking water. Therefore, secondary disinfection has not been employed.

It should also be noted that there are periods during the year when the camp does not operate as a designated facility. The testing requirements noted herein pertain to those periods when the Camp does operate as a designated facility.

Groundwater Quality

- General Water Chemistry tests including Schedule 23/24 parameters, were carried-out in 2009, and Schedule 23/24 parameters were again tested in 2014, indicating generally good quality water.
- The water is generally of very good quality, and is suitable for a potable water supply subject to treatment.
- Fluoride is slightly elevated at 1.23 mg/l but is less than the accepted limit or 1.5 mg/l.
- Sodium is at 92.4 mg/l, which is elevated above the 20 mg/l threshold. The Medical Officer of Health has been notified of this exceedance. A relief from compliance had been issued for the re-sampling of sodium provisions of 18-13(1).
- Hardness is quite low at 49 mg/l, therefore the water is quite amenable to UV disinfection. Calcium hardness which can deposit on UV sleeves is therefore

reduced. There will be an ongoing requirement to clean the sleeves however, it is not expected to be an onerous requirement.

Minimum Level of Treatment - Section 2:

Groundwater Supply - Central Pumphouse

- The treatment schematic for the as-built configuration are enclosed, SK1-ASBLT, SK2-ASBLT and SK3-ASBLT.
 - Documents relied on include Procedure for Disinfection of Drinking Water in Ontario, NSF and 10 States Standards, Manufacturer's literature
- The well pump supplies a raw water reservoir. As the existing well is of low yield capacity, the well is flow restricted to supply the reservoir, independent of the Camp potable water demand.
 - A distribution pump in the reservoir supplies the Camp to meet the real-time demand.
 - Filtration and primary disinfection are provided in the Central Pumphouse

Filtration

- 1 train of 2 cartridges in series Capacity 1.25 l/s total which meets/exceeds pump capacity
- Combination of cartridges include may be used including
 - graduated cartridge 2501 (25 to 1 micron), and 1 micron cartridges, or
- 5 micron and 1 micron cartridges
 - Filtration capability to 1 micron to < 0.4 NT

Primary Disinfection – Ultraviolet Light:

- Primary disinfection by Sterilight SPV950-HO which generates dosage rate (Fluence) of 40 mJ/cm2 at End of Lamp Life, has capacity of 15 USgpm (and is flow restricted) which exceeds the pump capacity from the reservoir
 - Shut-off solenoid is provided for fail-safe operation, preventing undisinfected water from entering distribution system.
 - Water quality / lamp intensity sensor is provided to ensure UV dosage is provided to maintain 40 mJ/cm2 effective dosage.

graduated cartridge 5005 (50 to 5 microh); and 5 micron darbdook or

Point of Entry Treatment - Kitchen / Dining Hall

- The Kitchen / Dining Hall is served with a Point of Entry filtration and primary disinfection system
- Filtration
 The peacetre star nodes policy that as any not assume the province and any of the peacetre.
- 1 train of 2 cartridges in series Capacity 1.25 l/s total which meets/exceeds pump capacity

Combination of cartridges include may be used including

- graduated cartridge 5005 (50 to 5 micron), and 5 micron cartridges, or
- 10 micron and 5 micron cartridges, as the water has been pre-filtered prior to discharge to the kitchen/dining hall building.
 - Primary Disinfection Ultraviolet Light:
- Primary disinfection by Sterilight SPV950-HO which generates dosage rate (Fluence) of 40 mJ/cm2 at End of Lamp Life, has capacity of 15 USgpm (and is flow restricted) which exceeds the pump capacity from the reservoir to the Kitchen / Dining Hall building

 Shut-off solenoid is provided for fail-safe operation, preventing undisinfected water from entering distribution system.

