

Golden Lake United Church Camp-Staff House

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:

www.goldenlakecamp.ca

260034905	
Golden Lake United Church Camp - Staff House	
Golden Lake United Church Camp	
Small Non-Municipal Non-Residential System	
01/01/2018-12/31/2018	

Complete if your Category is Large Municipal Complete for all other Categories. Residential or Small Municipal Residential **Does your Drinking-Water System serve Number of Designated Facilities served:** more than 10,000 people? Yes [] No [] 1 Did you provide a copy of your annual Is your annual report available to the public at no charge on a web site on the Internet? report to all Designated Facilities you Yes No [] serve? Yes No [] **Location where Summary Report required** under O. Reg. 170/03 Schedule 22 will be **Number of Interested Authorities you** available for inspection. report to: Did you provide a copy of your annual On file in Assemby Hall office and at the report to all Interested Authorities you following website: report to for each Designated Facility?

Note: For the following tables below, additional rows or columns may be added or an appendix may be attached to the report

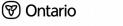
List all Drinking-Water Systems (if any), which receive all of their drinking water from your system:

Yes [] No [

Drinking Water System Name	Drinking Water System Number
GLUCC Staff House	260034905

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

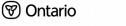
Public access/notice via the web [] Public access/notice via Government Office [] Public access/notice via a newspaper [] Public access/notice via Public Request [] Public access/notice via a Public Library [] Public access/notice via other method
Describe your Drinking-Water System
Please see page 7 for Drinking-Water System Information
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
Replace filters and UV bulb @ costs of \$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	74	2 mg/L	Retest	06/08/18
06/08/18	Sodium-Na	44	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		Please see repo	rts on pages 8-22		
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.

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	Number of Grab Samples	Range of Results (min #)-(max #)			
Turbidity	N/A				
Chlorine	N/A				
Fluoride (If the DWS provides fluoridation)	Please see pages 23-5	2018 Reports			

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	I	Please see 2018	reports pages 23-	53
Lead				
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	Dlagge 200 200	10	22.52		
Aldicarb	Please see 20	ro reports p	rages 23-55		



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

Aldrin + Dieldrin				
Atrazine + N-dealkylated metobolites				
Azinphos-methyl				
Bendiocarb				
Benzene				
Benzo(a)pyrene				
Bromoxynil				
Carbaryl				
Carbofuran				
Carbon Tetrachloride				
Chlordane (Total)	Please see 2	118 Reports	pages 23-53	
Chlorpyrifos	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- marquin	Hugus zu zu	
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 Hentachler + Hentachler Enevide				
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	Pleas	e see 2018 r	enorts pages	23-53
2,3,4,6-Tetrachlorophenol			1 1	
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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1810478 2018-06-25 2018-06-28

Project:

COC #:

71266

Waterworks/Facility:

260034905

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.

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.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1810478 2018-06-25

Date Reported:

2018-06-28

Project:

COC #:

71266

Waterworks/Facility: 260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1367704 Supply Water TREATEDWATER 2018-06-24 Staff Room 2-3
Group	Analyte	IVIKL	Units	Guideline	
Anions	N-NO2	0.10	mg/L	MAC 1.0	<0.10
	N-NO3	0.10	mg/L	MAC 10.0	0.16
	NO2 + NO3 as N	0.10	mg/L	MAC 10.0	0.16

Guideline = MOE REG. 170/03

* = Guideline Exceedence

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1810478 2018-06-25 2018-06-28

Project:

COC #:

71266

Waterworks/Facility: 260034905

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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1810483 2018-06-25 2018-06-26

260034905

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.

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1810483 2018-06-25

Date Reported:

2018-06-26

Project:

COC #:

71266 s/Facility: 26003/

Waterworks/Facility: 260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1367710 Supply Water RAW WATER 2018-06-24 Staff House 2-1	1367711 Supply Water DISTRIBUTION 2018-06-24 Staff House 2-2
Group	Allalyte	MINL	Ullits	Guidelille		
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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Submitted: 2018-07-30 Date Reported: 2018-07-31

1813397

260034905

Project:

COC #: 71265

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:

Krista Quantrill, Microbiology Supervisor

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

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

1813397 2018-07-30

Date Reported:

2018-07-31

Project:

COC #:

71265

Waterworks/Facility:

260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1377539 Supply Water RAW WATER 2018-07-30 Staff House 2-1	1377540 Supply Water DISTRIBUTION 2018-07-30 Staff House 2-2
<u> </u>	<u> </u>					
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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Ms. Alice Madigan Attention:

PO#:

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

1813408 2018-07-30 2018-08-01

Project:

COC #:

71265

Waterworks/Facility: 260034905

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:	
AFFROVAL.	
	Carab Harner Ingrapping Technician
	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.

