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**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS**

**Briar Hill Waste Disposal Site  
2020 Annual Monitoring, Development and  
Operations Report**



## Appendix D-Monitoring and Screening Checklist General Information and Instructions

**General Information: The checklist is to be completed, and submitted with the Monitoring Report.**

**Instructions:** A complete checklist consists of:

- (a) a completed and signed checklist, including any additional pages of information which can be attached as needed to provide further details where indicated.
- (b) completed contact information for the Competent Environmental Practitioner (CEP)
- (c) self-declaration that CEP(s) meet(s) the qualifications as set out below and in Section 1.2 of the Technical Guidance Document.

**Definition of Groundwater CEP:**

For groundwater, the CEP must have expertise in hydrogeology and meet one of the following:

- (a) the person holds a licence, limited licence or temporary licence under the *Professional Engineers Act*; or
- (b) the person holds a certificate of registration under the *Professional Geoscientists Act, 2000* and is a practicing member, temporary, member or limited member of the Association of Professional Geoscientists of Ontario. O. Reg. 66/08, s. 2..

**Definition of Surface water CEP:**

A CEP for surface water assessments is a scientist, professional engineer or professional geoscientist as described in (a) and (b) above with demonstrated experience and post-secondary education, either a diploma or degree, in hydrology, aquatic ecology, limnology, aquatic biology, physical geography with specialization in surface water, and/or water resource management.

The type of scientific work that a CEP performs must be consistent with that person's education and experience. If an individual has appropriate training and credentials in both groundwater and surface water and is responsible for both areas of expertise, the CEP may then complete and validate both sections of the checklist.

<b>Monitoring Report and Site Information</b>	
<b>Waste Disposal Site Name</b>	Briar Hill (Lyndhurst) Waste Disposal Site
<b>Location (e.g. street address, lot, concession)</b>	Lot 8, Concession 11, in the Township of Leeds and the Thousand Islands
<b>GPS Location (taken within the property boundary at front gate/ front entry)</b>	NAD 83 UTM Zone 18 T Northing: 4933135.1 Easting: 407020.1
<b>Municipality</b>	Township of Leeds and the Thousand Islands
<b>Client and/or Site Owner</b>	The Corporation of the Township of Leeds and the Thousand Islands
<b>Monitoring Period (Year)</b>	2020
This Monitoring Report is being submitted under the following:	
<b>Environmental Compliance Approval Number:</b>	A442103
<b>Director's Order No.:</b>	NA
<b>Provincial Officer's Order No.:</b>	NA
<b>Other:</b>	NA

<b>Report Submission Frequency</b>	<input checked="" type="radio"/> <b>Annual</b> <input type="radio"/> <b>Other</b>		
<b>The site is:</b> <b>(Operation Status)</b>	<input checked="" type="radio"/> <b>Open</b> <input type="radio"/> <b>Inactive</b> <input type="radio"/> <b>Closed</b>		
<b>Does your Site have a Total Approved Capacity?</b>	<input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>		
<b>If yes, please specify Total Approved Capacity</b>	85,600.00	Units	Cubic Metres
<b>Does your Site have a Maximum Approved Fill Rate?</b>	<input type="radio"/> <b>Yes</b> <input checked="" type="radio"/> <b>No</b>		
<b>If yes, please specify Maximum Approved Fill Rate</b>	NA	Units	
<b>Total Waste Received within Monitoring Period (Year)</b>	934	Units	Cubic Metres
<b>Total Waste Received within Monitoring Period (Year)</b> <i>Methodology</i>	Difference between volumes from annual surveys.		
<b>Estimated Remaining Capacity</b>	54,356	Units	Cubic Metres
<b>Estimated Remaining Capacity</b> <i>Methodology</i>	Approved capacity minus current waste volume, as determined by survey.		
<b>Estimated Remaining Capacity</b> <i>Date Last Determined</i>	December 2, 2020		
<b>Non-Hazardous Approved Waste Types</b>	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial, Commercial & Institutional (IC&I) <input type="checkbox"/> Source Separated Organics (Green Bin) <input type="checkbox"/> Tires	<input type="checkbox"/> Contaminated Soil <input type="checkbox"/> Wood Waste <input type="checkbox"/> Blue Box Material <input type="checkbox"/> Processed Organics <input checked="" type="checkbox"/> Leaf and Yard Waste	<input type="checkbox"/> Food Processing/Preparation Operations Waste <input type="checkbox"/> Hauled Sewage Other: <input type="text"/>
<b>Subject Waste Approved Waste Classes: Hazardous &amp; Liquid Industrial</b> <i>(separate waste classes by comma)</i>			
<b>Year Site Opened</b> <i>(enter the Calendar Year only)</i>		<b>Current ECA Issue Date</b>	August 20, 2015
<b>Is your Site required to submit Financial Assurance?</b>	<input type="radio"/> <b>Yes</b> <input checked="" type="radio"/> <b>No</b>		
<b>Describe how your Landfill is designed.</b>	<input checked="" type="radio"/> <b>Natural Attenuation only</b> <input type="radio"/> <b>Fully engineered Facility</b> <input type="radio"/> <b>Partially engineered Facility</b>		
<b>Does your Site have an approved Contaminant Attenuation Zone?</b>	<input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>		

<p><b>If closed, specify C of A, control or authorizing document closure date:</b></p>	
<p><b>Has the nature of the operations at the site changed during this monitoring period?</b></p>	<p><input type="radio"/> Yes  <input checked="" type="radio"/> No</p>
<p><b>If yes, provide details:</b></p>	<p>Type Here</p>
<p><b>Have any measurements been taken since the last reporting period that indicate landfill gas volumes have exceeded the MOE limits for subsurface or adjacent buildings? (i.e. exceeded the LEL for methane)</b></p>	<p><input type="radio"/> Yes  <input checked="" type="radio"/> No</p>

## Groundwater WDS Verification:

Based on all available information about the site and site knowledge, it is my opinion that:

### Sampling and Monitoring Program Status:

<p>1) The monitoring program continues to effectively characterize site conditions and any groundwater discharges from the site. All monitoring wells are confirmed to be in good condition and are secure:</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>See report for details.</p>
<p>2) All groundwater, leachate and WDS gas sampling and monitoring for the monitoring period being reported on was successfully completed as required by Certificate(s) of Approval or other relevant authorizing/control document (s):</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable</p>	<p>If no, list exceptions below or attach information.</p>

Groundwater Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
OW19	Unable to sample due to dry conditions during October sampling event. See report for details.	October 2020
OW22	Unable to sample due to dry conditions during October sampling event. See report for details.	October 2020
Type Here	Type Here	Select Date

3) a) Is landfill gas being monitored or controlled at the site?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes to 3(a), please answer the next two questions below.			
b) Have any measurements been taken since the last reporting period that indicate landfill gas is present in the subsurface at levels exceeding criteria established for the site?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
c) Has the sampling and monitoring identified under 3(a) for the monitoring period being reported on was successfully completed in accordance with established protocols, frequencies, locations, and par or MECP concurrence. per the Technical Guidance Document, or MECP concurrence.		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable	If no, list exceptions below or attach additional information.
<b>Groundwater Sampling Location</b>	<b>Description/Explanation for change (change in name or location, additions, deletions)</b>	<b>Date</b>	
OW19	Unable to sample due to dry conditions during October sampling event. See report for details.	October 2020	
OW22	Unable to sample due to dry conditions during October sampling event. See report for details.	October 2020	
Type Here	Type Here	Select Date	
4) All field work for groundwater investigations was done in accordance with standard operating procedures as established/outlined per the Technical Guidance Document (including internal/external QA/QC requirements) (Note: A SOP can be from a published source, developed internally by the site owner's consultant, or adopted by the consultant from another organization):	<input checked="" type="radio"/> Yes <input type="radio"/> No	See report for details.	