 Water quality / lamp intensity sensor is provided to ensure UV dosage is provided to maintain 40 mJ/cm2 effective dosage

Point of Entry Treatment - Wash-house

- The Wash-house is served from the Central Pumphouse raw water storage tank by gravity, and where the Wash-house System boosts the pressure for the Wash-house with a centrifugal pump. The Wash-house system provides Point of Entry filtration and primary disinfection.
- Filtration or believing at towned visiting to the twill be the search
 - 1 train of 2 cartridges in series Capacity 1.25 l/s total which meets/exceeds pump capacity

Combination of cartridges include may be used including

graduated cartridge 5005 (50 to 5 micron), and 5 micron cartridges, or

10 micron and 5 micron cartridges

- Primary Disinfection Ultraviolet Light:
 - Primary disinfection by Sterilight SPV950-HO which generates dosage rate (Fluence) of 40 mJ/cm2 at End of Lamp Life, has capacity of 15 USgpm (and is flow restricted) which exceeds the pump capacity from the reservoir to the Wash-house building

 Shut-off solenoid is provided for fail-safe operation, preventing undisinfected water from entering distribution system.

 Water quality / lamp intensity sensor is provided to ensure UV dosage is provided to maintain 40 mJ/cm2 effective dosage

Training Requirement:

- You require a "trained person" under the regulation, or equivalent on the basis of subsequent amendments or regulations which may address training of operators to operate this category of system
- The operator shall, at a minimum have completed an approved correspondence course
- Currently staff / volunteers have completed the Operation of Small Drinking Water systems course meeting the above requirement.
- Continuing education / training requirements in the regulations necessitates completing the small water systems course and exam every 3 years.
- For updates and additional annual training requirements refer to the Walkerton Clean Water Centre website www.wcwc.on.ca

Sampling and Monitoring - When in Operation as Designated Facility:

- Sampling taps are provided in order to sample raw water, filtered water, and disinfected water in the Central Pumphouse
- The kitchen tap in the plumbing of the Kitchen / Dining Hall building, or ST3 shall be used for sampling from the Point-of-Use system
- The wash-house sink in the plumbing of the Wash-house building, shall be used for sampling from the Point-of-Use system
- Children's cabins shall be sampled periodically at the sink taps on a rotating basis.
- The equipment necessary to comply with Schedules 6 and 9 is installed for the Point-of Use system serving the Kitchen/Dining Hall building and the Wash-house building.

Kitchen / Dining Hall Facility and Wash-house – Each Point of Use System Microbiological Sampling (E-Coli, Total Coliform, HPC, Sched 6,12)- Monthly:

Plumbing system at extremities (tap) within the buildings— Monthly

Microbiological Sampling (E-Coli, Total Coliform, Sched 12):

Raw Water shall be tested in the Central Pumphouse at ST1 - Monthly

Quarterly (per Schedule 15) when system in operation:

Nitrate, Nitrite - Central Pumphouse ST4

Annually (per Schedule 15.2 and subject to reduction per 15.2 (1.1)):

 Lead from distribution/plumbing system in Kitchen/Dining Hall and Washhouse at tap

60 Months (per Schedule 15):

- Schedules 23 and 24 (incl MPCA) in treated water Central Pumphouse ST4
- Sodium & fluoride in treated water Central Pumphouse ST4. Sodium resampling for adverse is not required.

