

23-026844 - Pb - Town of Tecumseh - signed


 Ministry of the Environment,  
 Conservation and Parks

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

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

Fields marked with an asterisk (\*) are mandatory.

**Section 1 – Written Notice By Licensed Laboratory (For THM and HAA reporting see Section 2C)**
**Indicators of Adverse Water Quality**

 AWQI Number \*  
 163759

Is this a resample? \*

 Yes  No  Unknown If Yes, then provide initial AWQI number

 Microbiological \*  Physical/Chemical \*  Radiological \*  Licence/Order/Certificate Requirement \*

**Licensed Laboratory Information**

Licensed Laboratory Name *		MECP Laboratory License Number *	
Caduceon Environmental Laboratories		2232	
Unit/Suite Number	Street Number	Street Name	
	2378	Holly Lane	
City/Town		Province	Telephone Number (including area code) *
Ottawa		Ontario	613-526-0123 ext.
Email Address		Fax Number (including area code)	
sgarrett@caduceonlabs.com		613-526-1244	

**Licensed Laboratory Emergency Contact**

Last Name *		Telephone Number (including area code) *	
Garrett		613-526-0123 ext.	
First Name *		Telephone Number (including area code) *	
Steve		613-526-0123 ext.	

**Drinking Water System (DWS) Information**

DWS Name *	DWS Number *	Telephone Number (including area code) *	
Town of Tecumseh	260004969	519-791-6509 ext.	
Location *		Email Address	
1189 Lacasse Blvd, Tucumseh		bdupuis@tucumseh.ca	

**DWS Emergency Contact Name**

Last Name *		Telephone Number (including area code) *	
Dupuis		519-791-6509 ext.	
First Name *		Telephone Number (including area code) *	
Brad		519-791-6509 ext.	

**Oral Notification to DWS Owner - Person Contacted**

Last Name *		First Name *	
Dupuis		Brad	
Position of Person Contacted *			
Manager of Water Services			
Telephone Number (including area code) *	Fax Number (including area code)	Date (yyyy/mm/dd) *	Time (hh:mm) *
519-791-6509 ext.	519-735-1805	2023/10/10	1:40 PM
Email Address			
bdupuis@tucumseh.ca			

**Oral Notification to Health Unit - Person Contacted**

Health Unit Name *	
Windsor-Essex County Health Unit	
Last Name *	First Name *
Gourouchkina	Elena

Fields marked with an asterisk (\*) are mandatory.

Section 1 continued

Position of Person Contacted \*  
Public Health Inspector

Telephone Number (including area code) * ext.	Fax Number (including area code)	Date (yyyy/mm/dd) *	Time (hh:mm) *
519-258-2146	519-258-6003	2023/10/10	2:00 PM

Email Address  
Gourouchkina@wechu.org

**Oral Notification to Spills Action Centre (SAC) - Person Contacted**

Last Name *	First Name *
Holgate	Nigel

Position of Person Contacted \*  
Environmental Officer

Person Notifying *	Date (yyyy/mm/dd) *	Time (hh:mm) *
Sabina Islam	2023/10/10	2:15 PM

Name \*  
Sabina Islam

Signature	Date (yyyy/mm/dd) *
<i>Sabina Islam</i>	2023/10/10

Comments  
2023/10/10

1st attempt to contact Brad Dupuis at Town of Tecumseh was at 1:30pm. Left a voice message.

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)

Fields marked with an asterisk (\*) are mandatory.

**Section 2A – Written Notice By Drinking Water System (DWS) Owner (For THM and HAA reporting see Section 2C)**

**Indicators of Adverse Water Quality**

AWQI Number *	Is this a resample? *
163759	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, then provide initial AWQI number

**Indicator of Adverse Results**

- Microbiological \*     Chemical \*     Radiological \*     Operational \*     Licence/Order/Certificate Authority \*
- Observations of Improperly disinfected water directed to water users
- Low Distribution Chlorine \_\_\_\_\_ mg/L
- High Turbidity \_\_\_\_\_ NTU
- Other Lead

**Details of Adverse Result \***

October 3rd, 2023: Summer lead testing concluded, and samples were sent to the lab for analysis.

October 10th, 2023:

1:40 PM: Sabina Islam from Caduceon Environmental Laboratories notified Brad Dupuis, Town of Tecumseh's Water Services Manager, of lead levels exceeding regulations at 1792 Shawnee (0.05493 mg/l) and 5175 Hennin (0.06127 mg/l).

