

Golden Lake United Church Camp-Assembly Hall 2018

Annual Report

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

Optional Annual Report Template

Drinking-Water System Number: Drinking-Water System Name: Drinking-Water System Owner: Drinking-Water System Category: Period being reported:

260034892	
Golden Lake United Church Camp - Assembly Hall	
Golden Lake United Church Camp	
Small Non-Municipal Non-Residential System	
01/01/2018-12/31/2018	

Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes [] No []

Is your annual report available to the public at no charge on a web site on the Internet? Yes No []

Location where Summary Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.

On file in Assembly Hall office and at the following website:

www.goldenlakecamp.ca

Complete for all other Categories.

Number of Designated Facilities served:

1

Did you provide a copy of your annual report to all Designated Facilities you serve?

Yes No []

Number of Interested Authorities you report to:

Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?

Yes [] 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
GLUCC Assembly Hall	260034892

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 []

Indicate how you notified system users that your annual report is available, and is free of charge.



Ministry of the Ministère de Environment l'Environnement

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

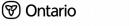
Public access/notice via the web [] Public access/notice via Government Office [] Public access/notice via a newspaper [] Public access/notice via Public Request [] Public access/notice via a Public Library [] Public access/notice via other method					
Describe your Drinking-Water System					
See Page 7 for Drinking-Water System Description					
List all water treatment chemicals used over this reporting period					
N/A					
Were any significant expenses incurred to?					
[] Install required equipment					
Repair required equipment					
[X] Replace required					
equipment					
Please provide a brief description and a breakdown of monetary expenses incurred					
Replaced filters & UV light \$210					

Provide details on the notices submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre

Incident	Parameter	Result	Unit of	Corrective Action	Corrective
Date			Measure		Action Date
05/31/18	Sodium-Na	46	2 mg/L	Retest	06/08/18
06/08/18	Sodium-Na	72	2 mg/L	Posted Signs	06/04/18

Microbiological testing done under the Schedule 10, 11 or 12 of Regulation 170/03, during this reporting period.

	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	Plea	se see pages 8-2	2 for 2018 Wate	r Sampling R	esults
Distribution					



Ministry of the Ministère de Environment l'Environnement

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

Operational testing done under Schedule 7, 8 or 9 of Regulation 170/03 during the period covered by this Annual Report.

periou covereu by	y unis Annua	i Keport.
	Number of	Range of Results
	Grab	(min #)-(max #)
	Samples	
Turbidity	N/A	
Chlorine	N/A	
Fluoride (If the	Please see	2018 Reports
DWS provides	pages 23-	*
fluoridation)	pages 23-	

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

NOTE: Record the unit of measure if it is **not** milligrams per litre.

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

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				
Arsenic				
Barium				
Boron				
Cadmium				
Chromium				
Lead	Please see	2018 Reports	pages 23-51	
Mercury				
Selenium				
Sodium				
Uranium				
Fluoride				
Nitrite				
Nitrate				

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

Parameter		Sample Date	Result Value	Unit of Measure	Exceedance
Alachlor	Dlagga gas 2016	Domonto e		1	
Aldicarb	Please see 2018	Keports	rages 23-31		



Ministry of the Environment l'Environnement

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

Aldrin + Dieldrin				
Atrazine + N-dealkylated metobolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil Please see	2018 Repo	rts pages 2	3-51	
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)				
Chlorpyrifos				
Cyanazine				
Diazinon				
Dicamba				
1,2-Dichlorobenzene				
1,4-Dichlorobenzene				
Dichlorodiphenyltrichloroethane (DDT) +				
metabolites				
1,2-Dichloroethane				
1,1-Dichloroethylene				
(vinylidene chloride) Dichloromethane				
2-4 Dichlorophenol				
2,4-Dichlorophenoxy acetic acid (2,4-D)				
Diclofop-methyl				
Dimethoate				
Dinoseb				
Diquat				
Diuron				
Glyphosate				
Heptachlor + Heptachlor Epoxide				
Lindane (Total)				
Malathion				
Methoxychlor				
Metolachlor				
Metribuzin				
Monochlorobenzene				
Paraquat				
Parathion				
Pentachlorophenol				
Phorate				
Picloram				
Polychlorinated Biphenyls(PCB)				



Ministry of the Environment l'Environnement

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

Prometryne				
Simazine				
THM				
(NOTE: show latest annual average)				
Temephos				
Terbufos				
Tetrachloroethylene P	ease see 20	18 Report	s pages 23-5	1
2,3,4,6-Tetrachlorophenol		1	1 8	
Triallate				
Trichloroethylene				
2,4,6-Trichlorophenol				
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)				
Trifluralin				
Vinyl Chloride				

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

Drinking Water System Description:

Golden Lake Camp has two identical water treatment systems, one in its Staff House at 54 McNee Drive, Golden Lake, ON, and the other in its Dining (Assembly) Hall at 63 McNee Drive,

Golden Lake, ON. They were installed in June 2004 and certified as compliant with the requirements of Regulation 170/03 by Jp2g Consultants Inc, of Pembroke, in July of the same

year.

Each system is classified as "small, non-municipal nonresidential," providing potable water for

a children's camp, which is a "designated facility."

Each of the two systems is fed from its own well, classified as GUDI ("ground water under the

direct influence of surface water"). Therefore, a cartridge filtration system and UV disinfection

system in compliance with "Procedure for Disinfection of Drinking Water in Ontario" were specified for and installed on each system.

To provide the required disinfection, the installations employ a Point-of-Entry system in each building, consisting of cartridge filtration followed by UV disinfection. Each point of entry system has two parallel trains of cartridge filters, with each train consisting of a 5 micron nominal and a 1 micron absolute filter.