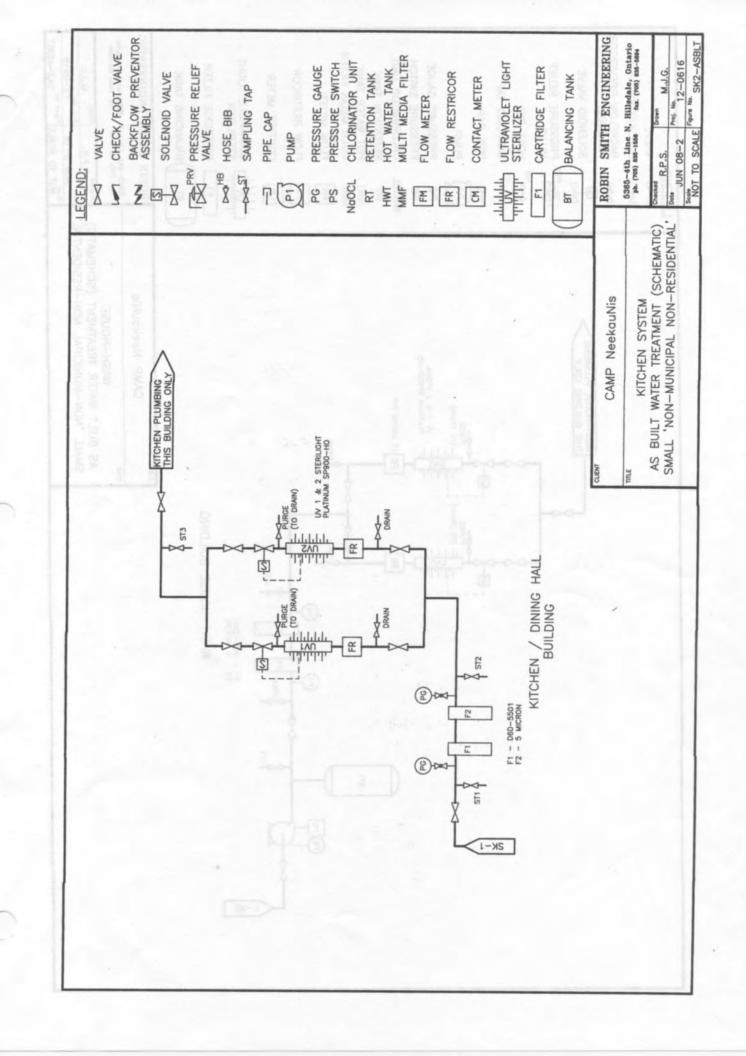
Bi-weekly Children's Cabins Microbiological Sampling (E-Coli, Total Coliform, Sched 12, and Certificate of Approval 857-8WTJAX):

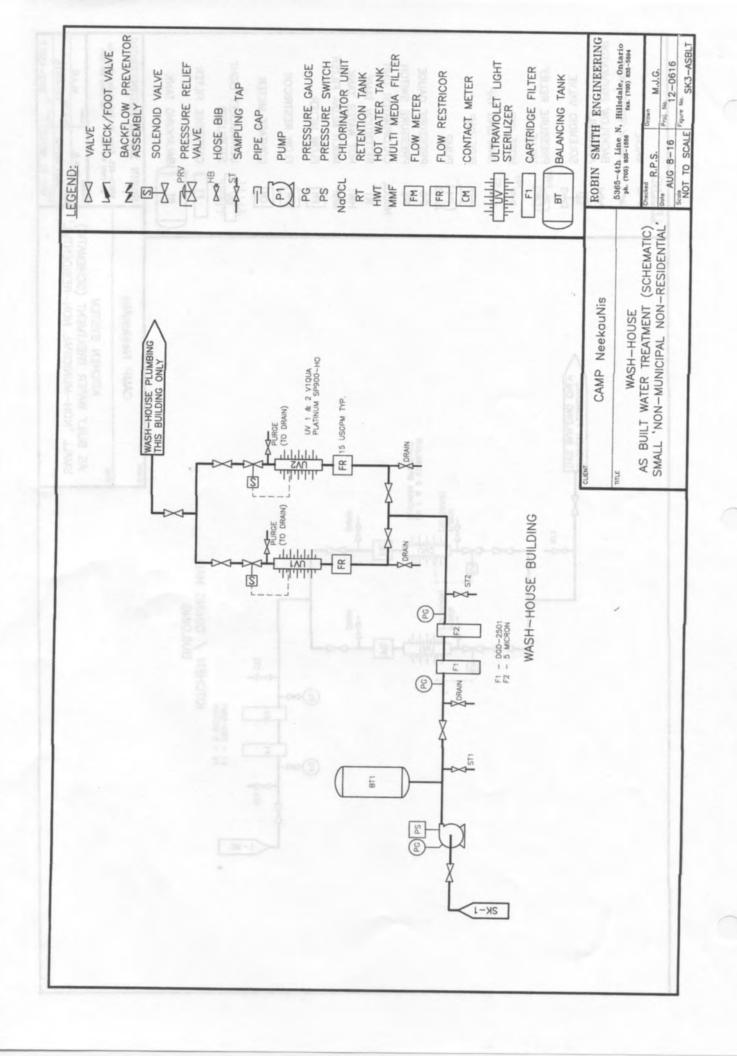
 On a rotational basis the children's cabins shall be tested bi-weekly in lieu of providing secondary disinfection.

