

O.Reg. 170/03 Community Lead Testing – End of Period Report

(O. Reg. 170/03 under Schedule 15.1) Instructions Please complete this form and fax/email directly to: Use this form to submit a report to the ministry as required under Section 15.1-9 (6.1) under Schedule 15.1 of O.Reg. Ministry of the Environment 170/03. If you require assistance in completing the form **Drinking Water Programs Branch** report, please call 1 866 793-2588 (toli free). 416 212-0607 The most current version of this form report is posted on the Email: feadsubmission.moe@ontario.ca Ministry of the Environment web site at www.ontario.ca/drinkingwater Part A: Drinking Water System Information 1. Drinking Water System Name Town of Tecumseh 2. Drinking Water System (DWS) Number (Ministry assigned 9 digits number starting with "2".) 260004969 3. Drinking Water System Owner Town of Tecumseh 4. Report Period (Year: yyyy) a) Summer (June 15th to October 15th) b) Winter (December 15th to April 15th) 5. Year: 2018 Part B: Report Submission Information **Distribution** <u>Plumbing</u> e. Number of individual samples 7. Number of sampling points (Locations) NA s. Number of individual sample exceedances 0 e. Number of sampling points with an exceedance during the period NA 10. Percentage of sample points with an exceedance N/A 11. Is the system required to have a Corrosion Control Plan prepared Yes Yes ✓ No under Section 15.1-11 under Schedule 15.1 of O.Reg.170/03? 12. Do the reduced sampling & frequency requirements of Section 15.1-5 ✓ Yes ☐ No under Schedule 15.1 of O.Reg.170/03 apply to the system? 13. Do the plumbing sample exemptions of Section 15.1-5 (9) under Schedule 15 of O.Reg.170/03 apply to the system? ✓ Yes □ No Part C: Form Submission Information I declare that all the information provided on this form and any attachment(s) is true and correct to the best of my knowledge. Prepared by (print name Telephone No. (Including area code) Date (yyyyetnim/tid) Denis Berthiaume 2018/12/21 519 818-9611 Collection of information on this form is collected by the Drinking Water Management Division on behalf of the Ministry of the Environment in accordance with the Safe Drinking Water Act, 2002 (SDWA) and its regulations. The collection, us and dissemination of this information are governed by the Freedom of Information and Protection of Privacy Act (FOIPPA). The information gathered herein will be used for the purpose of corrosion control, and may be used for secondary purposes including reporting, investigating and law enforcement under the SDWA and its regulations. Information contained on this form, including personal information, may be disclosed to other government agencies including municipalities, public health unit employees, the Ministry of Health and Long Term Care, the Ministry of Education and the Ministry of Community and Social Services pursuant to section 42 of FOIPPA for the consistent purpose of administering

programs related to drinking water safety.

CADUCEST	Laboratory Committee Lead Testing Drinking Water Submission Form Drinking Water Facility Classification Oracles Cotains Large Sto Petal Accept Residents Windfor Sassand: Year-Residents						omi	Tuniaround Time Requested Rush 35 H: 1607- Surchan Fugh 45 E: 557 Se-chary 3. sh 72 Hr 25% Surchary 5-7 Day L Standard Specific Oate:								
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Town of Tecument	Town of Tecumsels 1169 Lacease Blvd.	1								Acting	e	-	- A			
Danie Berthipume	Tecumseh ON					- 1		1		ΙI			1			
Tel: Fex:	NBN 2C7			1	_						1					
519-735-1895				3	뢽	닯					1 1					
	Waterworks No.:	Project Name/No.:		Non Recidential	Private Realdential	S			_							
Case II.			260004969 Town of Tecomosts Quota No.: P.O. No.:			9	8	Distribution Sample Re-Sample	du	Left On Fernoved	8		吾	- 1		- A Carte Control
dberthiaume@tecumseh.ca	Calour No	F.O. 304		8	2	夏	8	E .	E .	8	Akalinity			经分类或的证明。		
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305 Burdick	Hydrant	18.12.2018				V				٧	٧			2		
226 Coronado	Hydrant	18.12.2018	9:44 Am			٧				v	٧			2		
3 1728 Shawnes	Hydrant	18.12.2018			\perp	V				٧	V			2		
4 South/East St Anne & Maisonneuve	Hydrant	18.12.2018	10:40 Am		_	V	_	\perp	_	٧	V	_		2		
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Sample Submission Information	Shinging 'nho	re do	Report	ng am	Seattle .	379			27.27	12	LAND	RALDRY	USE ONLY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Submitted By (print): Shawn Laponte Courier (Caducaon accoun			Sef Places		ı F	75			Day Toronto			an Division	and Donley	Tal view Tan		
	59 Ann Caduceon (Pick-up)		8 invoice is	a by Kat			Consequence 7 East Prepared Bo					ren :	Darre 7 and			

