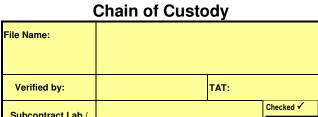
Ontario Safe Drinking Water Act

NEAR NORTH LABORATORIES INC. Unit 11 - 191 Booth Road

North Bay, ON P1A 4K3 Phone: (705) 497-0550 Fax: (705) 497-0549

In accordance with the Ontario Safe Drinking Water Act, notification of exceedences must be reported to the MOECC/MOHLTC/Waterworks. Failure to do so is an offence under the act.



For Information contact:							Subcontrac		<i>'</i>										
	MOECC Central Reg. (416)	325-4000 or www.c	ontario.	ca			24.0												
		SECTION	ON#	1: (CONTAC	T INFOR	MATION:												
Client:							INVOICE TO:												
Contact:					•		(if different)												•
Address																			•
					•		ATTN:												•
Telephone:	Fax:				•														•
email:					•		Project:												
CC Results to:					•		Quote #:												
Fax / email:					•		PO #:												
		SECTION	#2:	WA	TERWO	RKS INFO	ORMATION	1 :											
	* If u	nder regulation, p	lease e	ensu	re the follo	wing Notifi	cation Inform	nation	is com	plete	ed *								
	ON: 170/03 [] 318/08 -3 CE: Ground Water [] S	19/08 [] Surface Water []					legulated []		•	ratior O	nal C ther:		([]						
Waterworks Na		January Water []				riot ioi iid	Waterwor	•	• •										
Waterwork	 s #:																		•
Conta	act:				Phone:						F	ax:							•
					After Hou	ırs Phone:				_		-							
MOH Region: North Bay Parry Sound District Health Unit					Phone: (705) 474-9481						F	ax:		(7	05) 47	74-94	81		
Conta	act: Inspecto	or on call			After Hou	ırs Phone:				_		-							
		SECT	ION #	#3 : \$	SAMPLE	INFORM	IATION:												
TURNAROUND TIME (TAT	·):		ø					A	NALY	SES	REQ	UES	TED	(che	ck w	here	requii	red)	_
[x] Regular (7 business days)			es on a	≥ 4	* RUSH 1	have prior	rior											Ħ	
[] RUSH - 5 business [] RUSH - 2 business	-		Requires	er SDW CofA (aboratory,												s se
[] RUSH - specify date	•		Notif	per SDWA or CofA (2)	and is su surcharg	bject to ad e	dditional												of containers sent
			1		3														onta
1 1 -	and the second s				_														of c
	pling Location bution site or faucet location)	Water Type (1)	Yes	2	Date Sampled	Time Sampled	Total / Free Chlorine												
			Yes	8					<u> </u>							<u> </u>			#
			Yes	<u>8</u>															#
			Yes	Ŷ.															2
			Yes	Š.															#
			Yes	8															#
					Sampled	Sampled	Chlorine	ual ave	erage:			mç	a/L						#
(ie: address, distri	bution site or faucet location)	(1)	When		Sampled	Sampled HM analys	Chlorine is, record ann (2) Check YE	S if ac	lverse	resul	lts / e	exce	edan		requir	re not	ificati	ion t	2
(ie: address, distri	rcle (R)Raw , (T)Treated, (Dregulated under the SDWA	(1)	When		Sampled	Sampled HM analys	Chlorine	S if ac	lverse	resul	lts / e	exce	edan		requii	re not	ificati	ion t	2
(1) Water Type; please ci	rcle (R)Raw , (T)Treated, (Dregulated under the SDWA	(1)	When		Sampled	Sampled HM analys	Chlorine is, record ann (2) Check YE	S if ac	lverse LTC - a	resul as pei	lts / e r SDV	WA o	edan or C o	of A.			ificati	ion t	2
(1) Water Type; please ci Required for all systems descriptions when applic	rcle (R)Raw , (T)Treated, (Dregulated under the SDWA	(1)	When		Sampled nitting for T	Sampled HM analys	is, record ann (2) Check YE the MOECC	S if ac MOHI	lverse LTC - a	resul as pei	lts / e r SDV	WA o	edan or C o	of A.			ificati	ion t	2
(1) Water Type; please ci Required for all systems descriptions when applic Sampled by: Name (sign): Name (print):	rcle (R)Raw , (T)Treated, (D regulated under the SDWA able	(1) Distribution use DWIS assign	When	subn	Sampled nitting for T Receive Date:	HM analys THed at the La	is, record ann (2) Check YE the MOECC	FOR	LAB	resulas per	Its / er SDV	RY	US	of A.	NLY	' :		ion t	2
(1) Water Type; please ci Required for all systems descriptions when applic Sampled by: Name (sign): Name (print): Italicized analyses was addressed analyses w	rcle (R)Raw , (T)Treated, (Dregulated under the SDWA able	(1) Distribution use DWIS assign	When	subn	Sampled nitting for T Receive Date: Laborato	HM analys THed at the La	is, record ann (2) Check YE the MOECC	FOR	LAB	resulas per	ATO	RY	US Tir	of A.	NLY	': Rec'd		ion t	2
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(1) Water Type; please ci Required for all systems descriptions when applic Sampled by: Name (sign): Name (print): Italicized analyses was been applicated to the control of the control	role (R)Raw , (T)Treated, (D regulated under the SDWA able	(1)) Distribution - use DWIS assign	When	subn	Receive Date: Laborato	HM analys THed at the La	is, record ann (2) Check YE the MOECC IIS AREA aboratory by: I Bottle(s): Y Courier []	FOR Ges [X] Bus [LAB	resulas per	ATO	RY	US Tir	of A.	NLY	': Rec'd		ion t	2
(1) Water Type; please ci Required for all systems descriptions when applic Sampled by: Name (sign): Name (print): Italicized analyses w Licensed Laborator) Relinquished / Authorized	role (R)Raw , (T)Treated, (D regulated under the SDWA able	(1)) Distribution - use DWIS assign	When	subn	Receive Date: Laborato Method of Arrival Te	HM analys THed at the La	is, record ann (2) Check YE the MOECC IIS AREA aboratory by: I Bottle(s): Y Courier []	FOR Ges [X] Bus [LAB	resulas per	ATO	RY	US Tir	of A.	NLY	': Rec'd		ion t	2