Maintenance Schedule:

The following schedule outlines the minimum requirements for inspecting, testing, and/or replacement of installed treatment equipment:

 Filters: Monitor system pressure. If pressure loss across filters exceeds 14 psi check/change cartridges.





- UV Sterilizers: Change bulbs every 9000 hours of operation; Monitor water quality condition indicator on UV sterilizer for alarms. If water quality alarm is indicated, check or clean sleeve and sensor. If water quality alarm persists, check filters.
- Bi-weekly, the proper operation of the fail-safe solenoid must be checked and logged. The method of testing is outlined below: Central Pumphouse
 - Close Distribution Isolation valve
- Unplug UV Unit
 - Open ST4

Flow should cease at the tap with the correct operation of the solenoid. Energize the UV unit. Flow should resume after the system checks are completed. Close sample tap and re-open distribution valve.

Kitchen/Dining Hall

Test fail-safe shut-off Solenoid valve1

- Close Plumbing Isolation valve
- Close Solenoid Isolation valve UV2
- Unplug UV1
- Open ST3

Fail-safe shut-off Solenoid 1 should close and flow at ST3 should cease

Test fail-safe shut-off Solenoid valve 2

- Close Plumbing Isolation valve
- Close Solenoid Isolation valve UV1
- Unplug UV2
- Open ST3

Fail-safe shut-off Solenoid 2 should close and flow at ST3 should cease

Wash-house

Test fail-safe shut-off Solenoid valve1

- Close Plumbing Isolation valve
- Close UV Isolation valve UV2
- Unplug UV1
- Open Purge Valve 2

Fail-safe shut-off Solenoid 1 should close and flow at Purge valve 2 should cease.

Test fail-safe shut-off Solenoid value 2

- Close Plumbing Isolation valve
- Close UV Isolation valve UV1
- Unplug UV2
- Open Purge Valve 1

Fail-safe shut-off Solenoid 2 should close and flow at Purge valve 1 should cease.

- It is recommended that the distribution system be chlorinated to clean / disinfect the inside of the pipes when starting up system after a shut-down when the system has been depressurized, and drained. Feed chlorine into system using chlorinator or empty cartridge housing, to attain levels of 50 mg/l (strong odor) at taps. Let sit in pipes for a minimum of 2 hours, up to 24 hours to disinfect prior to flushing and putting system into service. After attaining the prescribed contact time, flush the plumbing and distribution lines of dirty water and chlorine.
- Maintain spare parts on hand for disinfection and filtration equipment including UV sleeve, sensor and bulb, and filter cartridges.

ADVERSE TEST RESULTS

- Immediately notify by phone the MOE Spills Action Centre and your local Medical Officer of Health
- Using the form 'Notice of Adverse Test Results' provide written notice to the SAC and Medical Officer of Health within 24 hours of verbal report
- Carry-out Corrective Action
- Post notices consult with Ministry staff to ensure proper notice
- Note that elevated HPC does not constitute Adverse Water Quality and no specific corrective action is required. The operator should be aware of elevated HPC and the potential indication for other microbiological problems if / when this occurs.

The table in the guide "Providing Safe Drinking Water to the Public" is a good reference for the Corrective Action and Notification Procedures.

ANNUAL REPORTS & RETENTION OF RECORDS

Annual Reports continue to be required. Section 11 of O.Reg. 170 delineates the requirements. Note that you are required to prepare the Annual Report and have it available for guests or the MOECC to review upon request.