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: Date Submitted: 1813408 2018-07-30

Date Reported:

2018-08-01

Project:

COC #:

71265 Waterworks/Facility: 260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1377564 Supply Water TREATEDWATER 2018-07-30 Staff House 2-3
Anions	N-NO2	0.10	mg/L	MAC 1.0	<0.10
	N-NO3	0.10	mg/L	MAC 10.0	0.58
	NO2 + NO3 as N	0.10	mg/L	MAC 10.0	0.58

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 STAFF HOUSE**

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1813408 Date Submitted: Date Reported:

2018-07-30 2018-08-01

Project:

COC #:

71265

Waterworks/Facility: 260034905

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Run No 350169 Analysis/Extraction Date 20 Method C SM4500-NO3-F	018-08-01 Ana	lyst Z_S	
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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1815381 2018-08-28 2018-08-29

Project: COC #:

71267

Waterworks/Facility: 260034905

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).

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

1815381 2018-08-28 2018-08-29

Date Reported: Project:

COC #:

71267

Waterworks/Facility:

260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1383529 Supply Water RAW WATER 2018-08-27 Staff House 2-1	1383530 Supply Water DISTRIBUTION 2018-08-27 Staff House 2-2
<u> </u>						
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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported: 1815415 2018-08-28 2018-08-31

Project:

COC #:

71267

Waterworks/Facility:

260034905

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

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: Date Submitted: 1815415 2018-08-28

Date Reported:

2018-08-31

Project:

COC #:

71267 Waterworks/Facility: 260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1383641 Supply Water TREATEDWATER 2018-08-27 Staff House 2-3
<u> </u>			U 11110		
Anions	N-NO2	0.10	mg/L	MAC 1.0	<0.10
	N-NO3	0.10	mg/L	MAC 10.0	0.68
	NO2 + NO3 as N	0.10	mg/L	MAC 10.0	0.68

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 STAFF HOUSE**

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp Report Number: 1815415 Date Submitted:

2018-08-28 Date Reported: 2018-08-31

Project:

COC #:

71267 Waterworks/Facility: 260034905

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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported:

1808650 2018-05-31 2018-06-25

Project:

COC #:

82939

Waterworks/Facility: 260034905

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 7

Report Comments:

APPROVAL:	
	Long Qu, Organics Supervisor

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808650
Date Submitted: 2018-05-31
Date Reported: 2018-06-25

Project:

COC #: 82939 Waterworks/Facility: 260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1361972 Supply Water TREATEDWATER 2018-05-30 Staff House - Sch 24
HPLC Herb/Pest	•			MAC 70	<5
HPLC Herb/Pest	Diquat	5	ug/L		<10
	Diuron	10	ug/L	MAC 150	-
_	Glyphosate	10	ug/L	IMAC 280	<10
	Paraquat	1	ug/L	IMAC 10	<1
NP Pestcides	Alachlor	0.5	ug/L	IMAC 5	<0.5
	Atrazine	1.0	ug/L		<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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808650

Date Submitted: 2018-05-31

Date Reported: 2018-06-25

Project:

COC #: 82939

Waterworks/Facility: 260034905

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1361972 Supply Water TREATEDWATER 2018-05-30 Staff House - 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

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808650 Date Submitted: 2018-05-31

Date Reported:

2018-06-25

Project:

COC #: 82939

Waterworks/Facility: 260034905

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

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Environment Testing

Client: **GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE**

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808650 Date Submitted: Date Reported:

2018-05-31 2018-06-25

Project:

COC #:

82939

Waterworks/Facility: 260034905

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Run No 348056 Analysis/Extraction Date 20 Method SW 846 8151A/3151A	118-06-22 A na	llyst 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	118-06-20 An a	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

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1808650 2018-05-31 2018-06-25

Project:

COC #:

82939

Waterworks/Facility: 260034905

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	18-06-22 Ana	llyst 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

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

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Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

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Guideline = MOE REG. 170/03

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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 #:

1808650

2018-05-31

2018-06-25

260034905

82939



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: Date Reported:

1808649 2018-05-31 2018-06-07

Project:

COC #:

Waterworks/Facility:

82939 260034905

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 6

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.