** Sample Unite: Lagend: TW = Treated Water U.SI = Distriction Wither Tap = Tap Winter GW = Raw Groundwater SA = Raw Serface Water GUDI = Groundwater under the influence of \$ 250 cm and a control about the

CLT 19/0/Pil (55-67)
Cold DW Community Leaf Testing, Apr. 2009, Revision No. 2



CERTIFICATE OF ANALYSIS

Final Report

C.O.C.: DW1812181100-W

REPORT No. B18-38424

Report To:

Town of Tecumseh 1189 LaCasse Blvd,

Tecumseh Ontario N8N 2C7 Canada Attention: Denis Berthlaume

DATE RECEIVED: 18-Dec-18

DATE REPORTED: 21-Dec-18

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

3201 Marentette Ave. Unit #5 Windsor ON N8X 4G3

Tel: 519-966-9541 Fax: 519-966-9567

JOB/PROJECT NO.: Town of Tecumseh

P.O. NUMBER:

WATERWORKS NO. 260004969

	Parameter		Alkalinity(Ca CO3) to pH4.5	Lead		
	Units		mg/L	mg/L		
198	RL		5	0.00002		
	Reference Meth	od	SM 2320B	EPA 200.8		
	Data Analyzed/Site		19-Dec-18/O	20-Dec-18/O		
Client I.D.	Sample I.D.	Data Collected				
305 Burdick	B18-38424-1	18-Dec-18	92	0.00003		
226 Coronado	B18-38424-2	18-Dec-18	89	0.00015		
1728 Shawnee	B18-38424-3	18-Dec-18	84	0.00004		
South/East St Anne & Malsonneuve	B18-38424-4	18-Dec-18	89	0.00009		

R.L. = Reporting Limit

Test methods are modified from specified reference method unless indicated by an *

Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Lorina Merko Lab Supervisor

The analytical results reported herein refer to the samples as received. Reproduction of this enalytical report in full or in part is prohibited without prior consent from Caduceon Environmental Laboratories.

EcoSense® pH10A Calibration Record

Date				
DD/MM/YYYY	Calibration	Operator	Comments	
30/08/2017	3 POINT	TAS	-CALIBRATION , NEW PROBE	
28/07/2017	3 POINT		INSTALLED.	
741006		1	- POUTINE CALIBRATION	
02/10/2017	3 POINT	135	-POUTING CALIBRATION	
10 10 10 mm m	3 POINT	75	-PAITINE CALIBRATION.	9
104/10/2017		75	-BATTERIES DEPLACED (357/30	3
06/10/2017	3 POINT	TAS	- POUTINE CALIBRATION	
13/10/2017	3 POINT	785	-POUTINE CALIBRATION	
19/12/2001	3 Point	65_	- Law me Calibration	
06/03/2018	2 POINT	75	PAUTINE CHURDATION	
21100 2014	3 PANT	45	- POLITING CALIBRATION	
25/06/2018	3 Poset	12	- Routing Caribration	
10 09 1200	3 POINT	1	A	
		1	-POUTINE CALBRATION	
01/10 15018	3 POINT	19	- PANTINE CALIBRATION	
03/12/2018	3 POINT		- PANTINE CAUSOATION	
	SETTIME	TAS.	SETTIME	
18/12/2018	3 PO.NT	196	- ROUTING CALIBRATION	
NAME AND ADDRESS OF THE OWNER, WHEN PERSON ASSESSED.				
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Community Lead Testing - Sampling and Action log

