

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

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

Date Sampled: 7 0 1 4 / 1 1 2 8
Collected By: GERALD ENCHIN
(Please Print)

Signature: [Signature]
Name of Facility: Camp Winston

Drinking Water System (DWS) # _____
(As Assigned By MOE/MOHLTC) Please See Below

Submitted By: _____
(Please Print)

Signature: _____

Chain of Custody Primary Report of Microbiological Analysis of Drinking Water Only

FOR LAB USE ONLY

Initials of Receiver: NOV 28 2014 11:30
Date & Time Incubated: NOV 28 2014 10:40
HPC & FS Date & Time Incubated: _____

Report To: Camp Winston ATTN: Gerald Enchin
1147 River Lane R.R. #2, Kilworthy, ON P0E 1G0
Address: Mailing: Camp Winston c/o Pine Bay Foundation 55 Eglinton Avenue East, Suite 312, Toronto, ON M4P 1G8
Telephone: 705 689-9096 Ext: _____
Email Address: mail@campwinston.com; gerald@campwinston.com Fax: Scan & Email

"Live Person" After Hours Contact Name and Tel. No: Gerald Enchin cell: 416-453-4504

Township/Town	Gravenhurst
Systems Health Unit	SMDHU
Total # of pages sent	
# of samples sent this page	5
# of samples rec'd this page	

Comments/Conditions: _____

Time Sampled (Indicate AM/PM with 12 hour clock or use 24-hour clock)	Sampling Location (Describe the location AND indicate an appropriate letter classification: (D) Distribution - Consumed (R) Raw - Before Treatment & Not Consumed (E) Point of Entry - Consumed (RWC) Raw Water - Consumed without Treatment)	Requires Notification as per SDWA 2002: (Please check one)	Temp. of Sample (Indicate °F or °C)	Treatment Information - Indicate Type/Chlorine Levels		Additional Parameter Check if Required	Laboratory Number	Total Coliform CFU/100 ml	E. coli CFU/100 ml	Background CFU/100 ml	HPC CFU/1 ml	Faecal Strep. CFU/100 ml	Meter Reading
				Operational/Field Chlorine	Free mg/L								
	WS #260027924												
	Lodge (D)	✓											
	Staff Lodge (D)	✓											
	Art (D)	✓											
	Teen Lodge (D)	✓											
	Well #1 (R)	✓											
	Jean Lodge #260092690												
9:40 a 1	Interior Dormitory (D)	✓					42626	0	0	0			
9:45 a 2	Raw Water Sample (R)	✓					908973	0	0	0			
	New Building #260092716												
9:50 a 3	Infirmery (D)	✓					42626	0	0	0			
10:00 a 4	Kitchen (D)	✓					42626	0	0	0			
9:55 a 5	Raw Water Sample (R)	✓					908973	0	0	0			

All samples will be considered DISTRIBUTION samples unless otherwise indicated. Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the aliquot submitted. Samples have been analyzed as received. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters and the following inorganic and physical parameters: pH, turbidity, and alkalinity. COAL accepts no responsibility for parameters selected. Misidentification of samples or incorrect quantity, this is the responsibility of the submitting agency. For collection and handling procedures visit www.coalab.ca/watersamples.html. Separate bottles required for additional parameters. FS & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count. HPM = Heavy Particulate Matter. N/R = Not Received. ES and HPC results are 48 hours of incubation.

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: NOV 29 2014 11:00 Enumerated By: [Signature] Audited By: _____
 Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____
 Lab No: _____ Reported to Submitting Agency @ _____ SAC @ _____ AWQ# _____ By: _____ Date: -12-01-2014
 Methodology (COAL Endo - COAL DC): M/F CFU/100ml
 Methodology (COAL HPC): SP CFU/1ml; Methology (COAL FS): M/F CFU/100ml

Transcribed By: _____
 Transcription Verified By: _____
 Report Authorized By: _____
 Email/Mail Customer: _____
 Email H.U.: _____
 MOE/MOHLTC Upload: _____
 Invoiced: _____
 BY: _____

SCANNED & EMAILED