

(O. Reg. 170/03 under Schedule 15.1)

Instructions

Please complete this form and fax/email directly to:
Ministry of the Environment
 Drinking Water Programs Branch
 Fax: 416 212-0807
 Email: leadsubmission.moe@ontario.ca

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. 170/03. If you require assistance in completing the form report, please call 1 866 793-2588 (toll free).

The most current version of this form report is posted on the 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 digit 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) c. Year: 2018

Part B: Report Submission Information

	Plumbing	Distribution
6. Number of individual samples		4
7. Number of sampling points (Locations)		N/A
8. 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 under Section 15.1-11 under Schedule 15.1 of O.Reg.170/03?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12. Do the reduced sampling & frequency requirements of Section 15.1-5 under Schedule 15.1 of O.Reg.170/03 apply to the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do the plumbing sample exemptions of Section 15.1-5 (9) under Schedule 15 of O.Reg.170/03 apply to the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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) <u>Denis Berthiaume</u>	Signature 	Date (yyyy/mm/dd) <u>2018/12/21</u>	Telephone No. (including area code) <u>519 818-9611</u>
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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.

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

Caduceon Environmental Laboratories

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

Tel: 519-966-9541

Fax: 519-966-9567

DATE RECEIVED: 18-Dec-18

JOB/PROJECT NO.: Town of Tecumseh

DATE REPORTED: 21-Dec-18

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260004969

Parameter	Alkalinity(Ca CO3) to pH4.5	Lead			
Units	mg/L	mg/L			
R.L.	5	0.00002			
Reference Method	SM 2320B	EPA 200.8			
Date Analyzed/Site	19-Dec-18/O	20-Dec-18/O			

Client I.D.	Sample I.D.	Date Collected	Alkalinity	Lead		
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 & Maisonneuve	B18-38424-4	18-Dec-18	89	0.00009		



Lorina Merko
 Lab Supervisor

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

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 Environmental Laboratories.

PLEASE PRINT ALL INFORMATION

Document Verified by
 (Initials Only)

MP

Location	305 Burdick	Date	Dec 18, 2018
Operator (print)	Shawn Laporte, Mike Hardy		
Operator Signature	<i>SL</i>		

SAMPLE LOCATION	TYPE OF SAMPLE
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Non-Residential
<input checked="" type="checkbox"/> Hydrant	<input checked="" type="checkbox"/> Distribution
<input type="checkbox"/> Sample Station	
<input type="checkbox"/> Flushing Station	
<input type="checkbox"/> Other:	

FILTER DEVICE	SAMPLE TAKEN
<input checked="" type="checkbox"/> No Filter Device	<input checked="" type="checkbox"/> Lead Sample #1
<input type="checkbox"/> Filter Device	<input type="checkbox"/> Lead Sample #2
<input type="checkbox"/> Bypass	<input checked="" type="checkbox"/> Alkalinity
<input type="checkbox"/> Filter Removed	<input checked="" type="checkbox"/> pH 6.92
<input checked="" type="checkbox"/> Other: Temperature 9.2°C	

Distance from Private or Non-Residential	<i>N/A</i>	Meters
Location from Private or Non-Residential	<i>N/A</i>	
Flushing Start Time	<i>9:00 AM</i>	
Time of First Sample Taken	<i>9:18 AM</i>	

Comments

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Document Verified by
(Initials Only) *MP*

Location	226 Coronado	Date	Dec 18, 2018
Operator (print)	Shawn Laporte, Mike Hardy		
Operator Signature	<i>SL</i>		

SAMPLE LOCATION	TYPE OF SAMPLE
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Non-Residential
<input checked="" type="checkbox"/> Hydrant	<input checked="" type="checkbox"/> Distribution
<input type="checkbox"/> Sample Station	
<input type="checkbox"/> Flushing Station	
<input type="checkbox"/> Other:	
FILTER DEVICE	SAMPLE TAKEN
<input checked="" type="checkbox"/> No Filter Device	<input checked="" type="checkbox"/> Lead Sample #1
<input type="checkbox"/> Filter Device	<input type="checkbox"/> Lead Sample #2
<input type="checkbox"/> Bypass	<input checked="" type="checkbox"/> Alkalinity
<input type="checkbox"/> Filter Removed	<input checked="" type="checkbox"/> pH 7.01
<input checked="" type="checkbox"/> Other: Temperature 8.2°C	8.2°C