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.



Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808649
Date Submitted: 2018-05-31
Date Reported: 2018-06-07

Project:

COC #: 82939

Waterworks/Facility: 260034905

				Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D.	1361970 Supply Water DISTRIBUTION 2018-05-30 Staff House - Dist	1361971 Supply Water TREATEDWATER 2018-05-30 Staff House
Group	Analyte	MRL	Units	Guideline		
AWQI Report No	AWQI Report					139580
General Chemistry	F	0.10	mg/L	MAC 1.5		0.12
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		0.02
	Ва	0.01	mg/L	MAC 1.0		0.16
	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		74*
	Pb	0.001	mg/L	MAC 0.010	<0.001	0.006
	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	%			98
	4-bromofluorobenzene	0	%			112
	Toluene-d8	0	%			91
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

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted: 1808649 2018-05-31 2018-06-07

Date Reported: Project:

COC #:

82939

Waterworks/Facility:

260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1361970 Supply Water DISTRIBUTION 2018-05-30 Staff House - Dist	1361971 Supply Water TREATEDWATER 2018-05-30 Staff House
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

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1808649
Date Submitted: 2018-05-31
Date Reported: 2018-06-07

Project:

COC #: 82939 Waterworks/Facility: 260034905

QC Summary

An	alyte	Blank		QC % Rec	QC Limits
Run No 346642 Method M SM3120B-3	Analysis/Extraction Date 20	018-06-02 A	nalyst	H_F	
Sodium		<2 mg/L		99	82-118
Run No 346664 Method AWQI Report	Analysis/Extraction Date 20	018-05-30 A	nalyst	ТА	
AWQI Report					
Run No 346678 Method EPA 200.8	Analysis/Extraction Date 20	018-06-04 A	nalyst	SKH	
Lead		<0.001 mg/L		101	92.4-107.5
Run No 346685 Method EPA 200.8	Analysis/Extraction Date 20	018-06-04 A	nalyst	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	018-06-01 A	nalyst	QL	

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1808649 2018-05-31 2018-06-07

Project:

COC #:

82939

Waterworks/Facility: 260034905

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	lyst SKH	
Cadmium	<0.0001 mg/L	97	93.5-106.4
Lead	<0.001 mg/L	101	92.4-107.5
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	lyst SKH	

Guideline = MOE REG. 170/03

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Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: Date Submitted:

Date Reported:

1808649 2018-05-31 2018-06-07

Project:

COC #:

82939

Waterworks/Facility: 260034905

QC Summary

Analyte	Blank	QC % Rec	QC Limits
Mercury	<0.0001 mg/L	109	76-123
Run No 346895 Analysis/Extraction Date 20 Method SM2320,2510,4500H/F	18-06-06 A na	llyst AET	
F	<0.10 mg/L	103	90-110

Guideline = MOE REG. 170/03

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eurofins Exceedance Report

Date: June 4, 2018

Number of pages including cover sheet: 5

Ms. Alice Madigan GOLDEN LAKE UNITED CHURCH CAMP - STAFF HOUSE
613-732-9493
Renfrew County & District Health Unit
613-735-3067
1-800-268-6061

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

REMARKS	\boxtimes	Urgent		For your re	eview	☐ Reply ASAP	☐ Please comment
Originals to follow:		YES	\boxtimes	NO	VIA:	☐ Mail	☐ Courier
Exceedance Parameter(s): Na					Waten	works Number:	260034905
					Eurofi	ns Report Number:	1808649
Sir/Madam,							
This is a notice of an adverse water quality result for GOLDEN LAKE UNITED CHURCH CAMP - STAFF HOUSE. 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)