I FIELD						Possible Land	Lead Res	ults (mg/L)
Date Sampled (dd/mm/yy)	Sampling Location	911 Street Address (for plumbing samples)	Corresponding Distibution Sample Location ID If applicable (2)	Sample Type	Re-sample? (3)	Source if Information available (4)	1st Litre	2nd Litre (if plumbing)
18/12/2018	hydrant	305 Burdick		distribution	no		0.00003	
18/12/2018	hydrant	226 Coronado		distribution	no		0.00015	
18/12/2018	hydrant	1728 Shawnee		distribution	no		0.00004	
18/12/2018	hydrant	S/E St Anne & Maisonneuve		distribution	no		0.00009	
			 			1		
						1		
								-
		-				 		
						-		
					<u> </u>			
							-	

Alkalinity Result - mg/L (5)	pH Result	Date Lead Results Received (dd/mm/yy)	Oate Lead Results Provided to Occupant (dd/mm/yy)	Delivery Method	AWQI number (6)	directed by Health Unit	municipality (r)	Additional Comments
92	6.92	21/12/2018	NA	email		NA	N/A	
89	7.01	21/12/2018	N/A	email	N/A	N/A	NA	
84	6.85	21/12/2018	N/A	email	N/A	N/A	N/A	
89	6.95	21/12/2018	N/A	email	NA	N/A	N/A	
		_						
					,			
				in s				



				ocument Verified by Hilals Only)	NO
Location	305 Burdick		Date	Dec 18	2018
Operator (print)	Shown Laporte	2 /	like Ha	rdy	,
Operator Signature	82	,			
SAMPLE LOCATION		TYPE	OF SAMPLE		
Kitchen			Private Re	sidential	
Bathroom			Non-Resid	lential	
		X	Distributio	n	
Sample Station					
Flushing Station					
Other:					
FILTER DEVICE		SAMPL	E TAKEN		
No Filter Device		X	Lead Sam	ple #1	
Filter Device			Lead Sam	ple #2	
Bypass		X	Alkalinity		
Filter Removed		X	pH 4	.92	
Other: Temperatu	re 9.2°C				
Distance from Private or N	on-Residential		N/A		Meters
Location from Private or No	on-Residential		NIA		
Flushing Start Time			2:00 AM		
Time of First Sample Taker	п	9	:18 Am		
Comments					



					()i	ocument Verified by nitials Only)	MD
Loca	ition	226 Coronado		Date		Dec 18,	2018
Оре	rator (print)	Shown Laporte	Mi	ke Han	d	4	
Оре	rator Signature	gr '					
SAM	PLE LOCATION		TYPE	OF SAMPL	E		
	Kitchen			Private	Re	esidential	
	Bathroom			Non-Re	sic	dential	
X	Hydrant		X	Distribu	rtio	n	
	Sample Station						
	Flushing Station						
	Other:						
	51						
FILTE	ER DEVICE		SAMPL	E TAKEN	Ì		
X	No Filter Device		X	Lead Sa	am	ple #1	
	Filter Device			Lead S	am	ple #2	
	Bypass		\boxtimes	Alkalinit	у		
	Filter Removed		X	рН		7.01	
X	Other: Temperatur	e 8.2°C	8.	a°c			
Dista	nce from Private or N	on-Residential	NI	A			Meters
Loca	tion from Private or No	on-Residential	N/	A			
Flush	ing Start Time		9:	25 An	า		
Time	of First Sample Taker	n		44 An			
Com	ments						
					-		