2:35 PM: Brad discussed adverse results with WECHU representative Elena Gourouchkina, who promised to consult her manager and provide a follow-up on corrective actions.

October 11th, 2023:

10:28 AM: Brad left a voicemail for Elena, seeking a follow-up as per their October 10th conversation. He then attempted to contact WECHU representative Victoria Peczulis, Program Manager: Environmental Health, leaving a voicemail due to no connection.

11:10 AM: Brad called Elena again, receiving guidance to flush the affected locations and conduct re-sampling.

<b>DWS Information</b>	
DWS Name *	DWS Number *
Town of Tecumseh	260004969
Last Name *	First Name *
Dupuis	Brad
Position *	
Manager of Water Services	
Email Address	Telephone Number (including area code) ext.
bdupuis@tecumseh.ca	519-791-6509
Additional Comments	

**Oral Notification to Health Unit - Person Contacted**

Public Health Unit Name \*

Windsor-Essex County Health Unit

Last Name \*

Gourouchkina

First Name \*

Elena

Position \*

Public Health Inspector

Telephone Number (including area code) \*

519-258-2146

ext.

Fax Number (including area code)

519-258-6003

Date (yyyy/mm/dd) \*

2023/10/10

Time (hh:mm) \*

2:35 PM

DWS Person Providing Oral Notification \*

Brad Dupuis

Email Address

bdupuis@tecumseh.ca

**Corrective Actions to be Taken by Owner/Operator**

Corrective Actions	Required *	Completed	Comments
Resample and Test (including upstream, downstream and at AWQI location)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Advised on Oct 11 at 11:10am from WECHU Representative Elena, to flush at the affected locations and re-sample
Disinfection Restored / Increased	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Mains / Pipes Flushed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Signs Posted (Do Not Drink Water)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Users Advised to Boil Water / Seek Alternate Source	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>Other</b> (Include any other Health Unit directions and any additional attachments)			
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Oral Notification to Spills Action Centre (SAC) - Person Contacted**

Last Name \*

Holgate

First Name \*

Nigel

Position \*

Spills Action Centre Operator

DWS Person Providing Oral Notifying \*

Brad Dupuis

Date (yyyy/mm/dd) \*

2023/10/11

Time (hh:mm) \*

10:50 AM

Initial DWS Notification Prepared by \*

Brad Dupuis

Signature

*Brad Dupuis* Manager of Water Services

Date (yyyy/mm/dd) \*

2023/10/11

Additional Comments

On October 11th, 2023

10:50 AM: Informed Spills Action Centre (SAC) about the AWQI; spoke with Nigel Holgate. Mentioned awaiting contact from WECHU, and assured follow-up after receiving WECHU confirmation and recommendations.

11:10 AM: Discussed the situation with Elena Gourouchkina from WECHU. WECHU advised flushing at the affected sites and re-sampling.



Fields marked with an asterisk (\*) are mandatory.

Section 2A continued

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11:20 AM: Updated SAC on WECHU recommendations; spoke with Neil St. Denis, who documented the information in our file.

11:30 AM: Dispatched Tecumseh Water Services operator to the impacted locations for flushing and re-sampling.

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Do you have another adverse to report? \*  Yes  No

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

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

Fields marked with an asterisk (\*) are mandatory.

### Section 2B – Notice of Issue Resolution – Section 16-9 (O. Reg. 170/03)

#### DWS Information

DWS Name *	DWS Number *
Town of Tecumseh	260004969

#### DWS Contact Name

Last Name *	First Name *
Dupuis	Brad

Telephone Number (including area code) *	Fax Number (including area code)	Email Address
519-791-6509 ext.	519-735-1895	bdupuis@tecumseh.ca

Initial AWQI Number <sup>1</sup> *	Date Resolved (yyyy/mm/dd) *	Date Resolution Notice Provided (yyyy/mm/dd) *
163759	2023/10/13	2023/10/17

Are there previous resample AWQI numbers? \*

Yes  No

If known, please provide All Other Resample AWQI numbers<sup>2</sup>

Summary of action taken and results achieved (include test results showing water quality is no longer adverse) \*  
Flush and re-sample as per Ministry of Health (Elena Gourouchkina- Public Health Inspector). (1) sample to be collect at point source where the adverse sample found.