Section 1 – Writte	n Notice By Licens	ed Laborato	ory (For THM	repo	orting see Sec	tion 20	3)	
Indicators of Advers	se Water Quality							
AWQI Number	Is	this a re-san	nple? *					
139580]Yes ✓ No	Unknow	n If	Yes, then provid	le initial i	AWQI number	
Microbiological *	✓ Physical/	Chemical *	Radiol	logica	al *	Lice	ence/Order/Certificate Re	equirement *
Licensed Laborator	y Information							
Licensed Laboratory	Name *						MOECC Laboratory Lic	ense Number *
Eurofins Environ	ment Testing Cana	da, Inc.					2318	
Unit/Suite Number	Street Number	Street Name					•	
8	146	Colonnade	e Rd.					
City/Town			Province				Telephone Number (inc	cluding area code) *
Ottawa			Ontario				613 727-5692	
Email Address	<i>C</i>						Fax Number (including a 613 727-5222	rea code)
KristaQuantrill@	euroiins.com		***************************************				013 /2/-3222	
Licensed Laboratory	Emergency Contact							
Last Name *								
Quantrill							I= - · · · ·	
First Name *							Telephone Number (incl. 613 727-5692	cluding area code) *
Krista							013 727-3092	
= -	em (DWS) Informatio	n						
1						Telephone Number (included 13 735-0234	luding area code) *	
Golden Lake United Church Camp 260034905					013 733-0234			
Location * Email Address					Leom			
54-63 MCNEE DR RR #1 ali10madigan@gmail.com								
DWS Emergency Cor	ntact Name							
Last Name *								
Madigan								
First Name * Alice Telephone Number (including area of 613 333-9542							cluding area code) ^	
							013 333-7342	
	DWS Owner - Person	Contacted						
Last Name * First Name *								
Madigan Alice								
Position of Person Co Owner	ontacted *							
	maturaling area ando\ *		Fay Number (/in alue	ling area anda)		Date (yyyy/mm/dd) *	Time (hh:mm) *
Telephone Number (including area code) * Fax Number (including area code) 613 333-9542						2018/06/04	12:25 PM	
Email Address ali 10madigan@gr	nail.com							
Oral Notification to	Health Unit - Person (Contacted						
Health Unit Name *								
Renfew County &	de District							
Last Name *				First	Name *			
Kelsey				Selg	guson			
		.,					,	

Note: Use Section 3 to attach laboratory report.



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

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

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2018/06/04		mg/L	74	Z _a	√ ⊤	Staff House	2018/05/30	1361971	1808049
						D: Distribution	())));;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		
(yyyy/mm/dd) *			Result(s) *	Parameter"		T: Treated**	(vvvv/mm/dd)	Sample ID *	Submission ID *
Date Data Approved	Units of Measure/			*	sample Location *	Sample Type and Sample Location * U: Untreated*	Date/Time - Sample	Laboratory	Laboratory
	Walterman	-	T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				ogical Testing	nical or Radiolo	Physical or Chemical or Radiological Testing
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с П]	******						
F [] mg/L		TC							
						- 17 17 17 17 17 17 17 17 17 17 17 17 17	T. T		
0	2018/06/04	EC				N/A		N/A	N/A
F mg/L		75 			_ _				
		The state of the s	E. coli (EC)	Total Coliforms (TC)					
************				*		D: Distribution			
(mg/l) / r- ree / C-Combined	(yyyy/mm/dd) *	Confirmed				T: Treated**	(yyyy/mm/dd)	Sample ID *	Submission ID *
Chlorine Residual	Date Data	P-A / 100mL	100 mL	Count / 100 mL	sample Location *	Sample Type and Sample Location * U: Untreated*	Date/Time - Sample	Laboratory	Laboratory
	And the second s					THE PROPERTY OF THE PROPERTY O		esting	Microbiological Testing
			2318				Eurofins Environment Testing Canada, Inc.	onment Testii	Eurofins Envir
	nse Number *	MOECC Laboratory License Number *	MOECC L				· · · · · · · · · · · · · · · · · · ·	лу Name *	Licensed Laboratory Name *
	ber	itial AWQI num	If Yes, then provide initial AWQI number	☐Unknown If Yes	<u> </u>	□Yes			139580
Associate of the constitution for the constitution of the constitu					Is this a re-sample? *	Is this			AWQI Number *
							al Results	erse Analytic	Section 3 - Adverse Analytical Results