Each UV unit installed is a Hallet Model 13, rated to provide minimum of 65 mJ/cm2 at 13 USgpm and UVT of 75% at end of lamp life. The UV system has a solenoid shut-off, so that on

alarm or failure to disinfect, the solenoid closes, shutting off flow to the water system. Dual lamp sensors are used for UV and water quality, with flow shut off low UV or poor water quality. The UV equipment is NSF/ANSI 55 Class 55 A rated, and has flow limiter to limit maximum flow to maximum rated flow.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1810477 2018-06-25 2018-06-29

Project:

COC #:

71266

Waterworks/Facility: 260034892

Dear Alice Madigan:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Page 1 of 3

Report Comments:	
APPROVAL:	
	Sarah Horner, Inorganics Technician

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins(Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1810477 Date Submitted: Date Reported:

2018-06-25 2018-06-29

Project:

COC #:

71266 260034892

Waterworks/Facility:

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1367703 Supply Water TREATEDWATER 2018-06-24 Assembly Hall 1-3
Group	Analyte	MRL	Units	Guideline	
Anions	N-NO2	0.10	mg/L	MAC 1.0	<0.10
	N-NO3	0.10	mg/L	MAC 10.0	0.77
	NO2 + NO3 as N	0.10	mg/L	MAC 10.0	0.77

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1810477 2018-06-25

Date Reported:

2018-06-29

Project:

COC #:

71266

Waterworks/Facility: 260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Run No 348389 Analysis/Extraction Date 20 Method C SM4500-NO3-F	018-06-28 Ana	lyst A_V	
N-NO2	<0.10 mg/L	100	80-120
N-NO3	<0.10 mg/L	90	80-120
NO2 + NO3 as N	<0.10 mg/L	93	80-120

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1810480 2018-06-25 2018-06-26

260034892

Project:

COC #: 71266

Waterworks/Facility:

Dear Alice Madigan:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Page 1 of 2

Report Comments:

APPROVAL:

Dragana Dzeletovic, Team Leader

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins (Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1810480 2018-06-25

Date Reported:

2018-06-26

Project:

COC #:

71266

Waterworks/Facility:

260034892

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1367707 Supply Water RAW WATER 2018-06-24 Assembly Hall 1-1	1367708 Supply Water DISTRIBUTION 2018-06-24 Assembly Hall 1-2
Others	Escherichia Coli	0	ct/100mL	MAC 0	0	0
	Total Coliforms	0	ct/100mL	MAC 0	0	0

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Analytical Method: AMBCOLM1

additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

1 O#.

Invoice to: Golden Lake Camp Page 1 of 2

Report Number: Date Submitted: Date Reported: 1813395 2018-07-30 2018-07-31

Project:

COC #: 71265

Waterworks/Facility: 260034892

Dear Alice Madigan:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Report Comments:

APPROVAL:

Krista Quantrill, Microbiology Supervisor

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins (Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1813395 Date Submitted: 2018-07-30 Date Reported: 2018-07-31

Project:

COC #: 71265 Waterworks/Facility: 260034892

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1377531 Supply Water RAW WATER 2018-07-30 Assembly Hall 1-1	1377532 Supply Water DISTRIBUTION 2018-07-30 Assembly Hall 1-2
Others	Escherichia Coli	0	ct/100mL	MAC 0	0	0
	Total Coliforms	0	ct/100mL	MAC 0	0	0

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Analytical Method: AMBCOLM1 additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported:

1813407 2018-07-30 2018-08-01

Project:

COC #:

71265

Waterworks/Facility: 260034892

Dear Alice Madigan:

Report Comments:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Page 1 of 3

APPROVAL:	
ALL INSTAL.	
	Sarah Horner, Inorganics Technician
	Carair rioritor, morganico recimician

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins(Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1813407 Date Submitted: 2018-07-30 Date Reported: 2018-08-01

Project:

COC #: 71265

Waterworks/Facility: 260034892

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1377563 Supply Water TREATEDWATER 2018-07-30 Assembly Hall 1-3
Group	Analyte	MRL	Units	Guideline	
Anions	N-NO2	0.10	mg/L	MAC 1.0	<0.10
	N-NO3	0.10	mg/L	MAC 10.0	1.28
	NO2 + NO3 as N	0.10	mg/L	MAC 10.0	1.28

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1813407 2018-07-30 2018-08-01

Project:

COC #:

71265

Waterworks/Facility: 260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits			
Run No 350169 Analysis/Extraction Date 2018-08-01 Analyst Z_S Method C SM4500-NO3-F						
N-NO2	<0.10 mg/L	100	80-120			
N-NO3	<0.10 mg/L	103	80-120			
NO2 + NO3 as N	<0.10 mg/L	102	80-120			

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1815380 2018-08-28 2018-08-29

Project:

COC #: 71267

Waterworks/Facility: 260034892

Dear Alice Madigan:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Page 1 of 2

Report Comments:

APPROVAL:	
	Jason Kennedy, Project Manager

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins (Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1815380

Date Submitted: 2018-08-28

Date Reported: 2018-08-29

Project:

COC #: 71267

Waterworks/Facility: 260034892

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1383527 Supply Water RAW WATER 2018-08-27 Assembly Hall 1-1	1383528 Supply Water DISTRIBUTION 2018-08-27 Assembly Hall 1-2
Group	Analyte	IVIIX	Oilles	Guideille		
Others	Escherichia Coli	0	ct/100mL	MAC 0	0	0
	Total Coliforms	0	ct/100mL	MAC 0	0	0

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Analytical Method: AMBCOLM1

additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported:

1815414 2018-08-28 2018-08-31

Project:

COC #:

71267

Waterworks/Facility: 260034892

Dear Alice Madigan:

Report Comments:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Page 1 of 3

APPROVAL:	
	Addrine Thomas, Inorganics Supervisor

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins(Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1815414 2018-08-28

Date Reported:

2018-08-31

Project:

COC #:

71267

Waterworks/Facility:

/: 260034892

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1383640 Supply Water TREATEDWATER 2018-08-27 Assembly Hall 1-3
Anions	N-NO2	0.10	mg/L	MAC 1.0	<0.10
	N-NO3	0.10	mg/L	MAC 10.0	1.34
	NO2 + NO3 as N	0.10	mg/L	MAC 10.0	1.34

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1815414 Date Submitted: Date Reported:

2018-08-28 2018-08-31

Project:

COC #:

71267

Waterworks/Facility: 260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Run No 351898 Analysis/Extraction Date 20 Method C SM4500-NO3-F	018-08-31 Ana	ılyst Z_S	
N-NO2	<0.10 mg/L	97	80-120
N-NO3	<0.10 mg/L	97	80-120
NO2 + NO3 as N	<0.10 mg/L	97	80-120

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Page 1 of 7

Report Number: Date Submitted: Date Reported:

2018-05-31 2018-06-25

1808647

Project:

COC #: Waterworks/Facility:

82941 260034892

Dear Alice Madigan:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Report Comments:

APPROVAL:	
	Long Qu, Organics Supervisor

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins(Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808647

Date Submitted: 2018-05-31

Date Reported: 2018-06-25

Project:

COC #: 82941

Waterworks/Facility: 260034892

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1361967 Supply Water TREATEDWATER 2018-05-30 Assembly Hall - Sch 24
HPLC Herb/Pest	Diquat	5	ug/L	MAC 70	<5
TII LO HEID/F est	Diuron	10	ug/L ug/L	MAC 150	<10
	Glyphosate	10	ug/L ug/L	IMAC 280	<10
	Paraquat	10	ug/L ug/L	IMAC 200	<1
NP Pestcides	Alachlor	0.5	ug/L ug/L	IMAC 5	<0.5
TVI 1 estoldes	Atrazine	1.0	ug/L	IIVIAO 3	<1.0
-	Atrazine + N-dealkylated metabolites	0.2	ug/L	IMAC 5	<0.2
-	Azinphos-methyl	2.0	ug/L	MAC 20	<2.0
-	Carbaryl	5.0	ug/L	MAC 90	<5.0
-	Carbofuran	5.0	ug/L	MAC 90	<5.0
	Chlorpyrifos	1.0	ug/L	MAC 90	<1.0
	De-ethylated atrazine	1.0	ug/L		<1.0
-	Diazinon	1.0	ug/L	MAC 20	<1.0
-	Dimethoate	2.5	ug/L	IMAC 20	<2.5
	Malathion	0.5	ug/L	MAC 190	<0.5
	Metolachlor	1.0	ug/L	IMAC 50	<1.0
	Metribuzin	5.0	ug/L	MAC 80	<5.0
	Phorate	0.5	ug/L	IMAC 2	<0.5
	Prometryne	0.25	ug/L	IMAC 1	<0.25
	Simazine	1.0	ug/L	IMAC 10	<1.0
	Terbufos	0.4	ug/L	IMAC 1	<0.4
	Triallate	1.0	ug/L	MAC 230	<1.0
	Trifluralin	1.0	ug/L	IMAC 45	<1.0
OCP/PCB	a-chlordane	0.006	ug/L		<0.006
	Aldrin	0.006	ug/L		<0.006

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1808647 Date Submitted: 2018-05-31 Date Reported: 2018-06-25

Project:

COC #: 82941

Waterworks/Facility: 260034892

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1361967 Supply Water TREATEDWATER 2018-05-30 Assembly Hall - Sch 24
Group	Analyte	MRL	Units	Guideline	
OCP/PCB	Dieldrin	0.006	ug/L		<0.006
	g-chlordane	0.006	ug/L		<0.006
	op-DDT	0.006	ug/L		<0.006
	Oxychlordane	0.006	ug/L		<0.006
	pp-DDD	0.006	ug/L		<0.006
	pp-DDE	0.006	ug/L		<0.006
	pp-DDT	0.006	ug/L		<0.006
PAH	Benzo(a)pyrene	0.01	ug/L	MAC 0.01	<0.01
PCBs	Polychlorinated Biphenyls (PCBs)	0.1	ug/L	IMAC 3	<0.1
Phenoxyacid Herb	2,4-dichlorophenoxyacetic acid (2,4-D)	1.0	ug/L	IMAC 100	<1.0
	Bromoxynil	0.5	ug/L	IMAC 5	<0.5
	Dicamba	1.0	ug/L	MAC 120	<1.0
	Diclofop-methyl	0.9	ug/L	MAC 9	<0.9
	MCPA	10	ug/L	MAC 100	<10
	Picloram	5.0	ug/L	IMAC 190	<5.0
Semi-Volatiles	2,3,4,6-tetrachlorophenol	1.0	ug/L	MAC 100	<1.0
	2,4,6-trichlorophenol	1.0	ug/L	MAC 5	<1.0
	2,4-dichlorophenol	0.2	ug/L	MAC 900	<0.2
	Pentachlorophenol	1.0	ug/L	MAC 60	<1.0

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1808647 Date Submitted: Date Reported:

2018-05-31 2018-06-25

Project:

COC #:

82941

Waterworks/Facility: 260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Run No 347719 Analysis/Extraction Date 20 Method EPA 8081B	018-06-16 A na	llyst R_E	
a-chlordane	<0.006 ug/L	87	50-140
Aldrin	<0.006 ug/L	86	50-140
Dieldrin	<0.006 ug/L	86	50-140
g-chlordane	<0.006 ug/L	87	50-140
op-DDT	<0.006 ug/L	88	50-140
Oxychlordane	<0.006 ug/L	86	50-140
Polychlorinated Biphenyls	<0.1 ug/L	80	60-140
DDD	<0.006 ug/L	82	50-140
DDE	<0.006 ug/L	83	50-140
DDT	<0.006 ug/L	71	50-140
Run No 348029 Analysis/Extraction Date 20 Method P 8000-HPLC	018-06-22 A na	Ilyst QL	
Diquat	<5 ug/L	89	60-120
Diuron	<10 ug/L	106	60-120
Glyphosate	<10 ug/L	97	60-120
Paraquat	<1 ug/L	101	60-120

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: 1808647 2018-05-31 2018-06-25

Date Reported: Project:

COC #:

82941

Waterworks/Facility:

260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Run No 348056 Analysis/Extraction Date 20 Method SW 846 8151A/3151A	018-06-22 Ana	ilyst C_M	
2,4-dichlorophenoxyacetic acid (2,4-D)	<1.0 ug/L	95	10-120
Bromoxynil	<0.5 ug/L	62	10-120
Dicamba	<1.0 ug/L	61	10-120
Diclofop-methyl	<0.9 ug/L	67	10-120
MCPA	<10 ug/L		10-120
Picloram	<5.0 ug/L	70	10-120
Run No 348058 Analysis/Extraction Date 20	018-06-20 A na	llyst C_M	
Method P 8270C/SW846 3510C			
Alachlor	<0.5 ug/L	118	20-140
Atrazine	<1.0 ug/L	114	20-140
Atrazine + N-dealkylated metabolites	<0.2 ug/L		20-140
Azinphos-methyl	<2.0 ug/L	94	20-140
Benzo[a]pyrene	<0.01 ug/L		20-140
Carbaryl	<5.0 ug/L	128	20-140
Carbofuran	<5.0 ug/L	108	20-140
Chlorpyrifos	<1.0 ug/L	116	20-140