Forms are available on the MOECC website. Submission of the report to the MOE is not required unless requested by Ministry Staff.

Various system records must be retained for several years up to 15 years. The Guide outlines the requirements.

Note you must have records, and your reports available for the Public to view onsite. Recommended items for your records but not limited to can include:

- Engineering Evaluation Report
- · Bacteriological monitoring data
- Records of all chemical sampling and testing
- Records of chlorine residual (if used)
- Laboratory services notification forms for the lab you are using
- Certification of chemicals used in process (ie chlorine)
- Schematic of treatment system
- Training certificates
- Notices of any Adverse Water Quality Incidents (Forms 1, 2a, 2b, 3)
- Boil water advisories issued by Medical Officer of Health
- Complaint form used
- Any calibration records for equipment / test units (ie if using turbidity meter)
- Annual reports
- Contingency / Emergency Plan
- Operations Manual
- Maintenance / Repair Records
- Logbooks

In my opinion, the Kitchen/Dining Hall and Wash-house DWS's are providing the equipment necessary to comply with Schedule 2 and the operational checks required under Schedules 6 and 9 as amended to O.Reg. 374/15.

I trust the foregoing is of assistance. Should you have any further questions please do not hesitate to call.

P. R. P. SMITH

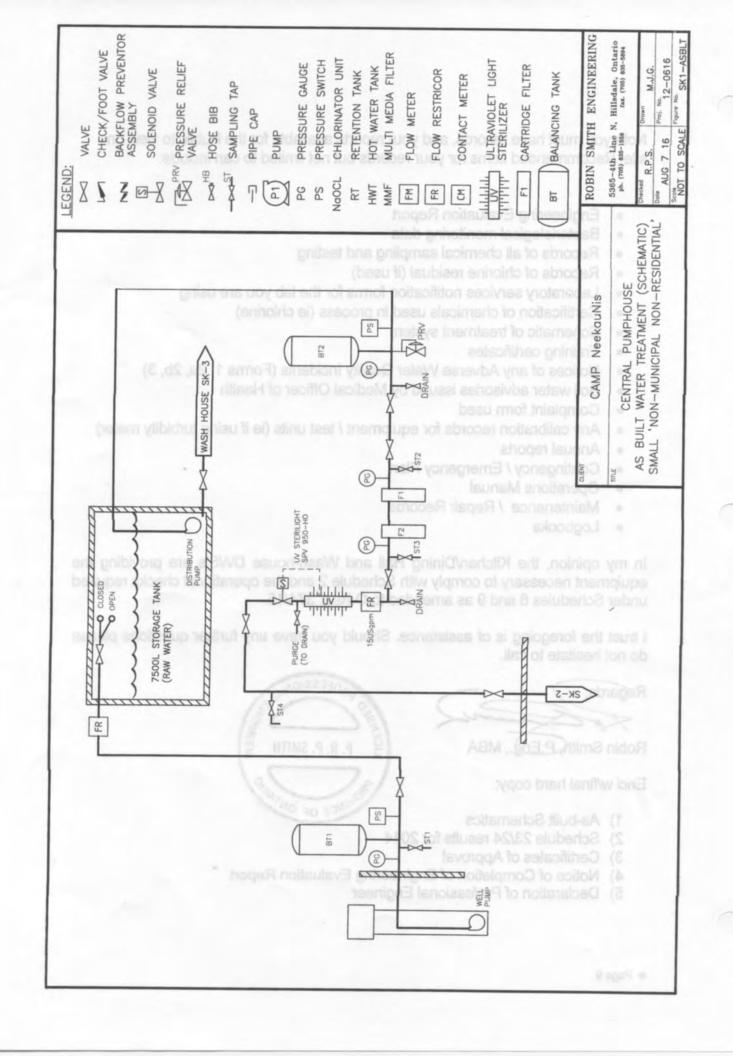
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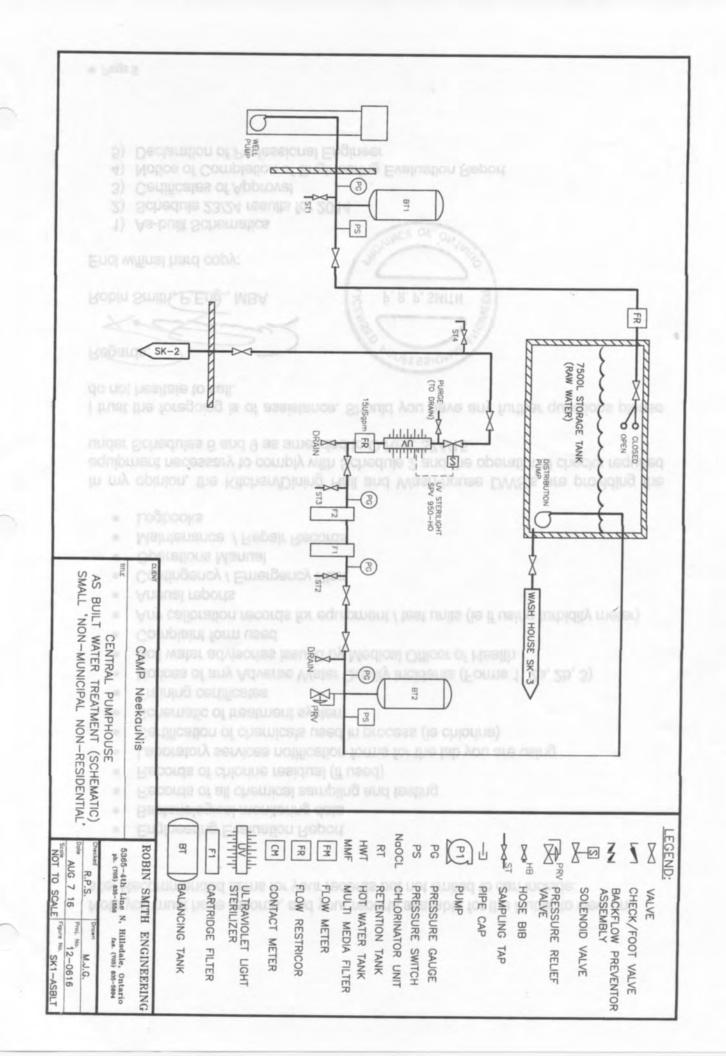
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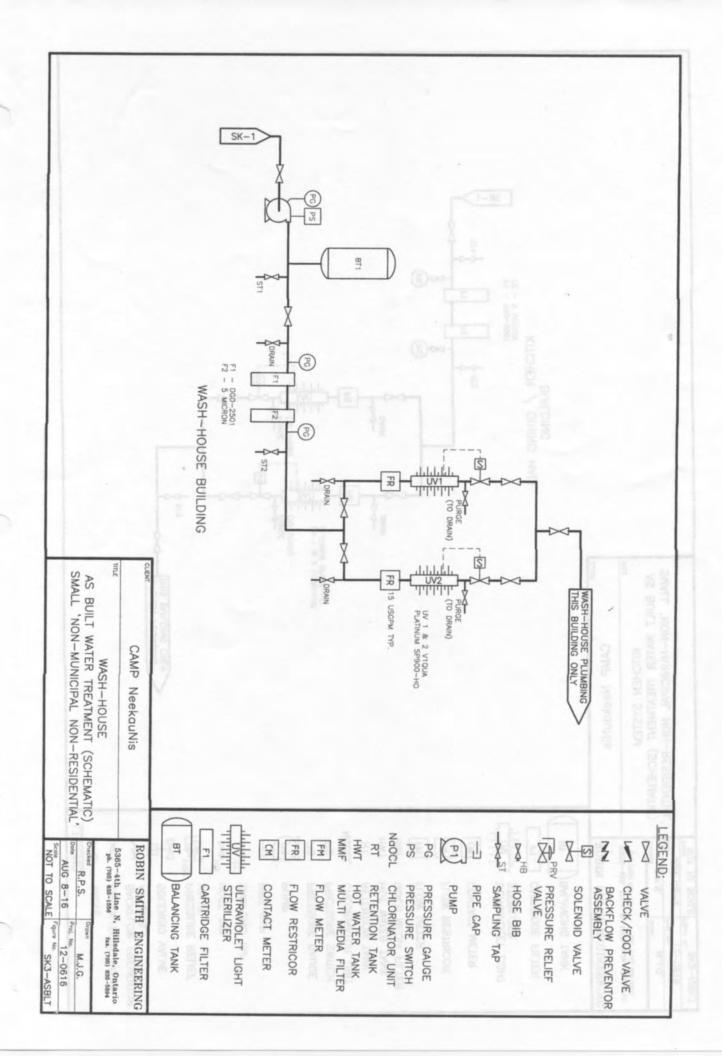
Robin Smith, P.Eng., MBA