				Document Verified by (Initials Only)	NO
Location	1728 Shawnee		Date	Dec 18,	2018
Operator (print)	Shown Laporte	, Mil	ke Hard	1	
Operator Signature	8				
SAMPLE LOCATION		TYPE	OF SAMPL		
Kitchen			Private	Residential	
Bathroom			Non-Re	sidential	
		X	Distribut	tion	
Sample Station					
Flushing Station					
Other:					
FILTER DEVICE		SAMPL	E TAKEN		
No Filter Device		X	Lead Sa	mple #1	
Filter Device			Lead Sa	mple #2	
Bypass		X	Alkalinit	У	
Filter Removed		X	рН	6.85	
Other: Temperation	4re 7.5°C.				
Distance from Private or N	on-Residential	N	14	,	Meters
Location from Private or N	on-Residential	NI	A		
Flushing Start Time		10	:00 An	н	
Time of First Sample Take	n		17 Am		
Comments					



				Document Verified by (Initials Only)	D
Location	S/E corner of St Anne Maisonneuve	&	Date	Dec 18, 6	0018
Operator (print)	Shawn Laporte,	Mike	Hardy	,	
Operator Signature	82				
SAMPLE LOCATION		TYPE 0	F SAMPLE		
Kitchen			Private R	tesidential	
Bathroom			Non-Resi	idential	
Hydrant		X	Distribution	on	
Sample Station					
Flushing Station					
Other:		:			
FILTER DEVICE		SAMPL	E TAKEN		
No Filter Device		X	Lead San	nple #1	-
Filter Device			Lead San	nple #2	
Bypass		X	Alkalinity		
Filter Removed		X	pH 6	. 95	
Other: Temperatu	cre 9.4°E				
Distance from Private or N	on-Residential	N	/A		Meters
Location from Private or No	on-Residential	N	/A		
Flushing Start Time		10	23 Am	,	
Time of First Sample Taker	n	10.	. 40 An	•	
Comments					
					



O.Reg. 170/03 Community Lead Testing – End of Period Report

(O. Rags. 170/03 under Schedule 15.1) Instructions Please complete this form and fax/email directly to: Use this form to submit a report to the ministry as required under Section 15.1-9 (6.1) under Schedule 15.1 of O.Reg. Ministry of the Environment 170/03. If you require assistance in completing the form **Drinking Water Programs Branch** report, please call 1 866 793-2588 (toll free). Fax: 416 212-0607 The most current version of this form report is posted on the Email: feadsubmission,moe@ontario.ca Ministry of the Environment web site at www.ontario.ca/drinkingwater Part A: Drinking Water System Information 1. Drinking Water System Name Town of Tecumsch 2, Drinking Water System (DWS) Number (Ministry assigned 9 digits number starting with "2".) 260004969 3. Drinking Water System Owner Town of Tecumseh 4. Report Period (Year: yyyy) a) Summer (June 15th to October 15th) b) Winter (December 15th to April 15th) 5. Year: 2019 Part B: Report Submission Information **Distribution** Plumbina s. Number of individual samples 4 N/A 7. Number of sampling points (Locations) Number of individual sample exceedances 0 9. Number of sampling points with an exceedance during the period N/A 10. Percentage of sample points with an exceedance N/A 11. Is the system required to have a Corrosion Control Plan prepared ☐ Yes ✓ No under Section 15.1-11 under Schedule 15.1 of O.Reg.170/03? 12. Do the reduced sampling & frequency requirements of Section 15.1-5 Yes ☐ No under Schedule 15.1 of O.Reg.170/03 apply to the system? 13. Do the plumbing sample exemptions of Section 15.1-5 (9) under Yes ☐ No Schedule 15 of O.Reg.170/03 apply to the system? Part C: Form Submission Information I declare that all the information provided on this form and any attachment(s) is true and correct to the best of my knowledge. Prepared by (print name) Date (yyyydmm/dd) Telephone No. (including area code) 2019/07/11 Denis Berthiaume 519 818-9611 Collection of information on this form is collected by the Drinking Water Management Division on behalf of the Ministry of the Environment in accordance with the Safe Drinking Water Act, 2002 (SDWA) and its regulations. The collection, use and dissemination of this information are governed by the Freedom of Information and Protection of Privacy Act (FOIPPA). The information gathered herein will be used for the purpose of corrosion control, and may be used for secondary purposes including reporting, investigating and law enforcement under the SDWA and its regulations. Information contained on this form, including personal information, may be disclosed to other government agencies including municipalities, public health unit employees, the Ministry of Health and Long Term Care, the Ministry of Education and the Ministry of Community and Social Services pursuant to section 42 of FOIPPA for the consistent purpose of administering programs related to drinking water safety.