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1808647 2018-05-31 2018-06-25

Project:

COC #:

82941

Waterworks/Facility: 260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits
De-ethylated atrazine	<1.0 ug/L	26	20-140
Diazinon	<1.0 ug/L	108	20-140
Dimethoate	<2.5 ug/L		20-140
Malathion	<0.5 ug/L	114	20-140
Metolachlor	<1.0 ug/L	122	20-140
Metribuzin	<5.0 ug/L		20-140
Phorate	<0.5 ug/L	64	20-140
Prometryne	<0.25 ug/L	111	20-140
Simazine	<1.0 ug/L	92	20-140
Terbufos	<0.4 ug/L	64	20-140
Triallate	<1.0 ug/L	124	20-140
Trifluralin	<1.0 ug/L	112	20-140
Run No 348062 Analysis/Extraction Date 20 Method B 625 P 8270/3510C	018-06-21 Ana	ilyst C_M	
2,3,4,6-tetrachlorophenol	<1.0 ug/L	140	20-140
Trichlorophenol, 2,4,6-	<1.0 ug/L	122	20-140
Dichlorophenol, 2,4-	<0.2 ug/L	103	20-140
Pentachlorophenol	<1.0 ug/L	75	20-140

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.

MRL = Method Reporting Limit, AO = Aesthetic Objective, OG = Operational Guideline, MAC = Maximum Acceptable Concentration, IMAC = Interim Maximum Acceptable Concentration, STD = Standard, PWQO = Provincial Water Quality Guideline, IPWQO = Interim Provincial Water Quality Objective, TDR = Typical Desired Range

Report Number:

Date Submitted:

Date Reported:

Waterworks/Facility:

Project:

COC #:

1808647

2018-05-31

2018-06-25

260034892

82941



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported:

1808648 2018-05-31 2018-06-07

Project:

COC #: Waterworks/Facility: 82941 260034892

Page 1 of 6

Dear Alice Madigan:

Report Comments:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

APPROVAL:

Addrine Thomas, Inorganics Supervisor

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins(Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808648
Date Submitted: 2018-05-31
Date Reported: 2018-06-07

Project:

COC #: 82941

Waterworks/Facility: 260034892

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1361968 Supply Water DISTRIBUTION 2018-05-30 Assembly Hall - Pb	1361969 Supply Water TREATEDWATER 2018-05-30 Assembly Hall
Group	Analyte	MRL	Units	Guideline		
AWQI Report No	AWQI Report					139579
General Chemistry	F	0.10	mg/L	MAC 1.5		<0.10
Mercury	Hg	0.0001	mg/L	MAC 0.001		<0.0001
Metals	As	0.001	mg/L	IMAC 0.01		<0.001
	В	0.01	mg/L	IMAC 5.0		<0.01
	Ва	0.01	mg/L	MAC 1.0		0.15
	Cd	0.0001	mg/L	MAC 0.005		<0.0001
	Cr	0.001	mg/L	MAC 0.05		<0.001
	Na	2	mg/L	MAC 20		46*
	Pb	0.001	mg/L	MAC 0.010	<0.001	0.002
	Sb	0.0005	mg/L	IMAC 0.006		<0.0005
	Se	0.001	mg/L	MAC 0.05		<0.001
	U	0.001	mg/L	MAC 0.02		<0.001
VOCs Surrogates	1,2-dichloroethane-d4	0	%			92
	4-bromofluorobenzene	0	%			109
	Toluene-d8	0	%			93
Volatiles	1,1-dichloroethylene	0.5	ug/L	MAC 14		<0.5
	1,2-dichlorobenzene	0.4	ug/L	MAC 200		<0.4
	1,2-dichloroethane	0.2	ug/L	IMAC 5		<0.2
	1,4-dichlorobenzene	0.4	ug/L	MAC 5		<0.4
	Benzene	0.5	ug/L	MAC 1		<0.5
	Carbon Tetrachloride	0.2	ug/L	MAC 2		<0.2
	Dichloromethane	4.0	ug/L	MAC 50		<4.0
	Monochlorobenzene	0.5	ug/L	MAC 80		<0.5
	Tetrachloroethylene	0.3	ug/L	MAC 10		<0.3

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1808648 Date Submitted: 2018-05-31 Date Reported: 2018-06-07

Project:

COC #:

82941 Waterworks/Facility: 260034892

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1361968 Supply Water DISTRIBUTION 2018-05-30 Assembly Hall - Pb	1361969 Supply Water TREATEDWATER 2018-05-30 Assembly Hall
Group	Analyte	MRL	Units	Guideline		
Volatiles	Trichloroethylene	0.3	ug/L	MAC 5		<0.3
	Vinyl Chloride	0.2	ug/L	MAC 1		<0.2

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.

eurofins

Certificate of Analysis

Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

 Report Number:
 1808648

 Date Submitted:
 2018-05-31

 Date Reported:
 2018-06-07

Project:

COC #: 82941 Waterworks/Facility: 260034892

QC Summary

Ar	alyte	Blank		QC % Rec	QC Limits
Run No 346642	Analysis/Extraction Date 20	18-06-02 A n	alyst	H_F	
Method M SM3120B-3	3500C		1		
Sodium		<2 mg/L		99	82-118
Run No 346662	Analysis/Extraction Date 20	18-05-30 A n	alyst	TA	
Method AWQI Report					
AWQI Report					
Run No 346678	Analysis/Extraction Date 20	118-06-04 A n	alyst	SKH	
Method EPA 200.8					
Lead		<0.001 mg/L		101	92.4-107.5
Run No 346685 Method EPA 200.8	Analysis/Extraction Date 20	n18-06-04 A n	alyst	SKH	
Arsenic		<0.001 mg/L		96	91.7-108.2
Boron (total)		<0.01 mg/L		111	84.9-115
Barium		<0.01 mg/L		95	93.4-106.5
Chromium Total		<0.001 mg/L		100	94-106
Selenium		<0.001 mg/L		96	87.4-112.6
Uranium		<0.001 mg/L		95	92.7-107.2
Run No 346751 Method V 8260B	Analysis/Extraction Date 20	118-06-01 A n	alyst	QL	