## Sampling and Monitoring Program Results/WDS Conditions and Assessment:

<p>5) The site has an adequate buffer, Contaminant Attenuation Zone (CAZ) and/or contingency plan in place. Design and operational measures, including the size and configuration of any CAZ, are adequate to prevent potential human health impacts and impairment of the environment.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Development of additional CAZ for the Site is ongoing.</p>	
<p>6) The site meets compliance and assessment criteria.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>See previous comment and report for details.</p>	
<p>7) The site continues to perform as anticipated. There have been no unusual trends/ changes in measured leachate and groundwater levels or concentrations.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>If no, list exceptions and explain reason for increase/change (Type Here):</p>	
<p>1) Is one or more of the following risk reduction practices in place at the site:</p> <p>(a) There is minimal reliance on natural attenuation of leachate due to the presence of an effective waste liner and active leachate collection/ treatment; or</p> <p>(b) There is a predictive monitoring program in-place (modeled indicator concentrations projected over time for key locations); or</p> <p>(c) The site meets the following two conditions (typically achieved after 15 years or longer of site operation):</p> <p><i>i.</i>The site has developed stable leachate mound(s) and stable leachate plume geometry/concentrations; and</p> <p><i>ii.</i>Seasonal and annual water levels and water quality fluctuations are well understood.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Note which practice(s):</p>	<p><input type="checkbox"/> (a) <input type="checkbox"/> (b) <input checked="" type="checkbox"/> (c) As discussed in report. As discussed in report.</p>
<p>9) Have trigger values for contingency plans or site remedial actions been exceeded (where they exist):</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable</p>	<p>See report for discussion.</p>	



I am a licensed professional Engineer or a registered professional geoscientist in Ontario with expertise in hydrogeology, as defined in Appendix D under Instructions. Where additional expertise was needed to evaluate the site monitoring data, I have relied on individuals who I believe to be experts in the relevant discipline, who have co-signed the compliance monitoring report or monitoring program status report, and who have provided evidence to me of their credentials.

I have examined the applicable Certificate of Approval and any other environmental authorizing or control documents that apply to the site. I have read and followed, as deemed appropriate for this Site in my professional judgement, the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (MOE, 2010, or as amended), and associated monitoring and sampling guidance documents, as amended from time to time. I have reviewed all of the data collected for the above-referenced site for the monitoring period(s) identified in this checklist. Except as otherwise agreed with the ministry for certain parameters, all of the analytical work has been undertaken by a laboratory which is accredited for the parameters analyzed to ISO/IEC 17025:2005 (E)- General requirements for the competence of testing and calibration laboratories, or as amended from time to time by the ministry.


The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MECP to undertake a complete review the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. The Checklist should in no way supersede the MECP's responsibility to undertake their complete review of our report(s) to ensure Site compliance with environmental regulations, standards and/or approvals. If any exceptions or potential concerns have been noted in the questions in the checklist attached to this declaration, it is my opinion that these exceptions and concerns are minor in nature and will be rectified for the next monitoring/reporting period. Where this is not the case, the circumstances concerning the exception or potential concern and my client's proposed action have been documented in writing to the Ministry of the Environment District Manager in a letter from me dated:

2021-03-24

## Recommendations:

Based on my technical review of the monitoring results for the waste disposal site:

<p><input type="radio"/> No changes to the monitoring program are recommended</p> <p><input checked="" type="radio"/> The following change(s) to the monitoring program is/are recommended:</p>	<p>see report for recommendations</p> <p>The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MECP, to undertake a complete review of the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. This Checklist should in no way supersede the MECP's responsibility to undertake their complete review of our report(s) to ensure compliance with the environmental regulations, standards, and approvals</p>
<p><input checked="" type="radio"/> No Changes to site design and operation are recommended</p> <p><input type="radio"/> The following change(s) to the site design and operation is/are recommended:</p>	

<b>Name:</b>	John Pyke		
<b>Seal:</b>	Add Image		
<b>Signature:</b>		<b>Date:</b>	March 24, 2021
<b>CEP Contact Information:</b>	John Pyke		
<b>Company:</b>	Malroz Engineering Inc.		
<b>Address:</b>	308 Wellington St., 2nd Floor, Kingston ON		
<b>Telephone No.:</b>	613-548-3446 ext. 34	<b>Fax No. :</b>	Type Here
<b>E-mail Address:</b>	pyke@malroz.com		
<b>Co-signers for additional expertise provided:</b>			
<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	Select Date
<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	Select Date

## Surface Water WDS Verification:

Provide the name of surface water body/bodies potentially receiving the WDS effluent and the approximate distance to the waterbody (including the nearest surface water body/bodies to the site):

Name (s)	unnamed tributary of Morton Creek
Distance(s)	north of the Site

Based on all available information and site knowledge, it is my opinion that:

### Sampling and Monitoring Program Status:

<p>1) The current surface water monitoring program continues to effectively characterize the surface water conditions, and includes data that relates upstream/background and downstream receiving water conditions:</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	See report for discussion.
<p>2) All surface water sampling for the monitoring period being reported was successfully completed in accordance with the Certificate(s) of Approval or relevant authorizing/control document(s) (if applicable):</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable (No C of A, authorizing / control document applies)	If no, specify below or provide details in an attachment.

Surface Water Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
Type Here	Type Here	Select Date

<p>a) Some or all surface water sampling and monitoring program requirements for the monitoring period have been established outside of a ministry C of A or authorizing/control document, or MECP concurrence.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable</p>	
<p>b) If yes, all surface water sampling and monitoring identified under 3 (a) was successfully completed in accordance with the established program from the site, including sampling protocols, frequencies, locations and parameters) as developed per the Technical Guidance Document:</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable</p>	<p>If no, specify below or provide details in an attachment.</p>
<p><b>Surface Water Sampling Location</b></p>	<p><b>Description/Explanation for change (change in name or location, additions, deletions)</b></p>	<p><b>Date</b></p>
<p>Type Here</p>	<p>Type Here</p>	<p>Select Date</p>
<p>4) All field work for surface water investigations was done in accordance with standard operating procedures, including internal/external QA/QC requirements, as established/outlined as per the Technical Guidance Document, MOE 2010, or as amended. (Note: A SOP can be from a published source, developed internally by the site owner's consultant, or adopted by the consultant from another organization):</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>See report for discussion.</p>

## Sampling and Monitoring Program Results/WDS Conditions and Assessment:

The receiving water body meets surface water-related compliance criteria and assessment 5) criteria: i.e., there are no exceedences of criteria, based on MECP legislation, regulations, Water Management Policies, Guidelines and Provincial Water Quality Objectives and other assessment criteria (e.g., CWQGs, APVs), as noted in Table A or Table B in the Technical Guidance Document (Section 4.6):  
(Section 4.6):

Yes

No

**If no, list parameters that exceed criteria outlined above and the amount/percentage of the exceedance as per the table below or provide details in an attachment:**

Parameter	Compliance or Assessment Criteria or Background	Amount by which Compliance or Assessment Criteria or Background Exceeded
e.g. Nickel	e.g. C of A limit, PWQO, background	e.g. X% above PWQO
See report for discussion.		
<p><b>6) In my opinion, any exceedances listed in Question 5 are the result of non-WDS related influences (such as background, road salting, sampling site conditions)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>If yes, specify (Type Here): See report for discussion.</p> <p>Background conditions show several exceedances of criteria. See report for details.</p>