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	9:25 AM	
Time of First Sample Taken	9:44 AM	

Comments

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 (Initials Only) *WD*

Location	1728 Shawnee	Date	Dec 18, 2018
Operator (print)	Shawn Laporte, Mike Hardy		
Operator Signature	<i>SL</i>		
SAMPLE LOCATION		TYPE OF SAMPLE	
<input type="checkbox"/> Kitchen		<input type="checkbox"/> Private Residential	
<input type="checkbox"/> Bathroom		<input type="checkbox"/> Non-Residential	
<input checked="" type="checkbox"/> Hydrant		<input checked="" type="checkbox"/> Distribution	
<input type="checkbox"/> Sample Station			
<input type="checkbox"/> Flushing Station			
<input type="checkbox"/> Other:			
FILTER DEVICE		SAMPLE TAKEN	
<input checked="" type="checkbox"/> No Filter Device		<input checked="" type="checkbox"/> Lead Sample #1	
<input type="checkbox"/> Filter Device		<input type="checkbox"/> Lead Sample #2	
<input type="checkbox"/> Bypass		<input checked="" type="checkbox"/> Alkalinity	
<input type="checkbox"/> Filter Removed		<input checked="" type="checkbox"/> pH	6.85
<input checked="" type="checkbox"/> Other: Temperature 7.5°C.			
Distance from Private or Non-Residential	N/A	Meters	
Location from Private or Non-Residential	N/A		
Flushing Start Time	10:00 AM		
Time of First Sample Taken	10:17 AM		
Comments			

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Document Verified by
 (Initials Only) **ND**

Location	S/E corner of St Anne & Maisonneuve	Date	Dec 18, 2018
Operator (print)	Shawn Laporte, Mike Hardy		
Operator Signature	SL		
SAMPLE LOCATION		TYPE OF SAMPLE	
<input type="checkbox"/> Kitchen		<input type="checkbox"/> Private Residential	
<input type="checkbox"/> Bathroom		<input type="checkbox"/> Non-Residential	
<input checked="" type="checkbox"/> Hydrant		<input checked="" type="checkbox"/> Distribution	
<input type="checkbox"/> Sample Station			
<input type="checkbox"/> Flushing Station			
<input type="checkbox"/> Other:			
FILTER DEVICE		SAMPLE TAKEN	
<input checked="" type="checkbox"/> No Filter Device		<input checked="" type="checkbox"/> Lead Sample #1	
<input type="checkbox"/> Filter Device		<input type="checkbox"/> Lead Sample #2	
<input type="checkbox"/> Bypass		<input checked="" type="checkbox"/> Alkalinity	
<input type="checkbox"/> Filter Removed		<input checked="" type="checkbox"/> pH 6.95	
<input checked="" type="checkbox"/> Other: Temperature 9.4°C			
Distance from Private or Non-Residential	N/A	Meters	
Location from Private or Non-Residential	N/A		
Flushing Start Time	10:23 Am		
Time of First Sample Taken	10:40 Am		
Comments			

(O. Reg. 170/03 under Schedule 15.1)

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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) c. Year: 2019

Part B: Report Submission Information

	Plumbing	Distribution
6. Number of individual samples		4
7. Number of sampling points (Locations)		N/A
8. 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 under Section 15.1-11 under Schedule 15.1 of O.Reg.170/03?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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)	Signature	Date (yyyy/mm/dd)	Telephone No. (including area code)
Denis Berthiaume		2019/07/11	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.

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: $[\text{Box 8}] / [\text{Box 7}] * 100\%$

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.



Client: Town of Tecumseh
 Contact: Duane Bartheleme
 Tel: 819-881-2871 Fax: 819-735-1885
 After Hours Tel: 819-881-2021
 Email: dbartheleme@tecumseh.ca

Waterworks Address: Town of Tecumseh, 1189 Lakeside Blvd., Tecumseh ON N8N 2C7
 Waterworks No.: 260004989
 Quota No.:

Community Lead Testing Drinking Water Submission Form
 Drinking Water Facility Classification
 Municipal Non-Municipal
 Large Small
 Residential Non-Residential
 Seasonal Year-Round

Turnaround Time Requested
 Rush 24 Hr 100% Surcharge
 Rush 48 Hr 50% Surcharge
 Rush 72 Hr 25% Surcharge
 5-7 Day Standard
 Specific Date:

Address	Project Name/No.	Team of Tecumseh	P.O. No.	Non Residential	Private Residential	Disturbance Sample	Re-Sample	Left On	Removed	Lead	Alkalinity
197 Edgewater	Hydrant	2606/19	4664-36			V				V	V
857 William	Hydrant	26106/19	9:31 AM			V				V	V
228 St Marks	Hydrant	26106/19	9:04 AM			V				V	V
2080 St Anne	Hydrant	26106/19	10:01 AM			V				V	V

Sampled By (print): *mike*
 Submitted By (print): *mike*
 Signature: *[Signature]*
 Date (y-m-d): 19/06/26 Time: 10:25 AM
 Sample Matrix Legend: TW = Treated Water DW = Disinfection Water Tap = Tap Water GW = Raw Groundwater SW = Raw Surface Water QUD = Groundwater under the influence of surface water

Kingston Lab - 288 Dalhousie Ave., Kingston, ON K7H 6E1, Tel: (613) 546-4242 Fax: (613) 546-4270 Email: contact@kingstonlab.com
 Ottawa Lab - 2318 Hwy 7 East, Ottawa, ON K1V 7P4, Tel: (613) 598-4331 Fax: (613) 598-4334 Email: contact@ottawalab.com
 Peterborough Lab - 258-188 Charlotte St., Peterborough, ON K2L 2T8, Tel: (705) 746-1506 Fax: (705) 746-1507 Email: contact@peterboroughlab.com
 Windsor Lab - 5211 MacArthur Ave., Windsor, ON N8X 4G3, Tel: (819) 264-4661 Fax: (819) 264-4667 Email: contact@windsorlab.com

White: Lab Copy / Yellow: Incoming Copy / Pink: Client Copy

CLT

CLT (M) (Continued on next page)

C.O.C.: G1906261025-W

REPORT No. B19-18976

Report To:

Town of Tecumseh
 1189 LaCasse Blvd,
 Tecumseh Ontario N8N 2C7 Canada
Attention: Denis Berthiaume

Caduceon Environmental Laboratories
 3201 Marentette Ave. Unit #5
 Windsor ON N8X 4G3
 Tel: 519-966-9541
 Fax: 519-966-9567

DATE RECEIVED: 26-Jun-19

JOB/PROJECT NO.: Town of Tecumseh

DATE REPORTED: 10-Jul-19

P.O. NUMBER:

SAMPLE MATRIX: Drinking Water

WATERWORKS NO. 260004969

Parameter	Lead	Alkalinity(Ca CO3) to pH4.5			
Units	mg/L	mg/L			
R.L.	0.00002	5			
Reference Method	EPA 200.8	SM 2320B			
Date Analyzed/Site	08-Jul-19/O	27-Jun-19/O			

Client I.D.	Sample I.D.	Date Collected	Lead	Alkalinity			
197 Edgewater	B19-18976-1	26-Jun-19	0.00038	83			
857 William	B19-18976-2	26-Jun-19	0.00003	81			
228 St Marks	B19-18976-3	26-Jun-19	0.00005	82			
2060 St Anne	B19-18976-4	26-Jun-19	< 0.00002	107			



Lorina Merko
 Lab Supervisor

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

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 Environmental Laboratories.

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(Initials Only)

JD

Location	197 Edgewater	Date	19/06/26 ^{AM} LT 26/06/19
Operator (print)	Mike		
Operator Signature	<i>[Signature]</i>		

SAMPLE LOCATION	TYPE OF SAMPLE
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Non-Residential
<input checked="" type="checkbox"/> Hydrant	<input checked="" type="checkbox"/> Distribution
<input type="checkbox"/> Sample Station	
<input type="checkbox"/> Flushing Station	
<input type="checkbox"/> Other:	

FILTER DEVICE	SAMPLE TAKEN
<input checked="" type="checkbox"/> No Filter Device	<input checked="" type="checkbox"/> Lead Sample #1
<input type="checkbox"/> Filter Device	<input type="checkbox"/> Lead Sample #2
<input type="checkbox"/> Bypass	<input checked="" type="checkbox"/> Alkalinity
<input type="checkbox"/> Filter Removed	<input checked="" type="checkbox"/> pH 7.10
<input checked="" type="checkbox"/> Other: TEMP 18.2 ^{°C}	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	8:22 AM	
Time of First Sample Taken	8:37 AM	

