

CENTRAL ONTARIO ANALYTICAL LABORATORY INC.

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Chain of Custody - Primary Report of Microbiological Analysis of Recreational Water Only

FOR LAB USE ONLY	Date/Time/Temp. (°C) Received: RECEIVED MAY 21 2015 12:04 12.2°C	Initials of Receiver: <i>[Signature]</i>	Date & Time Incubated: MAY 21 2015 1330

Date Sampled: 20150521

Collected By: GERALD ENCHIN
(Please Print)

Signature: *[Signature]*

Source of Samples: Sparrow Lake

Township/Town: Gravenhurst

Health Unit: SMDHU

total # of pages sent: 1

of samples sent this page:

of samples r'cvd this page: 5

Report To: Camp Winston ATTN: Gerald Enchin

Address: 1147 River Lane R.R. #2 Kilworthy, ON POE 1G0
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

Comments/Conditions:

Time Sampled (Indicate AM or PM or use 24hr clock)	Sample Identifier	Sampling Location (L) Lake / Recreation Sample	For Laboratory Use Only			Rain Fall			Sunlight			Wind Direction			Water Fowl Affecting Sample site? (Y/N)	Bather Intensity Light (L), Medium (M) or Heavy (H)	Water Clarity < or > 100cm (39 inches)	Algae Present? (Y/N)	Wave Action Light (L) or Medium (M)
			Laboratory Number	E. coli CFU/100mL	Faecal Strep. CFU/100mL	Water Temp. (Indicate °F or °C)	Before	During	Within 24 Hours	Within 48 Hours	Bright	Intermediate	Dull	Away from Shore					
9:45a	1	15M W FRONT OF BOAT HOUSE	R-16	10															
9:42a	2	BETW BOAT HOUSE & SWIM AREA	R-17	10															
9:38a	3	15M W FRONT OF SWIM AREA	R-18	<10															
9:33a	4	BETW SWIM AREA & RIVER HOUSE	R-19	40															
9:30a	5	15M W FRONT OF RIVER HOUSE	R-20	40															

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. COAL is accredited by SCC and licensed by MOE in these specific microbiological parameters. COAL accepts no responsibility for parameters selected, this is the responsibility of the submitting agency. FS & Faecal Strep. = Faecal Streptococcus HPM = Heavy Particulate Matter N/R = Not Received N/A = Not Applicable

Pre-Fax Check By: 9

AB

FOR LABORATORY USE ONLY:

Analysis Date & Time: MAY 22 2015 ¹²³⁰ Enumerated By: TW Audited By: 9 Methodology (COAL DC): M/F CFU/100ml

Analysis Date & Time: Enumerated By: Audited By: Methodology (COAL FS): M/F CFU/100ml

Samples that exceed guidelines: Reported to Submitting Agency @ H.U. @ BY By: Date:

Transcribed By: Transcription Verified By: Report Authorized By: Email Customer: Email Health Unit: DWIS Upload: Invoiced:

SCANNED & EMAILED
-05- 22 2015

Health Unit requires recreational samples having E. coli counts in excess of 100 to be reported to their agency. Failure to do so is an offence. 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. FAILURE TO PROVIDE PAYMENT IN A TIMELY FASHION MAY RESULT IN REFUSAL OF SAMPLE(S) IN THE FUTURE OR THE WITHHOLDING OF TEST RESULTS. 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 addressees inclusive in the standard price. Primary Report Recreational Analysis, P11A-218, 1206, Revision 1.2 (Purchase for after hours samples) Approved for use by 13 prior to use.