<p><b>7) All monitoring program surface water parameter concentrations fall within a stable or decreasing trend. The site is not characterized by historical ranges of concentrations above assessment and compliance criteria.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>If no, list parameters and stations that is outside the expected range. Identify whether parameter concentrations show an increasing trend or are within a high historical range (Type Here)</p> <p>See report for details.</p>
<p><b>8) For the monitoring program parameters, does the water quality in the groundwater zones adjacent to surface water receivers exceed assessment or compliance criteria (e.g. , PWQOs, CWQGs, or toxicity values for aquatic biota (APVs)):</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Known</p> <p><input type="radio"/> Not Applicable</p>	<p>If yes, provide details and whether remedial measures are necessary (Type Here):</p> <p>See report for discussion.</p>
<p><b>9) Have trigger values for contingency plans or site remedial actions been exceeded (where they exist):</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable</p>	<p>If yes, list value(s) that are/have been exceeded and follow-up action taken (Type Here):</p> <p>See report for discussion.</p>

**Surface Water CED Declaration:**

I, the undersigned hereby declare that I am a Competent Environmental Practitioner as defined in Appendix D under Instructions, holding the necessary level of experience and education to design surface water monitoring and sampling programs, conduct appropriate surface water investigations and interpret the related data as it pertains to the site for this monitoring period.

I have examined the applicable Certificate of Approval and any other environmental authorizing or control documents that apply to the site. I have read and followed, as deemed appropriate for this Site in my professional judgement, the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (MECP, 2010, or as amended) and associated monitoring and sampling guidance documents, as amended from time to time. I have reviewed all of the data collected for the above-referenced site for the monitoring period(s) identified in this checklist. Except as otherwise agreed with the ministry for certain parameters, all of the analytical work has been undertaken by a laboratory which is accredited for the parameters analysed to ISO/IEC 17025:2005 (E)- General requirements for the competence of testing and calibration laboratories, or as amended from time to time by the ministry.

The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MOE to undertake a complete review the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. This Checklist should in no way supersede the MECP responsibility to undertake their complete review of our report(s) to ensure compliance with environmental regulations, standards and approvals.

If any exceptions or potential concerns have been noted in the questions in the checklist attached to this declaration, it is my opinion that these exceptions and concerns are minor in nature or will be rectified for future monitoring events. Where this is not the case, the circumstances concerning the exception or potential concern and my client's proposed action have been documented in writing to the Ministry of the Environment District Manager in a letter from me dated:

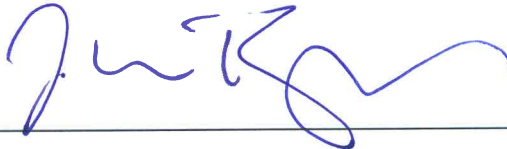
2020-03-23

**Recommendations:**

**Based on my technical review of the monitoring results for the waste disposal site:**

<p><input checked="" type="radio"/> <b>No Changes to the monitoring program are recommended</b></p> <p><input type="radio"/> <b>The following change(s) to the monitoring program is/are recommended:</b></p>	<p>The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MECP, to undertake a complete review of the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. This Checklist should in no way supersede the MECP's responsibility to undertake their complete review of our report(s) to ensure compliance with the environmental regulations, standards, and approvals</p>
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<p><input checked="" type="radio"/> <b>No changes to the site design and operation are recommended</b></p> <p><input type="radio"/> <b>The following change(s) to the site design and operation is/are recommended:</b></p>	<p>Type Here</p>
---	------------------

<b>CEP Signature</b>		
<b>Relevant Discipline</b>	Geo-scientist with relevant experience and training.	
<b>Date:</b>	March 24, 2021	
<b>CEP Contact Information:</b>	John Pyke	
<b>Company:</b>	Malroz Engineering Inc.	
<b>Address:</b>	308 Wellington St., 2nd Floor, Kingston ON	
<b>Telephone No.:</b>	613-548-3446 ext. 34	
<b>Fax No. :</b>	Type Here	
<b>E-mail Address:</b>	pyke@malroz.com	
<b>Save As</b>		<b>Print Form</b>



## NOTICE TO READER

This document has been prepared by Malroz Engineering Inc. (Malroz) on behalf of the Township of Leeds and the Thousand Islands (TLTI), in fulfilment of Condition 6(6) of Amended Environmental Compliance Approval (ECA) No. A442103.

Malroz has relied upon site observations and previous reports to provide historic data and the conceptual understanding of the site. Malroz accepts no responsibility for the integrity of the data provided by TLTI or for missing historic data. Any third-party use or reliance of this report, or decisions made based on this report, are the responsibilities of the third parties. Malroz accepts no responsibility for damages suffered by any third party as a result of decisions made or actions taken based on the contents of this report.

This document has been prepared for TLTI for submission to the Ministry of Environment, Conservation and Parks (MECP) as required by the ECA. Unauthorized re-use of this document for any other purpose, or by third parties without the express written consent of Malroz shall be at such party's sole risk.

This page is an integral part of this document and must remain with it at all times.

Respectfully Submitted,

MALROZ ENGINEERING INC.



per: Robert Varcoe, G.I.T.  
Environmental Scientist



and: John Pyke, P. Geo.,  
Project Manager



and: Albert Paschkowiak, C.E.T.  
Senior Environmental Technologist

**Malroz Engineering Inc.**

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## 1.0 Introduction

The Briar Hill waste disposal site (the Site) operates under Amended Environmental Compliance Approval (ECA) No. A442103 issued by the Ministry of the Environment and Climate Change (now the Ministry of Environment, Conservation and Parks or MECP), dated August 20, 2015 (see Appendix A). The Site is located at 114 Turk Rock Rd on part of Lot 18, Concession 11 in the Township of Leeds and the Thousand Islands (TLTI), Ontario (Figure 1 and Figure 2a, Appendix B). In accordance with the ECA, a monitoring, development and operations report (AMR) is to be completed annually.

Malroz was retained by TLTI to conduct the semi-annual monitoring of the groundwater and surface water at the Site, and report on the development and operations of the Site. This document presents our methodology, results and interpretation, in accordance with the ECA. This report was prepared on behalf of the TLTI, using data collected by Malroz and available information provided by TLTI staff.

### 1.1 Ownership and Key Personnel

The Site is owned and maintained by the Corporation of the Township of Leeds and the Thousand Islands. Key contacts for the Site are as follows:

#### Municipal Contact

David Holliday  
Director of Operations  
1233 Prince Street, P.O. Box 280  
Lansdowne, Ontario, K0E 1L0  
613-659-2415 ext. 211  
[directoroperations@townshipleeds.on.ca](mailto:directoroperations@townshipleeds.on.ca)

#### Environmental Professional Contact

John Pyke, P. Geo.  
Project Manager  
308 Wellington St.  
Kingston, Ontario, K7K 7A8  
613-548-3446 ext. 34  
[pyke@malroz.com](mailto:pyke@malroz.com)

## 2.0 Background

The geology, hydrogeology, physiography, and hydrology of the Site are described in this section, based on our review of collected data, including site observations and previous reports on investigations at the Site.