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.

eurofins | Certificate of Analysis

Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1808648 2018-05-31 2018-06-07

Project:

COC #:

82941 260034892

Waterworks/Facility:

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Dichloroethylene, 1,1-	<0.5 ug/L	104	60-130
Dichlorobenzene, 1,2-	<0.4 ug/L	94	60-130
Dichloroethane, 1,2-	<0.2 ug/L	100	60-130
Dichlorobenzene, 1,4-	<0.4 ug/L	97	60-130
Benzene	<0.5 ug/L	103	60-130
Carbon Tetrachloride	<0.2 ug/L	108	60-130
Methylene Chloride	<4.0 ug/L	87	60-130
Chlorobenzene	<0.5 ug/L	98	60-130
Tetrachloroethylene	<0.3 ug/L	108	60-130
Trichloroethylene	<0.3 ug/L	111	60-130
Vinyl Chloride	<0.2 ug/L	114	60-130
Run No 346774 Analysis/Extraction Date 20 Method EPA 200.8	018-06-05 A na	alyst SKH	
Cadmium	<0.0001 mg/L	97	93.5-106.4
Antimony	<0.0005 mg/L	105	89.6-110.3
Run No 346776 Analysis/Extraction Date 20 Method M SM3112B-3500B	018-06-05 A na	alyst SKH	
Mercury	<0.0001 mg/L	109	76-123

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.

***** eurofins **Certificate of Analysis**

Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: Date Submitted:

1808648 2018-05-31

Date Reported:

2018-06-07

Project:

COC #:

82941 Waterworks/Facility: 260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits		
Run No 346895 Analysis/Extraction Date 20	18-06-06 Ana	llyst AET			
Method SM2320,2510,4500H/F					
F	<0.10 mg/L	103	90-110		

eurofins Exceedance Report

Date: June 4, 2018

Number of pages including cover sheet: 5

Attention:	Ms. Alice Madigan				
	GOLDEN LAKE UNITED CHURCH CAMP - ASSEMBLY HALL				
Fax:	613-732-9493				
Health Unit:	Renfrew County & District Health Unit				
Fax:	613-735-3067				
Fax: MOE Spills Action Centre	613-735-3067 1-800-268-6061				

From:						
Taiwo Adesulure						
	Admin Coordinator					
Phone:	613-727-5692					
Fax phone:	613-727-5222					
e-mail:	taiwoadesulure@eurofins.com					

REMARKS Originals to follow:		Urgent YES		For your re	view VIA:		Reply ASAP Mail	☐ Please comment ☐ Courier	
Exceedance Parameter(s): Na					Waterworks Number:			260034892	
					Eurofi	ns Re	eport Number:	1808648	
Sir/Madam,									
This is a notice of an adverse water quality result for GOLDEN LAKE UNITED CHURCH CAMP - ASSEMBLY HALL. I have attached Part 1 and 3 of the MOE Notice of Drinking Water Analysis form.									
Please contact me if you have any questions.									
Best regards,									
Taiwo Adesulure									

The information contained in this fax may include confidential or proprietary information that is the property of the sender. The information is intended for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, dissemination or the taking of any action in relation with the contents of this fax is strictly prohibited. If you have received this message in error, please notify us immediately by fax at the sender's fax number, or by telephone at 1-888-271-8378.



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

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

Fields marked with an asterisk (*) are mandatory.

Section 1 – Writte	n Notice By Lice	nsed Laborato	ory (For THI	M reporting	g see Secti	on 2C)			
Indicators of Adver	se Water Quality		·	····					
AWQI Number		Is this a re-san	nple? *						
139579		☐Yes ✓ No	Unkno 🗌 Unkno	wn If Yes, t	hen provide	initial AWQI number			
Microbiological *	✓ Physic	cal/Chemical *	Rad	iological *		Licence/Order/Certificate R	Requirement *		
Licensed Laborator	y Information								
Licensed Laboratory					1	MOECC Laboratory L	icense Number *		
Eurofins Environ	ment Testing Ca	nada, Inc.				2318			
Unit/Suite Number	Street Number	Street Name					<u>.</u>		
8	146	Colonnad					***		
City/Town			Province			Telephone Number (ir	ncluding area code) *		
Ottawa			Ontario			613 727-5692	***		
Email Address	awafina aam					Fax Number (including 613 727-5222	area code)		
KristaQuantrill@	,— viii— i					013 /2/-3222	***************************************		
Licensed Laboratory	Emergency Contact	t							
Last Name *									
Quantrill							**************************************		
First Name * Krista						Telephone Number (in 613 727-5692	cluding area code) *		
						013 727-3092			
Drinking Water Syst	em (DWS) Informa	ıtion							
DWS Name * Golden Lake Uni	ted Church Cam	p		- 1	Number * 34892	Telephone Number (in 613 735-0234	cluding area code) *		
Location *				i	Address				
54-63 MCNEE D	R RR#1			ali10	madigan $@$	gmail.com			
DWS Emergency Cor	ntact Name								
Last Name *									
Madigan									
First Name *						Telephone Number (in	cluding area code) *		
Alice						613 333-9542			
Oral Notification to	DWS Owner - Pers	on Contacted				-			
Last Name *				i	First Name *				
Madigan				Alice					
Position of Person Co Owner	ontacted *						A Committee of the Comm		
Telephone Number (including area code) * Fax N			Fax Number 613 732-9		ea code)	Date (yyyy/mm/dd) * 2018/06/04	Time (hh:mm) * 12:25 PM		
Email Address ali10madigan@gr	nail.com					1			
Oral Notification to I		n Contacted							
Health Unit Name *				<u> </u>					
Renfrew County &	& District Health	ı Unit							
Last Name *				First Name	*				
Selguson				Kelsey					
							•		

Fields marked with an asterisk (*) are manda	tory.		Sect	tion 1 continued.
Position of Person Contacted *				
Public Health Inspector				
Telephone Number (including area code) * 613 732-3629	Fax Number 613 735-3	(including area code) 067	Date (yyyy/mm/dd) * 2018/06/04	Time (hh:mm) * 9:52 AM
Email Address				
Oral Notification To Spills Action Centre (SA	C) - Person Contacted			
Last Name *		First Name *		
Jabeen		Fatima		
Position of Person Contacted *		<u> </u>		
Environmental Officer				
Person Notifying *		- Alliv	Date (yyyy/mm/dd) *	Time (hh:mm) *
Taiwo Adesulure			2018/06/04	10:06 AM
Name *		ANTO		
Taiwo Adesulure				
Signature £60			Date (yy	/yy/mm/dd) *
A feathfrie.			2018/0	06/04
Comments	1 1	0005	1 0	O 10 14
Contacted DWS owner via phone with				(a) 10:14am,
Third attempt @ 11:08am and also left a	a message, 4th atter	npt at 12noon and als	so left a message.	