October 11th, 2023

10:50 AM: Brad contacted the Ministry of Environment Spills Action Centre and spoke with Nidel Holgate (Environmental officer) advising him of adverse condition. Brad noted he was awaiting contact from WECHU to provide recommendations

11:10 AM: Brad Discussed the situation with Elena Gourouchkina from WECHU. Elena advised flushing at the affected sites and re-sampling.

11:20 AM: Brad Updated SAC on WECHU recommendations; spoke with Neil St.Denis, who documented the information in our file.

11:30 AM: Brad Dispatched Tecumseh Water Services operator to the impacted locations for flushing and re-sampling.

2:15 PM: Water operator collected and delivered new lead samples to Canduceon Environmental Laboratories.

October 13th, 2023

8:56 PM: Brad received an email from Canduceon Environmental Laboratories indicating lead results within the acceptable limits

October 16th, 2023

3:31 PM: Brad informed the WECHU and advised Elena Gourouchkina that the recently submitted lead samples returned within acceptable limits for 1792 Shawnee (0.00002 mg/l) and 5175 Hennin (0.00004 mg/l). These results were consistent with lead levels recorded in previous years. Elena advised she was away from the office and will provide follow up email on October 17th.

October 17th, 2023

9:11 AM: WECHU Elena Gourouchkina advised Brad no further action is required, via email.

Fields marked with an asterisk (\*) are mandatory.

Section 2B continued

Was an advisory issued by the Health Unit? *	Advisory Type	Date Issued (yyyy/mm/dd)
<input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Self Imposed Advisory		

If rescinded, please select date the advisory was rescinded

Date Rescinded (yyyy/mm/dd)

Other (Include Health Unit directions and any additional attachments)

Email correspondence indicates that WECHU, under the guidance of Elena Gourouchkina, has directed the flushing and re-sampling of water. Additionally, it has been confirmed that the satisfactory water results provided by the Town have been received. No further corrective actions are necessary at this point.

I, Brad, encountered difficulty while attempting to upload the attached file(s) during the Section 2B form submission. An error message displayed, stating, 'Error in adding attachment. Security settings prevent access to this property or method.' Consequently, two separate PDF attachments have been sent along with the Section 2B submission to ensure the necessary documents are received.

PDF Attachment - AWQI 163759- re-sample results- Oct 11,2023.

PDF Attachment- WECHU, Elena Gourouchkina, email correspondence.

Attached File Name	Created	Modified	Size (MB)	Remove Selected File
				<input type="checkbox"/>
Number of attachments			0	

Notification/Report Provided By

Last Name \*

Dupuis

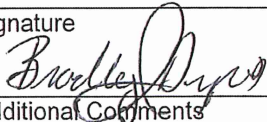
First Name \*

Brad

Position \*

Manager of Water Services

Signature



Date (yyyy/mm/dd) \*

2023/10/17

Additional Comments

Do you have another adverse to report?  Yes  No

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<sup>1</sup> The original adverse test result.

<sup>2</sup> When resolving an AWQI state all resample AWQI numbers associated with the initial AWQI. For example, an adverse test result of total coliform requires the corrective action of resampling. If any of the resamples come back adverse, then you must continue resampling until the test results for two consecutive sets of samples taken 24 to 48 hours apart are clear or as directed by the Health Unit. Submit the AWQI form and include all related AWQI numbers (Initial AWQI number and any Resample AWQI number) on the same Section 2B. This eliminates the requirement to submit a Section 2B form for every adverse test result associated with one incident. If the first resample test result is clear then this section does not apply. For THMs and HAAs drinking water system owners/operators are not required to take resamples as part of the prescribed corrective actions; unless directed by the Health Unit.





Ministry of the Environment,  
Conservation and Parks

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

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

Fields marked with an asterisk (\*) are mandatory.

## Section 3 – Adverse Analytical Results

AWQI Number \* 163759  Yes  No  Unknown If Yes, then provide initial AWQI number  
 Licensed Laboratory Name \* Caduceon Environmental Laboratories  
 MECPL Laboratory License Number \* 2232

Select the applicable test results you are reporting \*

Microbiological Test  Physical/Chemical/Radiological Test

### Microbiological Testing

Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd / hh:mm)		Sample Type and Sample Location * U: Untreated* T: Treated** D: Distribution	Count / 100 mL		P-A / 100mL Confirmed	Date Data Approved (yyyy/mm/dd) *	Chlorine Residual (mg/l)** / F- Free / C-Combined
		Date	Time		Total Coliforms (TC)	E. coli (EC)			
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D			TC <input type="checkbox"/> EC <input type="checkbox"/>		F <input type="checkbox"/> C <input type="checkbox"/>
				<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D			TC <input type="checkbox"/> EC <input type="checkbox"/>		F <input type="checkbox"/> C <input type="checkbox"/>