### 2.1 Geological Setting

Geological mapping from the Ontario Geological Survey <sup>[1]</sup> (OGS, 2011) indicates that bedrock underlying the southern two-thirds of the Site comprises Precambrian granitic gneiss, with the northern portion of the Site underlain by carbonate metasedimentary rocks (OGS, 2011, Hewitt, 1964). Well records for bedrock wells BW1 and BW2 (Appendix E) suggest two distinct lithologies are present at the Site, with BW1 set in metasedimentary and BW2 in granitic bedrock (Figure 3, Appendix B). The inferred contact between the two lithologies runs approximately southwest to northeast, just north of the active fill area, and transecting the former waste mound.

Several bedrock outcrops are present on-site, mainly in the south portion of the Site by the Tackaberry Quarry, as well as in the forested area north of the waste fill area. Water well records show that the overburden consists of clay and sand, and ranges from approximately 3 to 11 metres thick (refer to Appendix E).

### 2.2 Hydrogeologic Setting

Groundwater elevation data collected during the 2020 monitoring program indicates a north to north-westerly flow in the overburden, towards an unnamed tributary of Morton Creek, just north of the Site. Based on monitoring and survey data, the overburden groundwater from the Site appears to discharge to the unnamed stream north of the Site (see Table 1, Appendix C).

Artesian conditions periodically observed at deeper groundwater well OW15-D suggests an upwards gradient and potential discharge to the stream located north of the Site. Groundwater elevations in the deeper wells suggest that the deep groundwater flow at the site is towards the north. However, it is notable that these wells are not screened within the same unit: BW2-D is screened within the granitic gneiss, BW1 is screened within calcareous metasedimentary bedrock, and OW15-D is screened in the overburden. The influence of the various geologic units on the bedrock hydrogeology has not been fully assessed.

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<sup>1</sup> Bedrock Geology (GIS database MRD126-REV1), Ontario Ministry of Northern Development and Mines, 2011.

We understand that there are three residential wells within 500 m of the Site, including two downgradient residential wells located at 122 Turk Rock Road, and 151 Fortune Line Road, and one upgradient residential well located at 151 Briar Hill Road.

### **2.3 Surface Water Features**

An unnamed tributary to Morton Creek flows east to west and is located north of the Site. The tributary collects surface water run off from the field to the north east via tile drainage. The stream flows through a culvert under Turk Rock Road (near SW1), and westward past OW17, OW15-S&D, and OW24. The unnamed stream continues west under Fortune Line Road (at SW5) and eventually flows into Morton Creek. From the confluence of Morton Creek and the unnamed stream, Morton Creek flows approximately 3 km and discharges into Whitefish Lake, which is part of the Rideau Waterway.

### **2.4 MECP Review**

Comments and recommendations regarding the 2019 groundwater monitoring program were provided by the MECP in an email dated April 29, 2020. Malroz responded to the MECP comments in an email dated May 13, 2020. A copy of the MECP comments and Malroz response is provided in Appendix D.

Comments and recommendations regarding the 2015-2018 AMRs were provided in a memorandum dated February 12, 2020. The MECP indicated that future monitoring reports must include hydraulic conductivity estimates and borehole log and well construction diagrams for monitoring wells constructed at the site.

Malroz completed hydraulic conductivity testing and calculations during the fall 2020 groundwater monitoring event. Hydraulic conductivity methods and results are provided in Section 4.2 and Section 5.3.

Malroz has identified the monitoring well IDs on the available water well records for the site, which are provided in Appendix E.

### **3.0 Development and Operations**

#### **3.1 Waste Disposal Site Description**

The Site operates under ECA No. A442103, amended in 2015, which permits a 2.4 hectare waste disposal area and transfer site within a total site area of 16 hectares. The Site accepts non-hazardous waste from within the TLTI.

The corners of the landfilling area are marked and secured by fencing. The site is adjacent to an active sand and gravel pit to the south, an agricultural property and a forested area to the west, and an agricultural/residential property to the north. Turk Rock Road is adjacent to the eastern property boundary, and a forested area is present further to the east.

Waste was previously deposited at the Briar Hill landfill on the northeastern segment of the Site (Figure 2a and 2b, Appendix B). Following the closure of the former landfill area, filling activities began to the west, near the centre of the property. The leased land located to the west of the Site and the purchased land located to the north of the Site are intended to serve as a buffer zone for contaminant attenuation. We understand that the registration of the new property as a CAZ is on-going.

Information regarding Site operations in 2020 was provided through attendant logbooks, site observations, and site investigations.

#### **3.2 Site Access**

The Site is accessed from Turk Rock Road off Briar Hill Road. Geodetic coordinates for the Site entrance are as follows (2013 Site survey):

Zone: NAD 83, 18T  
Easting: 407020.1 m (+/- 0.5 m)  
Northing: 4933135.1 m (+/- 0.5 m)

#### **3.3 Service Area**

Only waste that is generated within the boundaries of the TLTI is accepted at the Site. According to the 2016 census, the population of TLTI was 9,465 <sup>[2]</sup>.

#### **3.4 Method of Waste Disposal**

The Briar Hill Waste Disposal Site operates as an area fill site. On a bi-weekly basis, the waste is contoured, compacted, and covered. Environmental 360 solutions (E360),

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<sup>2</sup> 2016 Census Profile, Leeds and the Thousand Islands, Ontario. Statistics Canada.

provides recycling bin rentals for the Site and provides pickup and processing services for recycling materials dropped off by TLTI residents.

Burning of waste is permitted in condition 2(6) of the ECA and historically been carried out at the Site, however TLTI stopped the burning of waste at the Site in November 2020 after receiving complaints from area residents (see Section 3.9).

No spills or emergencies, as described by condition 5 of the ECA, occurred at the Site in 2020.

### **3.5 Hours of Operation**

Hours of operation are as follows:

Monday	8:30a.m. - 4:45 p.m.
Wednesday	8:30 a.m. - 4:45 p.m.
Thursday	8:30 a.m. - 4:45 p.m.
Saturday	8:30 a.m. - 4:45 p.m.

The entrance and exit gates are locked and no waste is received at the Site during non-operating hours. The Site was supervised by a site attendant during operating hours. A program is in place to inspect incoming waste loads for compliance. Daily records of site operations and conditions are kept by the Attendant and have been provided in Appendix F. Signs and labels at the Site are in accordance with ECA condition 2.

### **3.6 Waste Characteristics**

According to the ECA, only solid non-hazardous municipal waste as defined under O. Reg. 347 is accepted at the Site. We understand loads of waste are inspected by site staff prior to their acceptance at the Site. Waste logs and a summary table of the logs are included in Appendix F.

Based on the daily attendant logs, waste loads were rejected on 21 occasions for the following reasons:

- waste generated outside of township;
- waste was contained in black garbage bags;
- wood material was over 3" in diameter;
- waste brought to site without tags; and
- loads contained non-accepted waste types

The site serves as a recycling depot operated by TLTI staff and serviced by E360.



### **3.7 Phasing of Site Usage**

We understand that waste at the site is compacted using a CAT compactor and covered with sand fill bi-weekly. Between bi-weekly compaction events, TLTI personnel apply cover material from an on-site stockpile so that cover is applied weekly. Cover material is brought in from off-site.

### **3.8 Site Inspections**

Daily site inspections were undertaken at the Site (Appendix F). The following comments were noted:

- windblown litter was reported frequently along the boundaries of the site and entranceway.
- animals (birds, cats, rodents) were occasionally reported present around the Site.
- some ponded water was observed immediately after rainfall.