Fields marked with an asterisk (*) are mandatory.				Section 3 continued.
Other Information Attached Yes 📝 No				
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	A Linear Adversarian	Number of attachments	0	
Please describe any other direction perscribed by Health Unit or additional actions taken/results achieved	/results achieved			
Provided By *		A A A MARINE CONTRACTOR OF THE PARTY OF THE	ALLEAN AND THE PROPERTY OF THE	CARLO CA

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

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

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

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

2018/06/04

Date (yyyy/mm/dd) *

Signature

Taiwo Adesulure



Certificate of Analysis

Environment Testing

Client: GOLDEN LAKE UNITED CHURCH CAMP STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Ms. Alice Madigan Attention:

PO#:

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

1809302 2018-06-08 2018-06-12

Project:

COC #:

71264 Waterworks/Facility: 260034905

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:	
7.1.1.1.3 V/LE.	
	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 STAFF HOUSE

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number:

1809302

Date Submitted:

2018-06-08 2018-06-12

Date Reported: Project:

COC #:

71264

Waterworks/Facility:

260034905

Group	Analyte	MRL	Units	Lab I.D. Sample Matrix Sample Type Sampling Date Sample I.D. Guideline	1363943 Supply Water TREATEDWATER 2018-06-07 Staff House 2-1
Metals	Na	2	mg/L	MAC 20	44*

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 STAFF HOUSE**

RR #1

Golden Lake, ON

K0J 1X0

Attention: Ms. Alice Madigan

PO#:

Invoice to: Golden Lake Camp

Report Number: 1809302 Date Submitted: Date Reported:

2018-06-08 2018-06-12

Project:

COC #:

71264

Waterworks/Facility: 260034905

QC Summary

Analyte	Blank	QC % Rec	QC Limits					
Run No 347176 Analysis/Extraction Date 20)18-06-11 An a	llyst SKH						
Method M SM3120B-3500C								
Sodium	<2 mg/L	90	82-118					

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

eurofins **Notice of Elevated** Concentration

Attention: Ms. Alice Madigan **GOLDEN LAKE UNITED** CHURCH CAMP - STAFF HOUSE Email: ali10madigan@gmail.com Health Unit: **Renfrew County & District Health Unit** Fax: 613-735-3067

Date:	June 12, 2018	
Numbe	r of pages including cover sheet:	5

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

REMARKS	\boxtimes	Urgent		For your re	eview	☐ Reply ASAP	☐ Please comment		
Originals to follow:		YES	\boxtimes	NO	VIA:	☐ Mail	☐ Courier		
Exceedance Parameter(s)): S	odium			Water	works Number:	260034905		
					Eurofi	ns Report Number:	1809302		
Sir/Madam,									
This is a notice of elevated concentration for GOLDEN LAKE UNITED CHURCH CAMP – STAFF HOUSE. I have attached a copy of the report as well as 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.