### Physical or Chemical or Radiological Testing

Laboratory Submission ID *	Laboratory Sample ID *	Date/Time – Sample Collected (yyyy/mm/dd)		Sample Type and Sample Location * U: Untreated* T: Treated** D: Distribution	Parameter *	Result(s) **** *	Units of Measure/ Standard	Date Data Approved (yyyy/mm/dd) *
		Date	Time					
23-026844	23-026844-3	2023/10/03	10:33 AM	<input type="checkbox"/> U <input checked="" type="checkbox"/> T <input type="checkbox"/> D	Lead	54.9	ug/L	2023/10/10
23-026844	23-026844-4	2023/10/03	11:53 AM	<input type="checkbox"/> U <input type="checkbox"/> T <input type="checkbox"/> D	Lead	61.2	ug/L	2023/10/10

Section 3 continued

Fields marked with an asterisk (\*) are mandatory.

Has Health Unit been notified? *	Health Unit Name *	Users Advised to Boil/Seek Alternate Water
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Windsor-Essex County Health Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other Information Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Created	Modified
Attached File Name		Size (MB)
		Remove Selected File
		Number of attachments
		0

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

Notification/Report Provided By	First Name *	Position *
Last Name *	Sabina	Project manager
Islam		
Signature	Date (yyyy/mm/dd) *	
<i>Sabina Islam</i>	2023/10/10	

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

\*\* 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 or Haloacetic Acids, please include the latest quarterly average result and the calculated running annual average value.

\*\*\*\*\*  
 \*\*\* FAX ACTIVITY REPORT TX/RX \*\*\*  
 \*\*\*\*\*

ST. TIME	DESTINATION ADDRESS	NO.	COMM. MODE	PGS.	RESULT
*09/27 15:16		16137353067 2416	SEQ. BROADCAST	0	NG 00' 00
				0	#018
*09/27 15:32		6137353067 2418	TX	0	NG 00' 00
				0	#018
*09/27 15:34		16137353067 2419	TX	2	OK 01' 05
*09/27 15:38	renfrew county health un	16137353067 2420	TX	2	OK 01' 05
*09/27 16:01		14163270984 2421	SEQ. BROADCAST	2	OK 01' 24
*09/27 16:02		16137353067 2421	SEQ. BROADCAST	2	OK 01' 06
*09/28 11:24		16133452879 2425	SEQ. BROADCAST	6	OK 00' 53
*09/28 11:25	Spills Action Centre	18002686061 2425	SEQ. BROADCAST	6	OK 02' 03
*09/30 14:57	UNKNOWN	7838	AUTO RX	1	OK 00' 31
*09/30 17:04		16133452879 2428	SEQ. BROADCAST	6	OK 00' 52
*09/30 17:06	Spills Action Centre	18002686061 2428	SEQ. BROADCAST	6	OK 02' 06
*10/02 19:42	UNKNOWN	7839	AUTO RX	1	OK 00' 47
*10/03 06:51		01 7840	AUTO RX	3	OK 01' 17
*10/03 09:09		01 7841	AUTO RX	7	OK 03' 01
*10/03 09:31		16135497896 2430	TX	21	OK 08' 02
*10/03 09:40	Spills Action Centre	18002686061 2431	TX	21	OK 14' 16
*10/03 09:57		01 7842	AUTO RX	2	OK 00' 55
*10/03 11:44		01 7843	AUTO RX	6	OK 02' 24
*10/03 12:36		613 931 3340 7844	AUTO RX	21	OK 05' 10
*10/03 13:34	UNKNOWN	7845	AUTO RX	1	OK 00' 47
*10/03 15:09		16139669418 2432	TX	7	OK 03' 53
*10/03 15:14	Spills Action Centre	18002686061 2433	TX	7	OK 04' 04
*10/04 14:25		16139669418 2434	TX	12	OK 06' 14
*10/04 14:31	Spills Action Centre	18002686061 2435	TX	12	OK 06' 12
*10/04 14:46	Spills Action Centre	18002686061 2436	TX	8	OK 04' 19
*10/04 16:57		16133452879 2437	SEQ. BROADCAST	4	OK 00' 34
*10/04 16:58		18002686061 2437	SEQ. BROADCAST	4	OK 01' 20
*10/04 17:17		01 7846	AUTO RX	1	OK 00' 33
*10/05 11:48	EOHU	16139337930 2440	TX	6	OK 03' 12
*10/05 11:52	Spills Action Centre	18002686061 2441	TX	6	OK 02' 19
*10/05 14:58		6135809641 2442	TX	6	OK 02' 18
10/06 20:00		613 7847	AUTO RX	1	OK 01' 13
10/07 13:09	UNKNOWN	7848	AUTO RX	1	OK 00' 32
10/10 07:08		01 7849	AUTO RX	1	OK 00' 32
10/10 08:36		01 7850	AUTO RX	2	OK 00' 58
10/10 11:15		01 7851	AUTO RX	2	OK 00' 51
10/10 11:55		01 7852	AUTO RX	1	OK 00' 30
10/10 12:18		613 931 3340 7853	AUTO RX	7	OK 02' 41
10/10 15:00		✓ 15192586003 2444	TX	4	OK 00' 53
10/10 15:02	Spills Action Centre	✓ 18002686061 2445	TX	4	OK 02' 37