Malroz undertook inspections of the Site on April 29 and October 14, 2020 (Appendix G). The following observations were made:

- Minor localized ponding of water in rutting at the base of brush stockpile.
- Windblown litter is a continued concern; however, attendants have reportedly been cleaning up the litter periodically.
- The interior of the attendant shed was monitored for combustible and organic vapours. Combustible gas concentrations were below the detectable limit of the instrument, in the spring and 70 ppm (<1% of the lower explosive limit) in the fall. Organic vapours were below the detectable limits of the instrument in the spring and fall.

### **3.9 Record of Complaints**

TLTI reportedly received a complaint about the burning of wood and brush at the Site from area residents on November 9, 2020. Following receiving this complaint, TLTI has stopped burning wood and brush at the site and are reviewing their processes to alleviate residents concerns.

### **3.10 Record Keeping**

Field notes and Site records are maintained at the Township offices, 1233 Prince Street, Lansdowne, Ontario.

### **3.11 Remaining Site Capacity**

The maximum volumetric capacity approved for the Site is 85,600 m<sup>3</sup> as reported in the ECA Section 7(4). This volume includes the waste, daily cover, intermediate cover and final cover. The volume does not include historical volume of waste deposited prior to May 2003 within the 1.5 hectare area of the former landfill (see Figure 2a and 2b).

In December 2020, Malroz conducted a capacity survey at the Site. The survey identified a total of 934 m<sup>3</sup> of waste was deposited in 2020, which is significantly lower than waste volumes reported from previous years. The active waste area for the Site was moved to the north and west during 2020 and, based on observations from Malroz field staff, it appears that waste material has been moved and graded around the active fill areas. The low volume of deposited waste in 2020, relative to previous years, may be the result of the movement and compaction of waste during 2020. The volume of deposited waste for 2020 has been excluded from calculations of the average rate of fill used to determine remaining site capacity.

According to the 2016 BluMetric survey, and considering the amount deposited from 2017 to 2020, the total volume of waste deposited at the Site is approximately 31,244 m<sup>3</sup>, with a remaining capacity of 54,356 m<sup>3</sup>. Based on the approved capacity of the Site, as reported in the ECA, and using an average rate of fill of 1,720 m<sup>3</sup> (average based on 2017-2019), the estimated remaining capacity of the site is approximately 32 years.

## **4.0 Description of Monitoring Program**

Groundwater and surface water monitoring are conducted on a semi-annual basis in the spring and fall, in accordance with the ECA. Results of the environmental monitoring are reported to the MECP on an annual basis by March 31 of the year following the reporting period. The current monitoring plan for the Site utilizes the Ontario Drinking Water Standards (ODWS) to assess groundwater conditions and Provincial Water Quality Objectives (PWQO) to assess surface water conditions.

Field work for the 2020 monitoring program was conducted during the spring (April 29) and fall (October 13-14). Groundwater and surface water programs are detailed in Sections 4.1 and 4.3 below.

### **4.1 Groundwater Monitoring Program**

The 2020 groundwater monitoring and sampling program consisted of sampling 16 overburden monitoring wells and four bedrock monitoring wells (see Appendix H, and Figure 2a and 2b, Appendix B). In addition to the on-site and offsite monitoring wells,

Malroz collected a groundwater sample from the residential well at 122 Turk Rock Road during the October sampling event.

Groundwater monitoring was conducted prior to sampling at each of the wells included in the groundwater sampling program. Monitoring included measurement of combustible and organic headspace vapours, depth to water, depth to well bottom, and visual and olfactory evaluation of the groundwater during sample purging.

Methane concentrations were calculated based the difference between full gas response and responses in methane elimination mode using an RKI Eagle 2 combustible gas indicator.

#### **4.2 Hydraulic Conductivity Testing**

Per the MECP comments dated February 12, 2020, hydraulic conductivity testing was undertaken during the October sampling event at monitoring wells BW1, OW15-S, and OW22 using a bail test. Hydraulic conductivity was calculated using the data collected during the bail tests and the Bouwer-Rice solution included in the AQTESOLV V4.50.002 software package. Results are presented in Section 5.3.

#### **4.3 Surface Water Monitoring Program**

The surface water monitoring program includes collecting samples at three active surface water sampling stations located along the adjacent tributary to Morton Creek: SW1, SW4 and SW5 (see Figure 2a and 2b, Appendix B). A description of the surface water monitoring program is provided in Appendix H.

#### **4.4 Variations in Monitoring and Reporting**

In 2020, Malroz followed the groundwater and surface water programs as specified in the ECA with the following variations:

- Overburden monitoring wells OW19 and OW22 were not sampled during the fall due to insufficient water.

Monitoring wells L10 and OW15-D have historically been reported as overburden wells (prior to 2018). In the 2018 and 2019 AMRs, we inferred that wells L10 and OW15-D are installed into bedrock based on the depths at which they were installed (approximately 20.5 and 9.7 mbg, respectively) and borehole logs for nearby wells. In February 2021, Malroz contacted Aardvark Drilling Inc. (Aardvark), the drilling contractor that installed monitoring wells OW15-S, OW15-D, and OW20-OW25 at the site in 2015, to request well construction information. Aardvark Drilling responded in an email dated February 19, 2021, and indicated that all monitoring wells were installed in overburden

material, except for OW20, which was installed approximately 0.9 m into bedrock and screened across the bedrock and overburden (see correspondence in Appendix D).

Based on the information provided from the drilling contractor, OW15-D appears to be installed in the overburden and will be included going forward as an overburden well. Well construction information (e.g. water well records, borehole logs) were not available for monitoring well L10. Based on the available information for L10, we will continue to use it to assess bedrock groundwater conditions.

#### **4.5 Data Quality Evaluation**

Samples were collected using laboratory supplied sample bottles containing preservatives appropriate for each parameter. Samples were submitted to Caduceon Laboratories (Caduceon) for analyses. Caduceon is a Canadian Association for Laboratory Accreditation (CALA) accredited laboratory that uses MECP recognized methods to conduct laboratory analyses. Caduceon's QA/QC program included matrix spikes, method blanks, and replicate analyses.

#### **5.0 Discussion of Results**

Results of the 2020 groundwater and surface water programs are presented below. Analytical results have been compared to ODWS to assess groundwater conditions and PWQO to assess surface water conditions and any observed exceedances are highlighted.

#### **5.1 Well Inspection**

Well inspections were undertaken by Malroz during the April and October 2020 sampling events. Well inspections included a visual inspection of accessible portions of the well piezometer, casing, cap, lock, and well seal at each monitoring well. Based on the inspections, and as of October 14, 2020, wells classified as described below:

- Good – the well is in good condition with no maintenance required.
- Fair – exhibits some minor deficiencies, however well integrity is not compromised.
- Poor – well integrity is compromised and the well requires maintenance or abandonment.

Malroz staff installed a reflective flag adjacent to well OW24 during the spring sampling event to improve visibility and assist agricultural vehicle operators in navigating around the well.

Results from the well inspections are summarized in Table 2 (Appendix C). Monitoring wells at the Site were observed to be in compliance with Ontario Regulation 903, or where not, were arranged to be repaired.

## 5.2 Landfill Gas and Water Level Monitoring

Results from groundwater monitoring are presented in Table 3 (Appendix C) and inferred groundwater contours for the shallow and deep groundwater units at the Site are presented in Figures 4 and 5 (Appendix B).

Methane concentrations were not detected during monitoring, with the following exceptions:

- OW19 was reported at >100% of the lower explosive limit (LEL) during spring and fall sampling events, and OW22 was reported at 1% of the LEL during the fall event. OW19 and OW22 are located downgradient of the active fill area, adjacent to the recycling area.
- Low concentrations of combustible gases (<1% of the LEL) were detected at BW2-S, BW2-D, OW1, OW15-S, OW15-D, and L2 during the spring and/or fall sampling events.