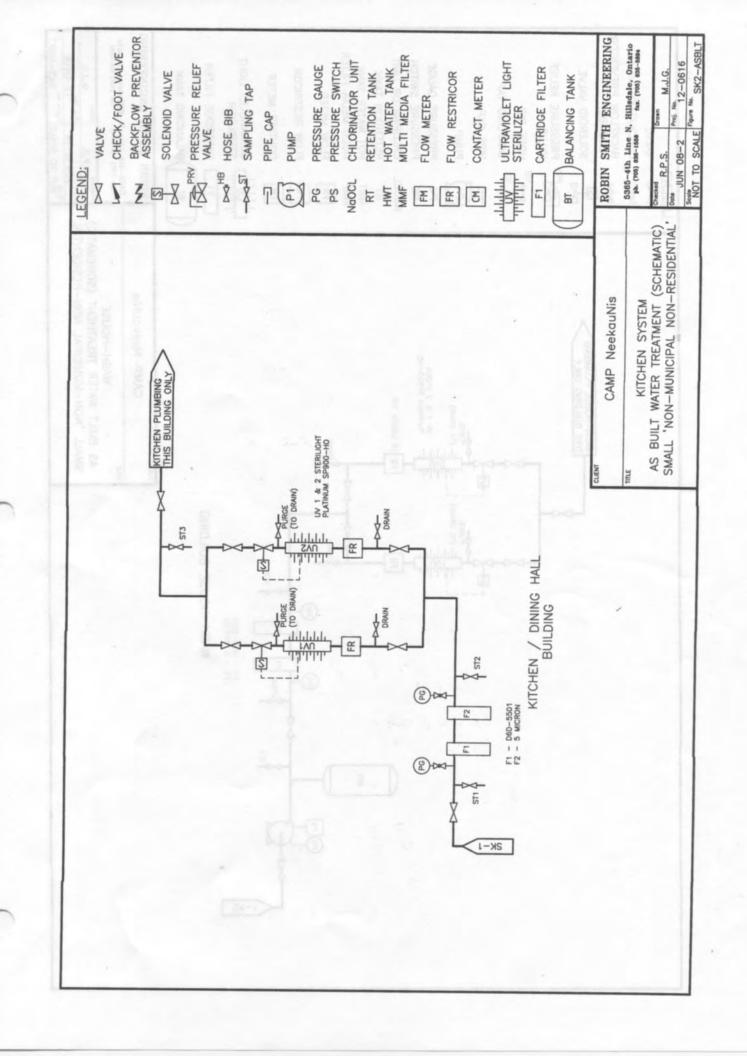
Encl w/final hard copy:

- 1) As-built Schematics
- 2) Schedule 23/24 results for 2014
- 3) Certificates of Approval
- 4) Notice of Completion of Engineering Evaluation Report
- 5) Declaration of Professional Engineer











Aquatic and Environmental Laboratory Inc. 3239 Penetanguishene Rd. Barrie, ON. (Craighurst) L4M 4Y8

Tel: 705-722-5227; Email: aquaenvirolab@gmail.com

Sample Collection and Handling Guide

Please use this guide as a quick reference to assist you in the collection, handling, and transportation of your drinking water samples. If you have any questions or concerns, please contact the laboratory at 705-722-5227 or email aquaenvirolab@gmail.com.