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Date Received: Oct 3, 2023	Time Received: 7:00am
Name of Customer: Town of Tecumseh	
Address/Location: Various locations	Telephone No.: N/A
<b>INSTRUCTIONS</b>	
Lead Sampling	
<b>WORK PERFORMED AND COMMENTS</b>	
Completed lead sampling at 279 Edgewater, 145 David, 1792 Shawnee, 5175 Hennin.	
<b>MATERIALS USED</b>	
Operator Name (print): Corey / Daryl	
Operator Signature: Cary Mennell	
Date Completed: Oct 3, 2023	Time Completed: 12:00pm



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Location	279 Edgewater	Date	Oct 3, 2023
Operator (print)	Corey / Daryl		
Operator Signature	Corey Mennell		

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 7.05
<input checked="" type="checkbox"/> Other: Temp: 17.7°C	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	9:39am	
Time of First Sample Taken	9:57am	

Comments

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Location	145 David cres	Date	Oct 3, 2023
Operator (print)	Daryl / Corey		
Operator Signature	Corey Mammul		

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 7.35
<input checked="" type="checkbox"/> Other: Temp: 16.9°C	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	8:58am	
Time of First Sample Taken	9:20am	

Comments

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Location	1792 Shawnee	Date	Oct 3, 2023
Operator (print)	Daryl / Corey		
Operator Signature	Corey Mammill		

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 7.03
<input checked="" type="checkbox"/> Other: Temp 18.1 °c	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	10:14am	
Time of First Sample Taken	10:33am	

Comments



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Location	5175 Henrin	Date	Oct 3, 2023
Operator (print)	Daryl / Corey		
Operator Signature	Corey Mammal		

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 7.06
<input checked="" type="checkbox"/> Other: Temp 19.5°C	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	11:38am	
Time of First Sample Taken	11:53am	

Comments



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Date Received: Oct 11, 2023	Time Received: 7:00am
Name of Customer: Town of Tecumseh	
Address/Location: 1792 Shawnee	Telephone No.: N/A
<b>INSTRUCTIONS</b>	
Lead re-sample	
<b>WORK PERFORMED AND COMMENTS</b>	
Re-sampled for lead & Alkalinity	
<b>MATERIALS USED</b>	
Operator Name (print): Mike / Corey	
Operator Signature: Cory Munnell	
Date Completed: Oct 11, 2023	Time Completed: 1:05pm

\*\*\*PLEASE PRINT ALL INFORMATION\*\*\*

Document Verified by (Initials Only)	AB
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Location	1792 Shawnee	Date	Oct 11, 2023
Operator (print)	Corey / Mike		
Operator Signature	Corey Marshall		

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 6.84
<input type="checkbox"/> Other: Temp: 16.3°C	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	12:18pm	
Time of First Sample Taken	1:05pm	

Comments

\*\*\*PLEASE PRINT ALL INFORMATION\*\*\*

Document Verified by  
 (Initials Only)