## 5.3 Hydraulic Conductivity Estimates

Hydraulic conductivity estimates from bail testing at BW1, OW15-S, and OW22 are provided in Appendix M, and are summarized below.

Monitoring Well ID	Well Depth (mbg)	Screened Interval (mbg)	Formation Screened	Estimated Hydraulic Conductivity (m/sec)
BW1	24.0	23.1-24.0	bedrock	$9.5 \times 10^{-8}$
OW15-S	3.8	2.3	overburden	$5.5 \times 10^{-6}$
OW22	5.2	3.7-5.5	overburden	$8.5 \times 10^{-10}$

Hydraulic conductivity estimates for BW1 and OW15-S are within the expected range for their respective screened formations. The estimated hydraulic conductivity at OW22 is low for overburden material, however, the proximity of OW22 to the waste fill area and the potential compaction of soils may influence hydraulic conductivity in this area.

## 5.4 Leachate Indicating Parameters Assessment

Concentrations of the analyzed parameters detected in OW19 and OW22, located adjacent to and downgradient of the active waste area, were compared to the 75<sup>th</sup>

percentile of historic data at OW20. Parameters exceeding the 75<sup>th</sup> percentile of background by 50% or more in both OW22 and OW19 are inferred to be representative of leachate and are listed below:

- Alkalinity
- Ammonia
- DOC
- Conductivity
- Hardness
- TDS
- TKN
- Chloride
- Aluminum
- Boron
- Calcium
- Iron
- Manganese
- Potassium
- Sodium
- Strontium

Concentrations of many of these parameters in groundwater are commonly influenced by background conditions, including geologic formations and anthropogenic sources, and therefore may be subject to variability across the site. For the purposes of aiding interpretation, a reduced set of leachate indicating parameters (LIPs) have been selected which includes: ammonia, boron, conductivity, chloride, dissolved organic carbon (DOC), and iron.

## 5.5 Overburden Groundwater Evaluation

Overburden groundwater chemistry results are presented in Table 4a (Appendix C). The groundwater chemistry at the Site is characterized by 16 overburden wells.

### 5.5.1 Background Groundwater Quality

Monitoring well OW21 was previously used (prior to 2018) to assess background groundwater quality at the site. OW21 is located downgradient from the quarry and has historically exhibited elevated concentrations of nitrates indicating potential impacts from the quarry or nearby agricultural activities. Given the potential for groundwater impacts due quarry operations at OW21, we have used monitoring well OW20, located in an agricultural field and up-gradient from the waste mound, to assess background groundwater quality. The background overburden groundwater exhibited elevated concentrations of COD, TSS, and total phosphorus, which may be related to agricultural activities.

The drilling contractor reports that OW20 was cored approximately 3 feet into bedrock and screened across overburden and bedrock units (see Section 4.4 and Appendix D). We do not anticipate the well construction of OW20 will impact its suitability as a background monitoring well for the Site.

### 5.5.2 Downgradient Overburden Groundwater Quality

The following exceedances of the ODWS were reported in 2020. With the exception of nitrate (a health-based parameter), these exceedances represent aesthetic objectives or operational guidelines and are not indicative of a threat to human health. Background well OW20 exceeded the OWDS for DOC during the spring and hardness during spring and fall sampling events.

<b><u>Parameter</u></b>	<b><u>Spring</u></b>	<b><u>Fall</u></b>
Alkalinity	OW15-S, OW19, OW22	OW15-S, OW7R1
Aluminum	OW22	none
Chloride	OW1	none
DOC	L11, OW19, OW22	L2, OW7R1
Hardness	All wells sampled	All wells sampled
Iron	OW15-S, OW15-D, OW19, OW24	OW7R1, OW15-S, OW15-D, OW24
Manganese	OW7R1, OW15-D, OW17, OW19, OW22, OW24	OW7R1, OW17, OW15-D, OW24
Nitrate	OW21	none
TDS	OW1, OW6R1, OW15-S, OW15-D, OW19, OW22,	OW1, OW6R1, OW7R1, OW15-S, OW15-D, OW17,

Historical overburden analytical results are presented in Appendix K, and trend graphs for LIPs are presented in Appendix L.

Concentrations of LIPs (chloride and conductivity) in monitoring wells L2, L11, and OW1, located cross-gradient and proximal to the former landfill are elevated compared to background. Concentrations of other LIPs (iron, ammonia) are generally consistent with background conditions indicating impacts may not be leachate related. Given the proximity of these wells to Turk Rock Road, we infer that road salting is impacting the groundwater at these locations. Concentrations of LIPs (DOC and boron) are generally consistent with background conditions but periodically show some variability. Trend graphs of LIPs in the former landfill area suggest that this area is relatively stable, and reduced monitoring in this area should be considered.

Results from OW6R1 and OW7R1, located north and downgradient of the waste fill area, indicate that concentrations of LIPs are elevated compared to background, and

leachate appears to be present in these wells. Concentrations of LIPs boron, DOC, and iron at OW6R1 and OW7R1 are generally lower than at leachate wells OW19 and OW22, suggesting that attenuation is occurring in the marsh area downgradient and north of the Site. Exceptions to this include chloride and conductivity concentrations, which were similar to concentrations at OW19 and OW22. Given the proximity of OW6R1 and OW7R1 to adjacent roads, elevated chloride and conductivity concentrations may be the result of road salting operations.

Monitoring wells OW17 and OW18, located the north of the unnamed tributary to Morton Creek, exhibited slightly elevated concentrations of LIPs (boron, conductivity, and chloride) when compared to the background. However, concentrations of other LIPs such as iron and ammonia at OW17 and OW18 were consistent with background concentrations. Our conceptual understanding of this area, based on groundwater elevations measured at OW17 and OW18 since 2017, is that that groundwater flows southerly towards the unnamed stream. Based on our conceptual understanding of this area, slightly elevated concentrations of LIPs at OW17 and OW18 appear to be the result of agricultural activities and/or road salting, and not related to leachate from the WDS.

Elevated concentrations of LIPs (ammonia, conductivity, chloride, boron, and iron) are present northwest of the Site at OW15-S and /or OW15-D. However, concentrations of these LIPs were lower when compared to those at the leachate wells, suggesting that attenuation is occurring downgradient from the waste mound.

Concentrations of LIPs (ammonia, DOC, chloride, boron, and iron) at OW24, located northwest of OW15-S, are slightly elevated when compared to background well OW20. However, concentrations of LIPs at OW24 are lower than historical analytical results from the residential well at 151 Fortune Line Road (see Appendix K), as discussed in the February 12, 2020 correspondence from the MECF. Given that concentrations of LIPs at OW24 are lower than 151 Fortune Line Road, and that the inferred direction of groundwater flow at OW24 is southward towards the unnamed stream, it appears that the elevated concentrations of LIPs at OW24 are not related to leachate.

Results from 2020 continue to indicate that leachate is migrating to the north and to a lesser extent to the west from the Site within the overburden, and likely discharging to surface water features.



## 5.6 Bedrock Groundwater Evaluation

Groundwater chemistry results from bedrock and residential wells are presented in Table 4b (Appendix C). Bedrock groundwater quality at the Site is characterized by wells BW1 (proximal to the fill area), BW2-S (upgradient), BW2-D (upgradient), and L10 (within the former landfill).