To view the Ministry of Environment and Climate Change (MOECC) collection guidelines – Practices for the Collection and Handling of Drinking Water Samples, please visit:

http://www.ontario.ca/document/practices-collection-and-handling-drinking-water-samples

Sampling for Bacteriological Analysis

- 1. Remove any aerators, tap screens, hoses, or filters. Wash hands or use disposable gloves and use bleach or alcohol swab to clean the mouth of the tap prior to collecting sample.
- 2. Let water run cold for at least two minutes prior to collecting sample.
- 3. Use a sterile plastic sample bottle from Aquatic and Environmental Laboratory. Do not rinse before sample collection.
- 4. Do not touch the lip or rim of the bottle or inside of the cap. If you must set the cap down, place it open-side up on the counter.
- 5. Collect at least 200 mL of sample, leaving air space. Do not allow water to overflow.
- 6. Submit Sample(s) and completed chain of custody form to Aquatic and Environmental Laboratory Inc. within 48 hours of collection.

Sampling for pH Analysis

- 1. Use a preservative-free plastic (PET) sample bottle from Aquatic and Environmental Laboratory Inc. to collect sample.
- 2. Collect at least 100 mL of sample.
- 3. Submit sample(s) and completed chain of custody form to Aquatic and Environmental Laboratory Inc. within 14 days of collection, however it is recommended analysis be completed as soon as possible after collection for best accuracy.

Sampling for Turbidity Analysis

- 1. Use a preservative-free glass or plastic (PET) sample bottle from Aquatic and Environmental Laboratory Inc. to collect sample.
- 2. Collect at least 100 mL of sample.
- 3. Submit sample(s) and completed chain of custody form to Aquatic and Environmental Laboratory Inc. within two days of collection, however it is recommended analysis be completed as soon as possible after collection for best accuracy.

Sampling for Microcystin Analysis

- 1. Use a 1 L glass amber bottle with sodium thiosulphate from Aquatic and Environmental Laboratory Inc.
- 2. Collect at least 1 L of sample.
- 3. Submit sample(s) and completed chain of custody form to Aquatic and Environmental Laboratory Inc. as soon as possible after collection. Samples must be analyzed within five days of collection.

Parameter/Test Group	Sample Container	Minimum Volume	Preservative	Maximum Holding Time	Storage/Transport Conditions
Total Coliform (TC), Escherichia coli (E.coli, EC) Heterotrophic Plate Count (HPC), Background (BKG)	Plastic, Sterile	200 mL	30 mg Sodium Thiosulphate	48 Hours	4°C ± 3°C Transport chilled, not frozen
рН	Plastic (PET)	100 mL	None	14 Days Analysis should be performed as soon as possible after collection	5°C ± 3°C Transport chilled, avoid freezing, dark
Turbidity	Glass or Plastic (PET)	100 mL	None	2 Days Analysis should be performed as soon as possible after collection	5°C ± 3°C Transport chilled, avoid freezing, dark
Microcystin	Amber glass Bottle with Teflon lined screw caps or PET	1 L	100 mg Sodium Thiosulphate	5 Days	5°C ± 3°C Transport chilled, avoid freezing, dark

Tips for Transporting Samples

- Transport sample(s) to Aquatic and Environmental Laboratory Inc. as soon as possible after collection
- Keep sample(s) cool, but not frozen, during transportation. Ideal storage is less than 10°C
- Do not pack sample(s) with loose ice as this may cause contamination. Package sample(s) with a frozen ice pack or labelled frozen water bottle
- Complete chain of custody form and enclose it in waterproof packaging (e.g. sealable plastic bag) to ensure it is not ruined by melting ice or condensation

Subcontracting

Subcontracting may be available for additional parameters not listed in this guide. Please contact the laboratory at 705-722-5227 or email aquaenvirolab@gmail.com for more information regarding sample bottles and collection and handling information.