	ľ	



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

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

Section 1 – Writte	n Notice By Licen	sed Laborato	ry (For THI	VI re	porting see Se	ction 2C))	
Indicators of Advers	se Water Quality		· · · · · · · · · · · · · · · · · · ·					
AWQI Number		Is this a re-san	nple? *					
139580		✓Yes No	Unkno	wn l	If Yes, then provi	de initial A	WQI number 139580	
Microbiological *	✓ Physica	al/Chemical *	Rad	iologi	cal *	Licer	nce/Order/Certificate Re	equirement *
Licensed Laboratory	/ Information							
Licensed Laboratory							MOECC Laboratory Lie	cense Number *
Eurofins Environ		ada, Inc.					2318	
Unit/Suite Number	Street Number	Street Name						
8	146	Colonnade						
City/Town			Province				Telephone Number (inc	cluding area code) *
Ottawa			Ontario				613 727-5692	
Email Address KristaQuantrill@e	eurofins.com						Fax Number (including a 613 727-5222	area code)
Licensed Laboratory I	Emergency Contact							
Last Name *								
Quantrill								
First Name *	######################################					***************************************	Telephone Number (inc	cluding area code) *
Krista							613 727-5692	,
Drinking Water Syst	em (DWS) Informat	ion						
DWS Name *			··		DWS Number *		Telephone Number (inc	luding area code) *
Golden Lake United Church Camp (Staff House)					260034905		613 735-0234	
Location * Email Address								
54-63 McNee Dr	RR#1				ali10madigar	n@gmail	.com	
DWS Emergency Cor	ıtact Name							
Last Name *								
Madigan								
First Name *					1,000		Telephone Number (inc	luding area code) *
Alice							613 333-9542	
Oral Notification to I	DWS Owner - Perso	n Contacted						
Last Name *				i .	t Name *	***************************************	4-4110-4-4	
Madigan				Ali	ice			
Position of Person Co	ntacted *							
Owner								
Telephone Number (ir 613 333-9542	ncluding area code) *		Fax Number 613 732-9		uding area code)		Date (yyyy/mm/dd) * 2018/06/12	Time (hh:mm) * 9:05 AM
Email Address			L			<u></u>		
ali10madigan@gr	nail.com							
Oral Notification to I	lealth Unit - Person	Contacted						
Health Unit Name *								
Renfrew County &	& District							
Last Name *					t Name *			
Atikinson	A			Ag	nes			

Fields marked with an asterisk (*) are mandat	ory.			Sect	ion 1 continued.
Position of Person Contacted * Public Health Inspector					
Telephone Number (including area code) * 613 732-3629	Fax Number 613 735-3	r (including area code) 067	Date (yyyy/n 2018/06/12		Time (hh:mm) * 9:11 AM
Email Address	1				
Oral Notification To Spills Action Centre (SAC) - Person Contacted	<u> </u>		<u> </u>	
Last Name *		First Name *			
N/A		N/A			
Position of Person Contacted *		<u></u>			
N/A					
Person Notifying *			Date (yyyy/n	 nm/dd) *	Time (hh:mm) *
N/A			2018/06/12		9:14 AM
Name *					
Taiwo Adesulure					
Signature		· · · · · · · · · · · · · · · · · · ·		Date (yy	yy/mm/dd) *
W. S. C.	ind			2018/0	• -
Comments Notification to SAC not required, this is	a re-sampling.	ence consiste or foliare distribution distri			



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

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

Section 3 – Adverse Analytical Results	Verse Analyt	ical Results							
AWQI Number *			ls this	s a re-sample? *					
139580	-		✓ Yes	°N 	Unknown If Yes, then provide initial AWQI number 139580	, then provide ir	nitial AWQI numl	ber 139580	
Licensed Laboratory Name *	ory Name *		THE PARTY OF THE P			MOECC 1	MOECC Laboratory License Number *	se Number *	175/4.1
Eurotins Envil	onment Test	Eurofins Environment Testing Canada, Inc.				2318			
Microbiological Testing	Testing		III., A	Time					
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd)	Sample Type and U: Untreated T: Treated D: Distribution	Sample Type and Sample Location * U: Untreated [†] T: Treated ^{††} D: Distribution	Count / 100 mL	100 mL	P-A / 100mL Confirmed	Date Data Approved (yyy/mm/dd) *	Chlorine Residual (mg/l) *** / F- Free / C-Combined
	`		T T T T T T T T T T T T T T T T T T T		Total Coliforms (TC)	E. coli (EC)			
27/4	* * * * * * * * * * * * * * * * * * * *			n					F mg/L
IN/A	IN/A		N/A			*****	<u></u>	2018/06/12	 o
				<u> </u>					F mg/L
	****			<u></u>					
Physical or Chemical or Radiological Testing	nical or Radiol	logical Testing							The state of the s
			Sample Type and	Sample Type and Sample I Acation *					***************************************
Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd)	U: Untreated T: Treated D: Distribution	Sample Foranon	Parameter *	Result(s)*****		Units of Measure/ Standard	Date Data Approved (yyyy/mm/dd) *
1809302	1363943	2018/06/07			Na	44	J/gm	77	2018/06/12
77				⊃ + a		771111			
Has Health Unit been notified? * ☑Yes	en notified? *	Health Unit Name * Renfrew County & District	District	TOTAL CONTRACTOR OF THE PARTY O	THE PARTY OF THE P		Users A	Users Advised to Boil/Seek Alternate Water	k Alternate Water
4444E (2017/02)					ANT		,		Page 5 of 6