AB

<b>Date Received:</b> Oct 11, 2023	<b>Time Received:</b> 7:00am
<b>Name of Customer:</b> Town of Tecumseh	
<b>Address/Location:</b> 5175 Hennin	<b>Telephone No.:</b> N/A
<b>INSTRUCTIONS</b>	
Lead re-sample.	
<b>WORK PERFORMED AND COMMENTS</b>	
Re-sampled for lead & Alkalinity	
<b>MATERIALS USED</b>	
<b>Operator Name (print):</b> Mike / Coray	
<b>Operator Signature:</b> <i>Coray Munnell</i>	
<b>Date Completed:</b> Oct 11, 2023	<b>Time Completed:</b> 1:56pm



\*\*\*PLEASE PRINT ALL INFORMATION\*\*\*

Document Verified by  
(Initials Only)

AB

Location	5175 Hennin	Date	Oct 11, 2023
Operator (print)	Mike / Corey		
Operator Signature	Corey Merrill		

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 6.74
<input checked="" type="checkbox"/> Other: Temp: 17.7°C	

Distance from Private or Non-Residential	N/A	Meters
Location from Private or Non-Residential	N/A	
Flushing Start Time	1:26pm	
Time of First Sample Taken	1:56pm	

Comments



# PH Meter Calibration Tracking Sheet

DD/MM/YYYY	Calibration Type	Operator initial	Serial number
08/06/2023	3 points	AT	2991402
12/06/2023	3 points	AT	2991402
12/06/2023	3 point	MAD	3053357
17/06/2023	3 point	MHT	3098823
12/06/2023	3 point	MHT	3098821
14/06/2023	1 point	AT	3098821
19/06/2023	3 points	AT	3098823
26/06/2023	3 points	AT	3098821
27/06/2023	3 points	MHT	3098823
10/07/2023	3 points	SU	3098823
17-07-2023	3 POINT	OR	3098823
18-07-2023	3 point	Sm	3053357
26-07-2023	3 points	SU	3053357
26-07-2023	3 points	SU	3098823
31-07-2023	3 POINT	OR	3053357
01-08-2023	1 point	MHT	2991402
02-08-2023	3 point	MHT	3053357
21-08-2023	3 POINT	OR	3098823
28-08-2023	3 POINT	OR	3098823
29-08-2023	1 point	AT	2991402
01-09-2023	1 point	AT	3098823
05-09-2023	3 points	AT	3098823
06-09-2023	3 points	M	354067
08-09-2023	1 point(?)	AT	3098821
12-09-2023	3 points	AT	3098823
18-09-2023	3 points	AT	3098821
25-09-2023	3 points	AT	3098823
29-09-2023	1 point (?)	AT	3098823
03-10-2023	3 POINT	OR	3098823
03-10-2023	3 POINT	OR	2991402
10-10-2023	3 POINT	OR	3098823
10/11/2023	3 points	AT	3053357
11/10/2023	3 points	MAD	3098821
11/10/2023	3 points	Mik Hunt	2991402

C.O.C.: -

REPORT No: 23-028073 - Rev. 0

**Report To:**  
 Town of Tecumseh  
 1189 LaCasse Blvd  
 Tecumseh, ON N8N 2C7

**CADUCEON Environmental Laboratories**  
 5-3201 Marentette Ave  
 Windsor, ON N8X 4G3

**Attention: Brad Dupuis**

DATE RECEIVED: 2023-Oct-11	CUSTOMER PROJECT: Town of Tecumseh
DATE REPORTED: 2023-Oct-13	P.O. NUMBER:
SAMPLE MATRIX: Drinking Water	WATERWORKS NO: 260004969

Analyses	Qty	Site Analyzed	Authorized	Date Analyzed	Lab Method	Reference Method
Cond/pH/Alk Auto (Liquid)	2	OTTAWA	SBOUDREAU	2023-Oct-12	COND-02/PH-02/A LK-02	SM 2510B/4500H/ 2320B
ICP/MS (Liquid)	2	OTTAWA	TPRICE	2023-Oct-12	D-ICPMS-01	EPA 200.8

R.L. = Reporting Limit  
 NC = Not Calculated

Test methods may be modified from specified reference method unless indicated by an \*

Client I.D.	Sample I.D.	Date Collected	Parameter	Alkalinity(CaCO3) to pH4.5	Lead
			Units	mg/L	mg/L
			R.L.	5	0.00002
1792 Shawnee	23-028073-1	2023-Oct-11		101	<0.00002
5175 Hennin	23-028073-2	2023-Oct-11		98	0.00004

  
 Lorina Merko  
 Laboratory Manager





Client committed. Quality assured.