We note that bedrock wells at the Site are installed into two distinct geologic units. Based on water well records, BW1 is screened in metasedimentary rock at a depth of 24 meters, and BW2-S and BW2-D are screened in granitic gneiss at depths of 12 and 24 meters respectively. Based on mapping by the OGS (OGS, 2011), well L10 is inferred to be installed into granitic gneiss, however well records are not available for this location to confirm well construction details.

The conceptual site model suggests a downward vertical gradient in the area fo the WDS, and an upwads near the unnamed tributary of Morton Creek.

### 5.6.1 Background Bedrock Groundwater Quality

BW2-S/D is located up-gradient of the Site and may represent background bedrock groundwater conditions. BW2-S exhibited elevated levels of chromium, hardness, TDS, and nitrate when compared to the ODWS, which may be caused by nearby agricultural or quarry activities, and/or the natural composition of the bedrock.

### 5.6.2 Downgradient Bedrock Groundwater Quality

BW1, located downgradient and adjacent to active and former waste fill areas, exhibited elevated concentrations of LIPs (DOC and boron) when compared to BW2-S/D. Bedrock well L10, located in the area of the former fill area, exhibited elevated concentrations of LIPs DOC, conductivity, chloride and boron.

The following exceedances of the ODWS were reported in 2020.

<u>Parameter</u>	<u>Spring</u>	<u>Fall</u>
Alkalinity	L10	L10
Chromium	BW2-S	None
DOC	BW1, L10	OW15-D, L10, 122 Turk Rock Road
Hardness	All wells sampled	All wells sampled
Iron	BW1, L10	BW1, L10
Manganese	BW1, L10	BW1, L10
Nitrate	BW2-S	None
TDS	BW1, BW2-S, L10	BW2-S, L10

With the exception of nitrate (health based parameter), which may be related to quarry or agricultural activities up-gradient from the Site, and chromium detected in background well BW2-S, these exceedances represent aesthetic objectives or operational guidelines, and are not indicative of a threat to human health.

Historical bedrock analytical results are presented in Appendix K, and trend graphs for LIPs are presented in Appendix L.

### 5.6.3 Residential Well Results

A groundwater sample was collected from the residential well at 122 Turk Rock Road during the October sampling event. The reported DOC concentration was elevated compared to background and exceeded the ODWS. Concentrations of other LIPs were similar to background. Elevated DOC in the 122 Turk Rock Road residential well is not expected to be related to landfill activities.

## 5.7 **Volatile Organic Compound Analyses**

Results from the VOC analyses met the ODWS criteria (Table 5, Appendix C). Detectable concentrations of 1,1-dichloroethane (1,1-DCE), 1-4-dichlorobenzene were, and/or cis-1,2-dichloroethylene were reported in samples collected from OW19 and L10 during one or more sampling events in 2020.

Measurable concentrations of VOC parameters have historically been identified at monitoring wells L10, OW15-S, OW15-D, OW19, and OW22 at levels below the ODWS. VOC parameters inferred to be the result of leachate have not been detected at other wells. In accordance with the MECP 2018 AMR review, a reduction of VOC analyses to include only wells where VOCs have historically been detected should be considered.

## 5.8 **Reasonable Use Policy**

The amended ECA (August 20, 2015) states that the Site is to follow the Ministry Guideline B-7 “Incorporation of the Reasonable Use Concept into MOEE Groundwater Management Activities” to assess groundwater quality. Reasonable Use Limits (RULs) are calculated for the analyzed parameters using background groundwater concentrations and corresponding drinking water standards (refer to Table 6a, Appendix C). Overburden well OW20 was used to calculate RULs applied to compliance wells OW1, OW18, and OW24. Bedrock well BW2-S was used to calculate bedrock RULs, which were applied to the residential well at 122 Turk Rock.

Exceedances of the following overburden RULs were observed in 2020:

<u>Parameter</u>	<u>Spring</u>	<u>Fall</u>
Alkalinity	OW15-D	OW1
Aluminum	OW1, OW18	OW24
Barium	OW1	OW1
Chloride	OW1	OW1
DOC	OW18	122 Turk Rock Road
Hardness	OW1, OW18, OW24	OW1, OW18, OW24, 122 Turk Rock Road
Iron	OW24	OW24
Manganese	OW24	OW24
Nitrate	None	OW1
Sodium	OW1	None
TDS	OW1	OW1

Exceedances of overburden RULs for chloride and iron at monitoring wells OW1, OW18, and OW24 may be leachate related. However, other LIPs met the RUL criteria, which suggests that a non-leachate source may be influencing groundwater quality. Exceedances of RULs for alkalinity, aluminum, barium, DOC, hardness, iron, nitrate, TDS, and sodium may be the result of outside factors such as background inputs, agricultural activities, and/or quarrying, and are not expected to be leachate related. Groundwater should continue to be monitored at these locations and compared to RULs in future reports.

In our opinion the Site reasonably conforms to MECP Guideline B-7, based on the inclusion of proposed CAZ lands to the north and west of the Site (Figure 2a and 2b, Appendix A) and the conceptual model that suggests groundwater discharges to the surface water. Based on the 2020 analyses, the existing and proposed CAZ areas appear adequate.

## 5.9 Surface Water Evaluation

Results of the surface water analyses are presented in Table 8 (Appendix C). Surface water chemistry has been compared to the Provincial Water Quality Objectives (PWQO) and the Table A: Assessment Criteria for Waste Disposal Sites and Table B: Canadian

Water Quality Guidelines (CWQG) criteria described in the MECP 2010 guidance document for Monitoring and Reporting for Waste Disposal Sites.

The Table A Assessment Criteria for Waste Disposal Sites presented in the MECP landfill guidance document (MOE 2010) includes Aquatic Protection Values (APVs) and other Criteria that reportedly represent the lowest chronic concentration for which adverse effects have been noted in the literature. The Table B Alternative Review Criteria are based on selected 2007 Canadian Water Quality Guidelines (CWQGs) and have a similar intent to Table A criteria. The CWQGs have been developed for the protection of marine and freshwater species.

Differences between the Table A and Table B criteria for certain parameters (i.e. zinc, chloride) may be due to differences in literature cited that relate to the scope of protection (freshwater species only versus freshwater and marine species). The PWQO, Table A, and Table B values may also vary as a result of the age of the criteria. The Table A (2010) and Table B (2007) values are often based on scientific literature that is more recent than the PWQO (1994).

The surface water analyses at the Site is characterized by three sampling stations: SW1, SW4 and SW5. Descriptions of the surface water stations and conditions at the time of sampling are provided in Table 7 (Appendix C). Surface Water station SW1 is located upstream of the Site, adjacent to Turk Rock Road, and was used to characterize the surface water background conditions for the Site. SW1 was improved in 2019 and receives drainage water from the field to the northeast. SW4 and SW5 are located downstream of the Site, approximately 200 m and 400 m west of the Site, respectively.

Background station SW1 exhibited elevated levels of phenols, total phosphorous, and iron exceeding the PWQO during one or more sampling events in 2020.

SW4 and SW5 exceeded the PWQO reference criteria for phenols, total phosphorus, and iron during at least on sampling event in 2020. Concentrations of these parameters were below the Table A and Table B criteria, where applicable.

Historical surface water data is presented in Appendix K, and surface water chemistry trend graphs are presented in Appendix L. Trend graphs indicate that concentrations of LIPs at downstream surface water stations SW4 and SW5 are generally stable and similar to background station SW1. Historical results suggest that leachate has little to no impact on the surface water quality at or beyond SW5.