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ther Information Attached TYes No				
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Hadisa indivaria		- A MANAGEMENT AND A MA		
TANKET CONTROL		Number of attachments	O	

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

Taiwo Adesulure Provided By * Signature

Date (yyyy/mm/dd) *

2018/06/12

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

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)

Fields marked with an asterisk (*) are n	nandatory.						
Section 2A - Written Notice By Drin	nking Water Sy	stem (DWS) C	wner (Fo	r THM repo	rting see Sec	ction 2C)	
Indicators of Adverse Water Quality			Complete Control of the				
AWQI Number	Is this a re-samp						
139580	Yes V No Unknown If Yes, then provide initial AWQI number						
☐ Microbiological *	al/Chemical *	Radiolog	ical *	. □L	icence/Order/Ce	ertificate Au	thority *
Indicator of Adverse Results							
Other Observations (Improperly disinfe	cted water directe	ed to water users	s, etc)				
Details of Adverse Result (parameter of consodium (Na) levels at 74 mg/L are			els of 20 i	mg/L			
DWS Information	The second secon				· · · · · · · · · · · · · · · · · · ·		
DWS Name *						DWS Nu 260034	
Golden Lake United Church Camp Last Name *)	l Ein	st Name *			200034	903
Madigan	ligan Alice						
Position *				-900-1-000-1-10-1-1-1-1-1-1-1-1-1-1-1-1-	(5): 2:::::::::::::::::::::::::::::::::::		
Owner					*		
Additional Comments					The second of the second of		
Oral Notification To Local Medical Offic	er Of Health - Pe	erson Contacted	d				S00311-3-00-00-00-00-00-00-00-00-00-00-00-00-0
Public Health Unit Name *	* T * 4						N
Renfrew County & District Health	Unit	le:	4 NI +				
Last Name * Elkov	First Name * Victor						
Position *					W/05		
Public Health Inspector							
Telephone Number (including area code) *		ax Number (incl		ode)	Date (yyyy/		Time (hh:mm) *
613 732-3629	613 735-3067 2018/06/04 12:30 PM						
DWS Person Providing Oral Notification * Alice Madigan			ail Address	s an@gmail.	com		
Corrective Actions to be Taken by Own	er/Operator	all	Tomadiga	mægman.	COIII		- Augustania - Aug
		Statut States and Stat	T		1		
Corrective Actions		Required *		Complete	ed	Co	mments
Resample and Test	✓,	Yes No	✓ Yes	☐ No	□ N/A	0.004.002/000000	
Disinfection Restored / Increased	, []	Yes No	Yes	☐ No	□ N/A		
Mains / Pipes Flushed		Yes No	Yes	☐ No	□ N/A		
Signs Posted	✓	Yes No	✓ Yes	☐ No	□ N/A		
Users Advised to Boil Water / Seek Alterna	ate Source \(\square\)	Yes No	Yes	☐ No	□ N/A		
4444E (2017/02)				All Francisco Control Control Control		W	Page 3 of 4

Other (Include any other Health Unit Directions and any additional attachments)	Re	quired	red Completed Co			omments	
Other:	Yes	☐ No	Yes	☐ No	□ N/A		W. C.
Oral Notification To Spills Action Centre (SAC) - Pe	erson Cor	ntacted				1	
Last Name *		Fi	rst Name *	*			Action and the second s
Gold		E	laine				
Position *		4					1
Provincial Officer							
DWS Person Providing Oral Notifying *						y/mm/dd) *	Time (hh:mm)
Alice Madigan				'lr sea	2018/06	/06	1:30 AM
Initial DWS Notification Prepared by *							
Alice Madigan							
Signature						20000000	yy/mm/dd) *
						2018/0	6/06
Additional Comments							
					tic		

The result of the second control of the seco	
Do you have authority to complete this report?*	
✓Yes No Are you a *	
☐ Licensed Laboratory ☑ DWS	
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	

4444E (2017/02)