**Laboratory**  
(select laboratory status as submitted by)  
 Kingston  
 Ottawa  
 Peterborough  
 Windsor

**Community Lead Testing Drinking Water Submission Form**  
**Drinking Water Facility Classification**  
 Municipal  
 Large  
 Residential  
 Seasonal  
 Non-Municipal  
 Small  
 Non-Residential  
 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: \_\_\_\_\_

**Client:**  
Town of Tecumseh  
**Contact:** Brad Dupuis  
Tel: 519-757-5909 Fax: 519-755-1895  
After Hours Tel: 519-896-5955  
Email: [bdupuis@tecumseh.ca](mailto:bdupuis@tecumseh.ca)  
[nbradley@tecumseh.ca](mailto:nbradley@tecumseh.ca)

**Waterworks Address:**  
Town of Tecumseh  
1189 Lacasse Blvd.  
Tecumseh ON  
N8N 2D7

**Waterworks No.:** 260004969  
**Quote No.:**

**Invoicing Address (if different):**  
Project Name/No.: Town of Tecumseh  
P.O. No.:

Lab No.	Street Address / Sample Identification	Tap Location (Kitchen, fountain, lunchroom, etc)	Date Collected dd/mm/yyyy	Time Collected	Additional Information					Analytes	REPORT NUMBER:	
					Sample Information	Lead Filter Device	Removed	Left On	Re-Sample			Distribution Sample
1	1792 Shawnee	Hydrant	11/10/23	1:05pm								3502023 # Bottles/Sample
2	5175 Henna	Hydrant	11/10/23	1:56pm								
3												
4												

**Sample Submission Information**  
**Sampled By (print):** Carey Mennel  
**Submitted By (print):** Carey Mennel  
**Signature:** *Carey Mennel*  
**Date (yy-mm-dd):** 23/10/11 **Time:** 2:10pm

**Shipping Information**  
 Courier (Client account)   
 Courier (Caducean account)   
 Drop Off   
 Caducean (Pick-up)

**Reporting and Invoicing**  
 Invoice   
 Fax Results   
 Email Results   
 Invoice by Email   
 Invoice by Mail

**LABORATORY USE ONLY**  
**Received By (print):** *Carey Mennel*  
**Signature:** *Carey Mennel*  
**Date Received (yy-mm-dd):** 23-10-11  
**Time Received:**  
**Comments:**  
 Lab Prepared Bottles:  YES  NO  
 Temp. °C: 18  
 Page 1 of 1

**Ontario Laboratory Locations/Shipping Addresses**  
 Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2091 Fax: (613) 544-2770 Email: [contactkingston@caduceanlabs.com](mailto:contactkingston@caduceanlabs.com)  
 Ottawa Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel: (613) 526-9123 Fax: (613) 526-1244 Email: [contactottawa@caduceanlabs.com](mailto:contactottawa@caduceanlabs.com)  
 Peterborough Lab - 5296-60 Charlois St., Peterborough, ON K9J 2T5, Tel: (705) 748-4386 Fax: (705) 748-5514 Email: [contactpeterborough@caduceanlabs.com](mailto:contactpeterborough@caduceanlabs.com)  
 Windsor Lab - 3201 Marentette Ave., Windsor, ON N8X 4G3, Tel: (519) 966-5511 Fax: (519) 966-5567 Email: [contactwindsor@caduceanlabs.com](mailto:contactwindsor@caduceanlabs.com)

**Sample Matrix Legend:** TW = Treated Water DW = Distribution Water Tap = Tap Water GW = Raw Groundwater SW = Raw Surface Water GUDI = Groundwater under the influence of surface water

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

C.O.C.: -

REPORT No: 23-026844 - Rev. 0

**Report To:**

Town of Tecumseh  
1189 LaCasse Blvd  
Tecumseh, ON N8N 2C7

**CADUCEON Environmental Laboratories**

5-3201 Marentette Ave  
Windsor, ON N8X 4G3

**Attention: Brad Dupuis**

DATE RECEIVED: 2023-Oct-03  
DATE REPORTED: 2023-Oct-11  
SAMPLE MATRIX: Drinking Water

CUSTOMER PROJECT: Town of Tecumseh  
P.O. NUMBER:  
WATERWORKS NO: 260004969

Analyses	Qty	Site Analyzed	Authorized	Date Analyzed	Lab Method	Reference Method
Cond/pH/Alk Auto (Liquid)	4	OTTAWA	SBOUDREAU	2023-Oct-05	COND-02/PH-02/A LK-02	SM 2510B/4500H/ 2320B
ICP/MS (Liquid)	4	OTTAWA	TPRICE	2023-Oct-10	D-ICPMS-01	EPA 200.8

