

CENTRAL ONTARIO ANALYTICAL LABORATORY

4260 Burnside Line, R.R. #4
Orillia, ON L3V 6H4
Tel: (705) 326-8285 Fax: (705) 326-9316
www.coalab.ca

Date Sampled: 20090708
Y Y Y Y M M D D

Collected By: _____
(Please Print)

Signature: _____
Source of Sample: Bay Lake

Township/Town: Hunter

Health Unit: RCDHU

Total # of pages sent: _____

of samples sent this page: _____

of samples rec'd this page: 8

FOR LAB USE ONLY

Date/Time/Temp. (°C) Received: RECEIVED 12:55 Initials of Receiver: NO

Date & Time Incubated: 08 JUL 2009 14:00

FS Date & Time Incubated: _____

Report To: Bay Lake Property Owners Association ATTN: Bill Paterson Judy Dunn

Address: _____

Telephone: _____ Ext: _____ Fax: Scan & Email

Email Address: willyp@explornet.com

Comments/Conditions: _____

CH2 070 PAID 78.80

Time Sampled (Please indicate AM or PM)	Sample Identifier	Sampling Location (L) Lake / Recreation Sample	For Laboratory Use Only			Water Temp. (Indicate °F or °C)	Rain Fall				Sunlight			Wind Direction				Water Fowl Affecting Sample site? (Y/N)	Bather Intensity Light (L), Medium (M) or Heavy (H)	Water Clarity < or > 100cm (39 inches)	Algae Present? (Y/N)	Wave Action Light (L) or Medium (M)
			Laboratory Number	E.coli CFU/100mL	Faecal Strep. CFU/100mL		Before	During	Within 24 Hours	Within 48 Hours	Bright	Intermediate	Dull	Away from Shore	Toward Shore	Parallel to Shore	No Wind					
		<u>Site 1</u>	<u>R-7831</u>	<u><10</u>																		
		<u>Site 2</u>	<u>R-7832</u>	<u><10</u>																		
		<u>Site 3</u>	<u>R-7833</u>	<u><10</u>																		
		<u>Site 4</u>	<u>R-7834</u>	<u><10</u>																		
		<u>Site 5</u>	<u>R-7835</u>	<u>80</u>																		
		<u>Site 6</u>	<u>R-7836</u>	<u>10</u>																		
		<u>Site 7</u>	<u>R-7837</u>	<u><10</u>																		
		<u>Site 8</u>	<u>R-7838</u>	<u>10</u>																		

Sampling Precautions: Transport water samples under refrigeration to laboratory. The samples require analysis ideally within 30 hours and must be analyzed within 48 hours of collection. Analysis performed by qualified analysts. Results relate only to the samples submitted. COAL is accredited in these specific microbiological parameters by SCC and licensed by MOE. COAL accepts no responsibility for parameters selected, this is the responsibility of the submitting agency. FS & Faecal Strep. = Faecal Streptococcus HPM = Heavy Particulate Matter NR = Not Received NA = Not Applicable

FOR LABORATORY USE ONLY: Pre-Fax Check By: PC KH

Analysis Date & Time: 09 JUL 2009 13:00 Enumerated By: KH Audited By: [Signature] Methodology: M/F CFU/100ml

Analysis Date & Time: _____ Enumerated By: _____ Audited By: _____ FS Methodology: M/F CFU/100ml

Recreation Samples that exceed guidelines _____ Reported to Submitting Agency @ _____ H.U. @ _____ By: _____ Date: _____

Transcribed By: _____ Transcription Verified By: _____ Report Authorized By: _____ Email Customer: _____ Email Health Unit: _____ DWIS Upload: _____ Invoiced: _____

Health Unit requires recreational samples having E.coli counts in exceedance of 100 to be report to their agency. Failure to do so is an offence. It is necessary that the above information is complete. A "live person" must be available in the event that notification is required. THIS FORM MUST BE COMPLETELY FILLED OUT OR THE LABORATORY MAY REFUSE RECEIPT OF THE SAMPLE(S) OR MAY APPLY AN ADMINISTRATIVE CHARGE FOR COMPLETION OF INFORMATION. FAILURE TO PROVIDE PAYMENT IN A TIMELY FASHION MAY RESULT IN REFUSAL OF SAMPLE(S) IN THE FUTURE OR THE WITHHOLDING OF TEST RESULTS. Results will be sent by fax to one number or scan & email or postal mail and then transcribed and emailed to an unlimited number of addressees inclusive in the standard price. After hours phone number for adverse resample emergencies 705-323-2828 (100% surcharge for after hours samples)