Note: Use Section 3 to attach laboratory report.



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

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

Fields marked with an asterisk (*) are mandatory

		() are managed y.							
Section 3 - Adverse Analytical Results	rse Analytic	al Results							
AWQI Number * 139579			Is this a re-sample?	*	Tilbhann if Vac	If Yes then provide initial MMOI number	D#iol AMOL S		**************************************
Licensed Laboratory Name	y Name *			l		MOECC	l ahoratory Li	MOECC Laboratory License Number *	
Eurofins Environment Testing Canada, Inc	nment Testi	ng Canada, Inc.				2318			
Microbiological Testing	sting								·
about the second	1 > 5 > 5 > 5 > 5 > 5 > 5 > 5 > 5 > 5 >	Date/Time – Sample	Sample Type and Sample Location *	Location *	Count / 100 mL	100 mL		Date Data	Chlorine Residual
Submission ID *	Sample ID *	Collected (yyyy/mm/dd)	U: Untreated T: Treated** D: Distribution				P-A / 100mL Confirmed	3	
	***	***************************************			Total Coliforms (TC)	E. coli (EC)			
							TC 🔲		F [] mg/L
N/A	N/A		N/A				EC	2018/06/04	С П
				U			10 🗆		F mg/L
						····	EC		C
Physical or Chemical or Radiological Testing	cal or Radiolo	gical Testing	Additional transfer of the second sec			And the second s			
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time Sample Collected (yyyy/mm/dd)	Sample Type and Sample Location * U: Untreated* T: Treated** D: Distribution	Location *	Parameter *	Result(s)**** *		Units of Measure/ Standard	Date Data Approved (yyyy/mm/dd) *
1808648	1361969	2018/05/30			Na	46	m	mg/L	2018/06/04
àalth Ur ☐	n notified? *	Health Unit Name *			ALLEGATION OF THE PROPERTY OF		Úse	Users Advised to Boil/Seek Alternate Water	ek Alternate Water
√Yes		Kenfrew County &	Kenfrew County & District Health Unit					Yes No	
4444E (2017/02)									Page 5 of 6

Fields marked with an asterisk (*) are mandatory. Other Information Attached Yes V No				Section 3 continued.
	Created	Modified	Size (MB)	Remove Selected File
	ALLEL LONG PROPERTY.	Number of attachments	0	
Please describe any other direction perscribed by Health Unit or additional actions taken/results achieved	results achieved			
Provided By * Taiwo Adesulure				
Signature	and the second s			Date (yyyy/mm/dd) * 2018/06/04
+ Only for Drinking Water Systems that obtained exemptions from treatment requirements under O. Reg. 170/03.	s under O. Reg. 170/03.	and a second sec		
*** Indicate Free or Combined Chlorine Residual in mg/l for treated drinking water. Enter N/A if no chlorination is provided.	N/A if no chlorination is provi	ded.		

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



Certificate of Analysis

Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1809301 2018-06-08 2018-06-12

Project:

COC #:

71264

Waterworks/Facility: 260034892

Dear Alice Madigan:

Please find attached the analytical results for your samples. If you have any questions regarding this report, please do not hesitate to call (613-727-5692).

Page 1 of 3

Report Comments:	
APPROVAL:	
	Sarah Horner, Inorganics Technician

All analysis is completed in Ottawa, Ontario (unless otherwise indicated).

Eurofins Ottawa is accredited by CALA, Canadian Association for Laboratory Accreditation to ISO/IEC 17025 for tests which appear on our CALA scope of accreditation. It can be found at http://www.cala.ca/scopes/2602.pdf.

Eurofins(Ottawa) is certified and accredited for specific parameters by OMAFRA, Ontario Ministry of Agriculture, Food and Rural Affairs (for farm soils). Licensed by Ontario MOE for specific tests in drinking water.

Please note: Field data, where presented on the report, has been provided by the client and is presented for informational purposes only. Guideline values listed on this report are provided for ease of use (informational purposes) only. Eurofins recommends consulting the official provincial or federal guideline as required.



Certificate of Analysis

Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

Analyte

Na

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Group

Metals

Invoice to: Golden Lake Camp

Report Number:

1809301

Date Submitted: Date Reported:

2018-06-08 2018-06-12

Project:

COC #:

71264

Waterworks/Facility:

260034892

MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1363942 Supply Water TREATEDWATER 2018-06-07 Assembly Hall 1-1
2	mg/L	MAC 20	72*

Guideline = MOE REG. 170/03

* = Guideline Exceedence

Results relate only to the parameters tested on the samples submitted. Methods references and/or additional QA/QC information available on request.

MRL = Method Reporting Limit, AO = Aesthetic Objective, OG = Operational Guideline, MAC = Maximum Acceptable Concentration, IMAC = Interim Maximum Acceptable Concentration, STD = Standard, PWQO = Provincial Water Quality Guideline, IPWQO = Interim Provincial Water Quality Objective, TDR = Typical Desired Range

Certificate of Analysis



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP ASSEMBLY HALL

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1809301 2018-06-08 2018-06-12

Date Reported: Project:

COC #:

71264

Waterworks/Facility:

260034892

QC Summary

Analyte	Blank	QC % Rec	QC Limits				
Run No 347176 Analysis/Extraction Date 2018-06-11 Analyst SKH							
Method M SM3120B-3500C							
Sodium	<2 mg/L	90	82-118				



Notice of Elevated Concentration

Attention:

Ms. Alice Madigan

GOLDEN LAKE UNITED

CHURCH CAMP
ASSEMBLY HALL

Email:

ali10madigan@gmail.com

Health Unit:

Renfrew County & District

Health Unit

Fax:

613-735-3067

Date:	June 12, 2018	
Numbe	er of pages including cover sheet:	5
and the first of the state of the first	produced to the second to the second state of the second second second second second second second second second	

From:	
	Taiwo Adesulure
i ⁻	T/Admin Coordinator
Phone:	613-727-5692
Fax phone:	613-727-5222
e-mail:	taiwoadesulure@eurofins.com

REMARKS	\boxtimes	Urgent		For your re	view		Reply ASAP	☐ Please comment
Originals to follow:		YES	\boxtimes	NO	VIA:		Mail	☐ Courier
Exceedance Parameter(s)	: S	odium			Water	work	s Number:	260034892
					Eurofi	ns R	eport Number:	1809301
Sir/Madam,								
This is a notice of elevated attached a copy of the rep								- ASSEMBLY HALL. I have ter Analysis form.
Please contact me if you h	ave a	any questi	ons.					
Best regards,								
						`		
Taiwo Adesulure								

The information contained in this fax may include confidential or proprietary information that is the property of the sender. The information is intended for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, dissemination or the taking of any action in relation with the contents of this fax is strictly prohibited. If you have received this message in error, please notify us immediately by fax at the sender's fax number, or by telephone at 1-888-271-8378.



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

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

Fields marked with an asterisk (*) are mandatory.

Section 1 – Written Notice By License	ed Laboratory (F	or THM rep	orting see Sect	ion 2C)		
Indicators of Adverse Water Quality	this a re-sample?	*				. —
	Yes No		Yes, then provide	e initial AWQI	number 139579	
Microbiological *	<u> </u>	Radiologic			Order/Certificate Red	quirement *
	onormou.					
Licensed Laboratory Information Licensed Laboratory Name *		Alleve		MOI	ECC Laboratory Lice	ense Number *
Eurofins Environment Testing Canad	da, Inc.			231	-	
Unit/Suite Number Street Number	Street Name	- Shifter - A				
8 146	Colonnade Rd	•				
City/Town	1	vince			ephone Number (incl 3 727-5692	uding area code) *
Ottawa	On	tario		l		
Email Address					Number (including at 727-5222	ea code)
KristaQuantrill@eurofins.com				01.	7 12 1 3222	
Licensed Laboratory Emergency Contact						
Last Name *						
Quantrill				Tok	ephone Number (incl	uding area code) *
First Name * Krista					3 727-5692	dding area code)
The second secon						
Drinking Water System (DWS) Informatio	n		DWS Number *	Tak	ephone Number (incl	uding area code) *
DWS Name * Golden Lake United Church Camp (Accembly Hall)	260034892		3 735-0234	uding area code)
Location *	Placemony Trust		Email Address			
54-63 McNee Dr RR#1	ali10madigan(agmail.co	m			
DWS Emergency Contact Name						
Last Name *						
Madigan						
First Name *					ephone Number (inc	luding area code) *
Alice 613 333-9542						
Oral Notification to DWS Owner - Person	Contacted					
Last Name *			st Name *			
Madigan Alice						
Position of Person Contacted *						
Owner		-Minere				I want to be a second
Telephone Number (including area code) * 613 333-9542		Fax Number (including area code) 613 732-9493			te (yyyy/mm/dd) * 18/06/12	Time (hh:mm) * 9:05 AM
Email Address ali10madigan@gmail.com						
Oral Notification to Health Unit - Person	Contacted		•			
Health Unit Name *						
Renfrew County & District						
Last Name *		l l	st Name *			
Atikinson		A	gnes			

Fields marked with an asterisk (*) are mand	datory.	Sect	ion 1 continued.
Position of Person Contacted * Public Health Inspector			, -AA
Telephone Number (including area code) * 613 732-3629	Fax Number (including area code) 613 735-3067	Date (yyyy/mm/dd) * 2018/06/12	Time (hh:mm) * 9:11 AM
Email Address			
Oral Notification To Spills Action Centre (S	AC) - Person Contacted		,
Last Name * N/A	First Name * N/A	****	
Position of Person Contacted * N/A		****	
Person Notifying * N/A		Date (yyyy/mm/dd) * 2018/06/12	Time (hh:mm) * 9:14 AM
Name * Taiwo Adesulure			

Comments

Signature

Notification to SAC not required, this is a re-sampling.

Note: Use Section 3 to attach laboratory report.

Date (yyyy/mm/dd) *

2018/06/12



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

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

Fields marked with an asterisk (*) are mandatory.

Section 3 – Adverse Analytical Results	rerse Analytic	:al Results						100000	
AWQI Number *			Is this a re-sample? *	* * *					
139579			✓ Yes		If Yes, then p	provide initial AW	\square Unknown If Yes, then provide initial AWQI number 139579		
Licensed Laboratory Name * Eurofins Environment T	ory Name * onment Testi	Licensed Laboratory Name * Eurofins Environment Testing Canada, Inc.			N (2)	MOECC Laborato 2318	MOECC Laboratory License Number * 2318		
Microbiological Testing	esting								
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd)	Sample Type and Sample Location * U: Untreated ⁺ T: Treated ⁺⁺ D: Distribution		Count / 100 mL	P-A / 100mL Confirmed	00ml. Date Data Approved (yyyy/mm/dd) *	r	Chlorine Residual (mg/l)*** / F- Free / C-Combined
				Total Coliforms (TC)		E. coli (EC)			
			η			TC		ш.	∏ mg/L
N/A	N/A		N/A □			Ш О	2018/06/12	C [2	
			ח			TC		<u>L</u>	☐ mg/L
					······································	О		O	
Diversity or Chemical or Badiological Testing	nical or Badiolo	Anical Tacting						_	
rilysical of clief	IIICAI OI NAUIOII	ogical resulty						,	
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd)	Sample Type and Sample Location * U: Untreated ⁺ T: Treated ⁺⁺ D: Distribution	ation * Parameter *		Result(s)**** *	Units of Measure/ Standard		Date Data Approved (yyyy/mm/dd) *
1809301	1363942	2018/06/07		Na	72		mg/L	201	2018/06/12
Has Health Unit been notified? *	een notified? *	Health Unit Name *			-		Users Advised to Boil/Seek Alternate Water	oil/Seek Al	ternate Water
✓Yes 🗆 No		Renfrew County & District	District				∏Yes ∏No		
4444E (2017/02)									Page 5 of 6