O.Reg. 170/03 Community Lead Testing — End of Period Report

(O. Reg. 17003 under Schedule 15.1)

Instructions for Completing this Form

In accordance with the Community Lead Testing regulatory requirements (ss. 15.1-9 (6.1) of O. Reg. 170/03), beginning with the sampling period starting December 15, 2009, the owner of a drinking water system and the operating authority for the system shall submit a report to the Director within 30 days after the end of the sampling period specifying the number of points sampled during the period, the number of samples taken and the number of points where a sample exceeded the prescribed standard for lead.

If you require assistance in completing the form, please call 1 866 793-2588 (toll free). The most current version of this form is posted on the Ministry of the Environment web site at www.ontario.ca/drinkingwater

Part A: Drinking Water System Information

Box 2 - Drinking Water System (DWS) Number - Enter your Ministry assigned 9-digit number starting with "2". If you do not know your DWS #, contact the Drinking Water Programs Branch at 1 866 793-2588.

Box 4 - Report Period – The sampling period you are submitting this report for, Summer sampling period is from June 15th to October 15th. Winter sampling period is from December 15th to April 15th.

Box 5 - The sampling period year you are submitting this report for. Enter the year of the first month of the sampling period (summer: June; winter: December).

Part B: Report Submission Information

Box 6 - Total number of Individual plumbing samples and Individual distribution samples taken for the purpose of the Community Lead Testing requirements of Schedule 15.1, of O. Reg. 170/03.

Box 7 - Total number of plumbing sampling points locations (i.e. street address) where the sample was taken for the purpose of the Community Lead Testing requirements of Schedule 15.1 of O. Reg. 170/03.

Box 8 - Total number of individual plumbing samples and distribution samples testing results exceeding the prescribed standard taken for the purpose of the Community Lead Testing requirements of Schedule 15.1 of O. Reg. 170/03 during the period.

Box 9 - Total number of plumbing sampling points (locations e.g.: physical mailing or 911 address) with a testing result exceeding the prescribed standard taken for the purpose of the Community Lead Testing, Schedule 15.1 under O. Reg. 170/03 during the sampling period.

Box 10 - Calculated results from: [Box 9] / [Box7] * 100%

Box 11 - Check YES/NO if you are required to have a corrosion control plan. Please refer to Section 15.1-11 under Schedule 15.1 of O.Reg.170/03 for condition of requirement.

Box 12 - Check YES/NO if the system is eligible for reduced sampling frequency. Please refer to Section 15.1-5 under Schedule 15.1 of O.Reg.170/03 for criteria of eligibility.

Box 13 - Check YES/NO if the system is eligible for plumbing sample exemptions. Please refer to Section 15.1-5 (9) under Schedule 15.1 of O,Reg.170/03 for criteria of eligibility.

After completing the form, use the [Print Form] button on the form to print and save a hardcopy to keep for your records. System Owners are encouraged to use the [Submit by Email] button on the form for their submission.

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	Turnanound Time Requested h.24 Hr 100%. Surcharge h.45 Hr 25%. Surcharge h.72 Hr 25%. Surcharge	Sandard	4						2	2	2	2									10 to			
	Rush 24 Hr Rush 24 Hr Rush 48 Hr Rush 72 Hr	- He He																						
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			Town of Tecumseh 1189 Lacense Blvd.	New 2C7	Waterverts No.: 260004969	Cluste No.;		A CONTRACTOR		Hydrant	Harinand	T month					the second standard products				Courier (Client account)	Courier (Caduceon account)	Drop Off	Caducaco (Pick-up)
	PENTROLLINE LABORATORIES GOLD SELECT			Fax: 819-735-1885																() () () () () () () () () ()				Time: frk Legend: TW
	CADU FYTHOUSINGN	MC	inct:			Oberthiaume@tecumseh.ca		197 Edgewater	857 William	226 St Marks	2060 St Anne										any daming: Chilling	on of thems; Political		-mm-dd): / 1/06 / 7.6
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Figure 1.4: 285 Dates for the CN - Fam Groundward SW - Fam Groundward SW - Fam Groundward CUIN - Ecoundward In Inflames of Burn France Comments and Comments and

While: Lab Copy / Yellow: Invoicing Copy / Pink; Clent Copy

Call DM Carementer and Thesis, see name in 22. 12.