R.L. = Reporting Limit  
NC = Not Calculated

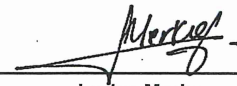
Test methods may be modified from specified reference method unless indicated by an \*

Client I.D.	Sample I.D.	Date Collected	Parameter	Alkalinity(CaCO3) to pH4.5	Lead
			Units	mg/L	mg/L
			R.L.	5	0.00002
			Limits		0.010
			DWG		MAC
				-	-
145 David	23-026844-1	2023-Oct-03		103	0.00038
279 Edgewater	23-026844-2	2023-Oct-03		100	0.00372
1792 Shawnee	23-026844-3	2023-Oct-03		100	0.0549
5175 Hennin	23-026844-4	2023-Oct-03		101	0.0613

Results Indicate Adverse Water Quality for sample #3 & #4

**DWG - Drinking Water Guidelines**

ODWS - Ontario Drinking Water Standards  
AO - Aesthetic Objectives  
IMAC - Interim Maximum Acceptable Concentration  
MAC - Maximum Acceptable Concentration  
ODWO - D-5-5 Objective  
OG - Operational Guidelines  
WL - Warning Level - Sodium Restricted Diets



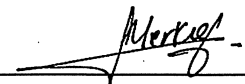
**Lorina Merko**  
Laboratory Manager

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.

CADUCEON Environmental Laboratories Certificate of Analysis

Final Report  
REPORT No: 23-026844 - Rev. 0

Summary of Exceedances		
Maximum Acceptable Concentration		
<b>1792 Shawnee</b>	<b>Found Value</b>	<b>Limit</b>
Lead	0.0549	0.010
<b>5175 Hennin</b>	<b>Found Value</b>	<b>Limit</b>
Lead	0.0613	0.010



Lorina Merko  
Laboratory Manager

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.



**Laboratory**  
(Indicate laboratory samples are submitted to)  
 Kingston  
 Ottawa  
 Peterborough  
 Windsor

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

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

**Client:**  
Town of Tecumseh  
Contact: Brad Dupuis  
Tel: 519-791-8509 Fax: 519-735-1895  
After Hours Tel: 519-890-8055  
Email: bdupuis@tecumseh.ca rbradley@tecumseh.ca

**Waterworks Address:**  
Town of Tecumseh  
1189 Lacasse Blvd  
Tecumseh ON  
N8N 2C7

**Waterworks No.:**  
260004969

**Quote No.:**

**Invoicing Address (if different):**  
Project Name/No.: Town of Tecumseh  
P.O. No.:

Lab No.	Street Address / Sample Identification	Tap Location (Kitchen, fountain, lunchroom, etc)	Date Collected dd/mm/yy	Time Collected
1	145 David	Hydrant	03/10/23	9:20am
2	279 Edgewater	Hydrant	03/10/23	9:57am
3	1792 Shawnee	Hydrant	03/10/23	10:33am
4	5175 Hennin	Hydrant	03/10/23	11:53am

Sample Information	Additional Information		Analyses		Report Number:
	Sample Information	Lead Filter Device	Lead	Alkalinity	
	Non Residential	Lead Filter Device			3300344
	Private Residential	Left On			
	Distribution Sample	Re-Sample			
		Year-Round			
By Using an X Mark All That Apply					
			v	v	# Bottles/Sample
				7.35	2
			v	7.05	2
			v	7.03	2
			v	7.06	2

**Sample Submission Information**  
Sampled By (print): Corey  
Submitted By (print): Corey Mandel  
Signature: Corey Mandel  
Date (yy-mm-dd): 23-10-03 Time: 12:04pm

**Shipping Information**  
Courier (Client account)   
Courier (Caduceon account)   
Drop Off   
Caduceon (Pick-up)

**Reporting and Invoicing**  
Invoice   
Fax Results   
Email Results   
Invoice by Email   
Invoice by Mail

**LABORATORY USE ONLY**  
Received By (print): [Signature]  
Signature: [Signature]  
Date Received (yy-mm-dd): 23-10-03 Time Received: 1:40p  
Comments: 10  
Lab Prepared Bottles:  YES  NO  
Temp. °C: 16  
Page 1 of 1