Comments

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(Initials Only)

MB

Location	857 William	Date	26/06/19
Operator (print)	Mike		
Operator Signature	<i>[Signature]</i>		

SAMPLE LOCATION	TYPE OF SAMPLE
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Non-Residential
<input checked="" type="checkbox"/> Hydrant	<input type="checkbox"/> Distribution
<input type="checkbox"/> Sample Station	
<input type="checkbox"/> Flushing Station	
<input type="checkbox"/> Other:	
FILTER DEVICE	SAMPLE TAKEN
<input checked="" type="checkbox"/> No Filter Device	<input checked="" type="checkbox"/> Lead Sample #1
<input type="checkbox"/> Filter Device	<input type="checkbox"/> Lead Sample #2
<input type="checkbox"/> Bypass	<input checked="" type="checkbox"/> Alkalinity
<input type="checkbox"/> Filter Removed	<input checked="" type="checkbox"/> pH 7.07
<input checked="" type="checkbox"/> Other: TEMP 20.0 ^{oc}	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	9:15 AM	
Time of First Sample Taken	9:31 AM	
Comments		

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(Initials Only)

HP

Location	226 St Marks	Date	26/06/19
Operator (print)	<i>mike</i>		
Operator Signature	<i>[Signature]</i>		

SAMPLE LOCATION	TYPE OF SAMPLE
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Non-Residential
<input checked="" type="checkbox"/> Hydrant	<input checked="" type="checkbox"/> Distribution
<input type="checkbox"/> Sample Station	
<input type="checkbox"/> Flushing Station	
<input type="checkbox"/> Other:	

FILTER DEVICE	SAMPLE TAKEN
<input checked="" type="checkbox"/> No Filter Device	<input checked="" type="checkbox"/> Lead Sample #1
<input type="checkbox"/> Filter Device	<input type="checkbox"/> Lead Sample #2
<input type="checkbox"/> Bypass	<input checked="" type="checkbox"/> Alkalinity
<input type="checkbox"/> Filter Removed	<input checked="" type="checkbox"/> pH 7.11
<input checked="" type="checkbox"/> Other: <i>Temp 18.6°C</i>	

Distance from Private or Non-Residential	<i>N/A</i>	Meters
Location from Private or Non-Residential	<i>N/A</i>	
Flushing Start Time	<i>8:47 AM</i>	
Time of First Sample Taken	<i>9:07 AM</i>	

Comments

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 (Initials Only) *ND*

Location	2080 St Anne	Date	26/06/19
Operator (print)	Mike		
Operator Signature	<i>[Signature]</i>		

SAMPLE LOCATION	TYPE OF SAMPLE
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Non-Residential
<input checked="" type="checkbox"/> Hydrant	<input type="checkbox"/> Distribution
<input type="checkbox"/> Sample Station	
<input type="checkbox"/> Flushing Station	
<input type="checkbox"/> Other:	
FILTER DEVICE	SAMPLE TAKEN
<input checked="" type="checkbox"/> No Filter Device	<input checked="" type="checkbox"/> Lead Sample #1
<input type="checkbox"/> Filter Device	<input type="checkbox"/> Lead Sample #2
<input type="checkbox"/> Bypass	<input checked="" type="checkbox"/> Alkalinity
<input type="checkbox"/> Filter Removed	<input checked="" type="checkbox"/> pH 7.04
<input checked="" type="checkbox"/> Other: Temp 21.0°C	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	9:45 AM	
Time of First Sample Taken	10:01 AM	

Comments

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 (Initials Only)

[Handwritten initials]

Date Received: <i>June 26 2019</i>	Time Received: <i>7:00 AM</i>
Name of Customer: <i>Town of Tecumseh</i>	
Address/Location: <i>Various Location</i>	Telephone No.:
INSTRUCTIONS	
<i>Lead testing</i>	
WORK PERFORMED AND COMMENTS	
<i>took lead Alkalinity and Ph samples</i>	
<i>at 2060 st Anne / 857 willow / 226 st marks</i>	
<i>197 Edgewater</i>	
MATERIALS USED	
Operator Name (print): <i>mike</i>	
Operator Signature: <i>[Signature]</i>	
Date Completed: <i>June 26 2019</i>	Time Completed: <i>11:00 AM</i>