

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: 2015-02-27

Collected By: (Please Print) **GERALD ENCHIN**

Signature: *Gerald Enchin*
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	Date/Time/Temp. (°C) Received: FEB 27 2015 Initials of Receiver: <i>10:38</i>	Date & Time Incubated: FEB 27 2015 11:00
	HPC & FS Date & Time Incubated:	

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

Report To: **Camp Winston ATTN: Gerald Enchin**
1147 River Lane R.R. #2 Kilworthy, ON POE 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: Fax: Scan & Email
Email Address: mail@campwinston.com; gerald@campwinston.com

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

Comments/Conditions:

Time Sampled (Indicate AM/PM with 12-hour clock or use 24-hour clock)	Sample Identifier	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 Please 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
			170/03	318/08	319/08	N/A		UV	Other	Total mg/L	Free mg/L	HPC							
WS #260027924																			
		Lodge (D)	<input checked="" type="checkbox"/>																
		Staff Lodge (D)	<input checked="" type="checkbox"/>																
		Art (D)	<input checked="" type="checkbox"/>																
		Teen Lodge (D)	<input checked="" type="checkbox"/>																
		Well #1 (R)	<input checked="" type="checkbox"/>																
Jean Lodge #260092690																			
9:40a	1	Interior Dormitory (D)	<input checked="" type="checkbox"/>									901464	0	0	0				
9:35a	2	Raw Water Sample (R)	<input checked="" type="checkbox"/>									901464	0	0	0				
New Building #260092716																			
9:50a	3	Infirmary (D)	<input checked="" type="checkbox"/>									901466	0	0	4				
9:55a	4	Kitchen (D)	<input checked="" type="checkbox"/>									901467	0	0	0				
9:45a	5	Raw Water Sample (R)	<input checked="" type="checkbox"/>									901465	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 analysis. 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 bottle required for additional parameters. FS & Faecal Strep. = Faecal Streptococcus HPC = Heterotrophic Plate Count HPM = Heavy Particulate Matter N/R = Not Received FS and HPC require 48 hours of incubation.

Pre-Fax Check By: *AB AF*

FOR LABORATORY USE ONLY / LABORATORY COMMENTS

Analysis Date & Time: **FEB 28 2015 10:00** Enumerated By: *S* Audited By: *DF* Methodology (COAL Endo - COAL DC): M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ Methodology (COAL HPC): SP CFU/1ml; Methodology (COAL FS): M/F CFU/100ml

Lab No: _____ Reported to Submitting Agency @ _____ H.U. @ _____ SAC @ _____ AWQI# _____ By: _____ Date: **BY**

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

SCANNED & EMAILED

-03- 0 2 2015

Form cannot be altered without approval of COAL. The Safe Drinking Water Act (SDWA 2002), O. Reg 170/03 and O. Reg 318/08; 319/08 (please see www.ene.gov.on.ca for more information), requires that notification of exceedances must be reported to MOE/MOH/Waterworks for O. Reg 170/03 and to MOHLTC/MOH/Waterworks for O. Reg 318/08; 319/08. Failure to do so is an offence under the Act. Health Unit telephone and fax numbers are indicated on adverse paperwork. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addressee(s) inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (Surcharge for after hours samples)