Remove Selected File 0 Size (MB) Number of attachments Modified Created Other Information Attached Yes Attached File Name

Please describe any other direction perscribed by Health Unit or additional actions taken/results achieved

Provided By * Taiwo Adesulure

Signature

ature

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

Date (yyyy/mm/dd) *

2018/06/12

4444E (2017/02)

Page 6 of 6

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

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

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



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

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

Section 2A – Written Notice By Drinking Indicators of Adverse Water Quality					Oction 20	'1
ANAGOLAI	a re-sample? *					
130570	1.50	un If Voe tho	n provide :	nitial AWQI nun		
Microbiological * ✓ Physical/Chen		ological *	r provide i			
Indicator of Adverse Results				Licence/Orde	r/Certificate	Authority *
Other Observations (Improperly disinfected wa	otor divertal to					
Details of Adverse Result (parameter of concern a	and organish *	sers, etc)				
Sodium (Na) levels at 46 mg/L are higher	and amount) = er than accentable l	levels of 20	ma/I			
	and deceptable i	icveis of 20	mg/L			
DWS Information			-		ut filet	
DWS Name *						
Golden Lake United Church Camp			3-44-			Number *
Last Name *					26003	34892
Madigan	1	First Name * Alice				
Position *		Ance				
Owner						
o maei						
Additional Comments Public Health Unit Name *	ealth - Person Contac	ted				
Additional Comments Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit	ealth - Person Contac	ted				
Additional Comments Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit Last Name *	F	First Name *				
Additional Comments Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit Last Name *	F					
Additional Comments * Oral Notification To Local Medical Officer Of Here Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector	F	First Name *				
Additional Comments Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) *	F	First Name * Victor	de)	Date (man	ulmmldd)*	Time (Llaure)
Additional Comments ** Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 513 732-3629	F	First Name * Victor	de)		y/mm/dd) *	
Additional Comments * Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 513 732-3629 DWS Person Providing Oral Notification *	Fax Number (ir 613 735-306	First Name * Victor	de)	Date (yyyy 2018/06/		Time (hh:mm) 12:30 PM
Additional Comments Oral Notification To Local Medical Officer Of Here Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 613 732-3629 DWS Person Providing Oral Notification * Alice Madigan	Fax Number (ir 613 735-306	First Name * Victor Including area con		2018/06/		Time (hh:mm) 12:30 PM
Additional Comments * Oral Notification To Local Medical Officer Of He Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 513 732-3629 DWS Person Providing Oral Notification *	Fax Number (ir 613 735-306	First Name * Victor Including area con The control of the control		2018/06/		
Oral Notification To Local Medical Officer Of Herenard Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 513 732-3629 TOWNS Person Providing Oral Notification * Alice Madigan Torrective Actions to be Taken by Owner/Opera	Fax Number (ir 613 735-306	First Name * Victor Including area con The control of the control		2018/06/ .com	(04	
Oral Notification To Local Medical Officer Of Her Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 513 732-3629 DWS Person Providing Oral Notification * Alice Madigan Torrective Actions to be Taken by Owner/Opera	Fax Number (ir 613 735-306	First Name * Victor Including area con The control of the control	n@gmail	2018/06/ .com	(04	12:30 PM
Oral Notification To Local Medical Officer Of Her Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Gelephone Number (including area code) * 513 732-3629 DWS Person Providing Oral Notification * Alice Madigan Forrective Actions to be Taken by Owner/Operator orrective Actions Gesample and Test	Fax Number (ir 613 735-306 E a a stor	First Name * Victor Including area con 67 Imail Address Ii 10madigar	Complet	2018/06/ .com ed	(04	12:30 PM
Oral Notification To Local Medical Officer Of Herenard Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 513 732-3629 DWS Person Providing Oral Notification * Alice Madigan	Fax Number (ir 613 735-306	First Name * Victor Including area coo To a	Complet No	2018/06/ .com ed N/A N/A	(04	12:30 PM
Oral Notification To Local Medical Officer Of Herenary Public Health Unit Name * Renfrew County & District Health Unit Last Name * Elkov Position * Public Health Inspector Telephone Number (including area code) * 13 732-3629 TOWS Person Providing Oral Notification * Alice Madigan Torrective Actions to be Taken by Owner/Operatorrective Actions Telephone Number (including Oral Notification * Alice Madigan Torrective Actions to be Taken by Owner/Operatorrective Actions Telephone Number (including Oral Notification * Alice Madigan Torrective Actions to be Taken by Owner/Operatorrective Actions Telephone Number (including Oral Notification * Alice Madigan Torrective Actions to be Taken by Owner/Operatorrective Actions Telephone Number (including Oral Notification * Telephone Oral Notification * Telephone Number (including Oral Notification	Fax Number (ir 613 735-306 E a tor Required *	First Name * Victor Including area con 107 Imail Address 1110madigar	Complet	2018/06/ .com ed	(04	12:30 PM

Fields marked with an asterisk (*) are mandatory.						Section 2A continued.		
Other (Include any other Health Unit Directions and any additional attachments)	Required		Completed Comments			omments		
Other:	Yes No	☐ Yes	☐ No	□ N/A				
Oral Notification To Spills Action Centre (SAC) - Pe	erson Contacted							
Last Name * Gold		rst Name * laine						
Position * Provincial Officer								
DWS Person Providing Oral Notifying *				Date (yyyy	/mm/dd) *	Time (hh:mm)*		
Alice Madigan				2018/06/0		1:30 AM		
Initial DWS Notification Prepared by *					3/4			
Alice Madigan								
Signature Additional Comments	N				Date (yy 2018/0	yy/mm/dd) * 6/06		
Additional Comments								
Do you have another adverse to report? * Ye	s No							
			52000 W					
4444E (2017/02)						Page 4 of 4		

Do you have authority to complete this report? *
✓ Yes No
Are you a *
☐ Licensed Laboratory
Which Section(s) of the Form do you need today?
Section 1 - Written Notice By Licensed Laboratory
Section 2A - Written Notice By Drinking Water System
Section 2B - Notice Of Issues Resolution
Section 2C - Written Notice By Drinking Water System Owner - Reporting RAA for THMs
Section 3 - Adverse Analytical Results