CERTIFICATE OF ANALYSIS

Final Report

C.O.C.: G1906261025-W

REPORT No. B19-18976

Report To:

Town of Tecumesh 1189 LaCasse Blvd, Tecumseh Ontario N8N 2C7 Canada

Attention: Denis Berthlaume

DATE RECEIVED: 26-Jun-19 DATE REPORTED: 10-Jul-19

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

3201 Marentette Ave. Unit #5 Windsor ON N8X 4G3

Tel: 519-966-9541

Fax: 519-966-9567

JOB/PROJECT NO.: Town of Tecumseh

P.O. NUMBER:

WATERWORKS NO. 260004969

	Parameter		Lead	Alkalinity(Ca CO3) to pH4.5			
	Units		mg/L	mg/L			
	R.L.		0.00002	5			
	Reference Meth	Reference Method		SM 2320B			
	Date Analyzed/S	ite	09-Jul-19/O	27-Jun-19/O			
Cilent I.D.	Sample I.D.	Date Collected			,,,,		
197 Edgewater	B19-18976-1	26-Jun-19	0.00038	83			
857 William	B19-18976-2	26-Jun-19	0.00003	81			
226 St Marks	B19-18976-3	B19-18976-3 26-Jun-19		82			
2060 St Anne	B19-18976-4	B19-18976-4 26-Jun-19		107			

R.L. = Reporting Limit

Test methods may be modified from specified reference method unless indicated by an * Site Analyzed=K-Kingston,W-Windsor,O-Ottawa,R-Richmond Hill,B-Barrie

Lorina Merko Lab Supervisor

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior consent from Caduceon Environment(s) Laboratories.

Horiba Navi Benchtop Unit Calibration Record

2 ECOSENSE PHICA

Date	Calibration	Operator	Comments
13 09 2011	3 POINT	TAS	OFFSET SLOPE -32.4 mV
19/09/2017	3 POINT	7.5	4-7=95.430 7-10=91.7%
			OFFSET SCOPE -73 bm/ 4-7=91.2% 7-15=94% All ok
	3 Point	MC	
15/05/2016	3 Point	me	MICK
10/69/2018	3 PANT	75	TILOX
18/09/2018	3 00104	83	All of
01/10/2018	3 POINT	16	ALL OK
26/03/2019	•		
	SEO DH O	Δ.	
1710612019	SPOINT	745	POUTINE CALIBRATION, SETTIME
24/6/12019	3 parmit	IM	Somme Extragamon
:			



Community Lead Testing - Sampling and Action log

Additional Comments																	
Corrective Action taken by Municipality (7)	N/A	NA	N/A	NA													
Corrective Action directed by Health Unit	NA	N/A	N/A	NA													
AWQi number (6)	NA			NA									,				
Delivery Method AWQI number (6)	email	email	email	email													
Date Leed Results Provided to Occupent (dd/mm/yy)	NA	NA	NA	NA NA													
Date Lead Recuits Received (dd/mm/yy)	10/07/2019	10/07/2019	10/07/2019	10/07/2019													
pH Result	7.1	7.07	7.11	7.04													
Alkalinity Result - mg/L (5)	8	81	82	107													



PLEASE PRINT ALL INFO	RMATON				
			Do (In	cument Verified by Itials Only)	
Location	197 Edgewater		Date	+9/06	126 MIT
Operator (print)	mike			26106	119
Operator Signature	7				
SAMPLE LOCATION		TYPE	OF SAMPLE		
Kitchen			Private Re	sidential	
Bathroom			Non-Resid	ential	
		X	Distribution	1	
Sample Station					
Flushing Station		7			
Other:		7			
FILTER DEVICE		SAMPI	LE TAKEN		
No Filter Device	X	Lead Sam	ple #1		
Filter Device			Lead Sam	ple #2	
Bypass Bypass		X	Alkalinity		
Filter Removed		X	рН	7.10	
Other: TEMP	3.2°C				
Distance from Private or No	on-Residential	N	14		Meters
Location from Private or Non-Residential			A		
Flushing Start Time			3:22.	An	
Time of First Sample Taken			3:22.	An	
Comments					
		-			



				Document Verified to (Initials Only)	N V		
Location	857 William		Date	26/0	6/19		
Operator (print)	mike						
Operator Signature	1						
SAMPLE LOCATION		TYPE	OF SAMPLE				
Kitchen			Private F	Residential			
Bathroom			Non-Res	sidential			
			Distribut	ion			
Sample Station							
Flushing Station							
Other:							
FILTER DEVICE	SAMPLE TAKEN						
No Filter Device	X	Lead Sa	mple #1				
Filter Device			Lead Sa	mple #2			
Bypass		X	Alkalinity	1			
Filter Removed		X	pН	7.07			
Other TEMP	0.0						
Distance from Private or N	Distance from Private or Non-Residential				Meters		
Location from Private or Non-Residential			4				
Flushing Start Time			1:15	pan			
Time of First Sample Take	Time of First Sample Taken			M			
Comments				N-			
				10/20			



				Document Verified by (Initials Only)					
Location	226 St Marks		Date	26/	06/19				
Operator (print)	mike								
Operator Signature	-				140				
SAMPLE LOCATION		TYPE	OF SAMPLE						
Kitchen			Private R	Residential					
Bathroom		Non-Residential							
Hydrant		X	Distributi	on					
Sample Station									
Flushing Station									
Other:									
FILTER DEVICE		SAMP	LE TAKEN						
No Filter Device			Lead Sar	mple #1					
Filter Device		Lead Sample #2							
Bypass		Alkalinity							
Filter Removed	Filter Removed			7.11					
X Other: TEMP	8.600								
Distance from Private or Non-Residential)/XI		Meters				
Location from Private or Non-Residential			/A						
Flushing Start Time			8: 47	An					
Time of First Sample Take	Time of First Sample Taken			AM					
Comments									



PLEASE PRINT ALL INFO	PRMATON			Document Verified by (Initials Only)	111				
Location	2060 St Anne		Date	76/06	1 19				
Operator (print)	mike								
Operator Signature	~~								
SAMPLE LOCATION		TYPE O	F SAMPLE						
Kitchen			Private R	tesidential					
Bathroom			Non-Res	idential					
Mydrant Hydrant			Distribution	on					
Sample Station									
Flushing Station									
Other:									
FILTER DEVICE		SAMPLE	ETAKEN						
No Filter Device		Lead Sample #1							
Filter Device		Lead Sample #2							
Bypass		Alkalinity							
Filter Removed		N.	рН	7.04					
Other: Tenne 2	1.0°C								
Distance from Private or N	on-Residential	N	/A		Meters				
Location from Private or No	N	11							
Flushing Start Time			9:45 Am 10:01 Am						
Time of First Sample Take	10	2:01	An						
Comments									



WATER DIVISION **GENERAL WORK ORDER**

	N
Document Verified by (Initials Only)	

Date Received:	When Bank de						
	Time Received:						
June 26 2019	700 An						
Name of Customer:							
tour of teensch							
Address/Location:	Telephone No.:						
Varius Location							
INSTRU	CTIONS						
Gead	testing						
WORK PERFORMED AND COMMENTS							
took Lead Alkalinity	and the Santings						
at 2060 st some /	857 william / 226 stracks						
197 Edgenate							
MATERIA	LS USED						
Operator Name (print): M. Jee	Operator Name (print): wife						
Operator Signature:							
Date Completed: June 26 2012	Time Completed: (100 pm						