## 6.0 Conclusions & Recommendations

The Briar Hill WDS is an active site currently accepting non-hazardous solid waste. The Briar Hill WDS operated in compliance with the ECA in 2020. Based on the approved capacity of the site and the volume of waste deposited to date, the landfill has an estimated life span of 32 years.

The Site is subject to Ministry Guideline B-7. Water level monitoring results indicate a general north-westerly groundwater flow direction in the overburden. Analytical groundwater results from 2020 indicate that leachate is migrating to the northwest from the Site, and wells south of the unnamed stream (located north of the Site) exceeded one or more RULs. However, attenuation of leachate appears to be occurring in wells north and west of the Site, and leachate impacted groundwater does not appear to be migrating beyond the unnamed stream, likely as a result of groundwater discharge to the stream.

Exceedances of RULs at wells north of the Site indicates the potential for leachate impacts to the unnamed stream. However, surface water results at sampling locations downstream of the Site indicate that concentrations of LIPs are generally similar to background conditions, suggesting that leachate is not significantly impacting the surface water downstream of the Site.

The following recommendations are offered:

1. Monitoring should continue twice per year, in conformance with the ECA.
2. In consultation with the MECP, we recommend application to the director to amend the annual monitoring program to reduce the scope of required VOC analyses to include only wells where VOCs have historically been detected (L10, OW15-S, OW15-D, OW19, and OW22). VOC analyses is recommended to be reduced to annually in the spring.
3. As endorsed by the MECP technical reviewer in the February 12, 2020 review of 2015-2018 AMRs, we recommend application to the director to amend the annual monitoring program reduce the sampling frequency at wells L2, L10, and L11 to annually.
4. Add the residential well at 122 Turk Rock Road to future spring and fall groundwater sampling programs.
5. Acquire the property west of the site for CAZ lands, and apply to have the ECA amended to recognise lands to the north and west of the site as CAZ lands.

6. Preparation of a closure plan for the Site.
7. Consideration of a re-scoped monitoring program and development a trigger mechanism with the closure plan.

## 7.0 References

Andrew Day (2012-2014). 2012-2014 Annual Groundwater and Surface Water Monitoring Report for Briar Hill WDS (ECA No. 442103), Township of Leeds and the Thousand Islands.

Hewitt, D.F. (1964) Geological notes for maps Nos. 2053 and 2054 Madoc-Gananoque Area, Ministry of Natural Resources, GC 12, 33p (reprinted 1974). Accompanied by Maps 2053 and 2054, scale 1:126,720.

Malroz Engineering Inc. (2015-2019). 2015-2019 Annual Monitoring, Development and Operations Reports for Briar Hill WDS 2015, 2016, 2017, 2018, 2019.

Ontario Drinking Water Standards (ODWS) from Ontario Regulation 169/03 of the Safe Drinking Water Act (2002). Last amendment: O. Reg. 373/15.

Ontario Geological Survey (2011). Bedrock geology of Ontario, Ontario Geological Survey, Miscellaneous Release–Data 126 - Revision 1, map scale 1:250,000.

Ontario Ministry of the Environment (2010). Technical Guidance Document: Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water, November 2010.

Provincial Water Quality Objectives (PWQO) from the Ministry of Environment and Energy's Water Management Policies & Guidelines, July 1994.

**Appendix A**  
**Amended Environmental Compliance**  
**Approval No. A442103**

**AMENDED ENVIRONMENTAL COMPLIANCE APPROVAL**

NUMBER A442103

Issue Date: August 20, 2015

The Corporation of the Township of Leeds and the Thousand Islands  
1233 Prince St Lansdowne  
Post Office Box, No. 280  
Leeds and the Thousand Islands, Ontario  
K0E 1L0

Site Location: Briar Hill Landfill Site, Ward 2, Township of Leeds and the Thousand Islands  
Lot 18, Concession 11  
Leeds and the Thousand Islands Township, United Counties of Leeds and Grenville

*You have applied under section 20.2 of Part II.1 of the Environmental Protection Act, R.S.O. 1990, c. E. 19 (Environmental Protection Act) for approval of:*

the use and operation of 2.4 hectare waste disposal/transfer site within a total site area of 16 hectares.

*For the purpose of this environmental compliance approval, the following definitions apply:*

"Approval " means this Environmental Compliance Approval and any Schedules to it, including the application and supporting documentation listed in Schedule "A";

"Contaminating Life Span" means contaminating life span as defined in Ontario Regulation 232/98;

"Director" means any *Ministry* employee appointed in writing by the Minister pursuant to section 5 of the EPA as a Director for the purposes of Part II.1 of the *EPA*;

"District Manager" means the District Manager of the local district office of the *Ministry* in which the *Site* is geographically located;

"EPA " means *Environmental Protection Act* , R.S.O. 1990, c. E. 19, as amended;

"Ministry" means the Ministry of the Environment and Climate Change;

"NMA " means *Nutrient Management Act* , 2002, S.O. 2002, c. 4, as amended;

"Ontario Drinking Water Quality Standards" means Ontario Regulation 169/03 (Ontario Drinking



Water Quality Standards) as amended;

"*Operator*" means any person, other than the *Owner's* employees, authorized by the *Owner* as having the charge, management or control of any aspect of the *Site* and includes its successors or assigns;

"*Owner*" means any person that is responsible for the establishment or operation of the *Site* being approved by this *Approval*, and includes the Corporation of the Township of Leeds and the Thousand Islands and its successors and assigns;

"*OWRA* " means the *Ontario Water Resources Act* , R.S.O. 1990, c. O.40, as amended;

"*PA* " means the *Pesticides Act* , R.S.O. 1990, c. P-11, as amended;

"*Provincial Officer*" means any person designated in writing by the Minister as a provincial officer pursuant to Section 5 of the *OWRA*, Section 5 of the *EPA*, Section 17 of the *PA*, Section 4 of the *NMA*, or Section 8 of the *SDWA*;

"*Refrigerant Appliances*" means household appliances which use, or may use refrigerants, and which include, but is not restricted to, refrigerators, freezers and air-conditioning systems;

"*Regional Director* " means the Regional Director of the local Regional Office of the *Ministry* in which the *Site* is located;

"*Regulation 347* " or "*Reg. 347* " means Regulation 347, R.R.O. 1990, made under the *EPA*, as amended;

"*SDWA*" means *Safe Drinking Water Act*, 2002, S.O. 2002, c. 32, as amended;

"*Site* " means the entire waste disposal site, including the buffer lands, and contaminant attenuation zone at Briar Hill Landfill Site, Ward 2, Township of Leeds and the Thousand Islands, Lot 18, Concession 11, Leeds and the Thousand Islands Township, United Counties of Leeds and Grenville; and

"*Trained Personnel*" means personnel knowledgeable in the following through instruction and/or practice:

- a. relevant waste management legislation, regulations and guidelines;
- b. major environmental concerns pertaining to the waste to be handled;
- c. occupational health and safety concerns pertaining to the processes and wastes to be handled;
- d. management procedures including the use and operation of equipment for the processes and wastes to be handled;
- e. emergency response procedures;
- f. specific written procedures for the control of nuisance conditions;
- g. specific written procedures for refusal of unacceptable waste loads; and
- h. the requirements of this *Approval*.

*You are hereby notified that this environmental compliance approval is issued to you subject to the terms and*

conditions outlined below:

## **TERMS AND CONDITIONS**

### **1. GENERAL**

#### **Compliance**

- (1) The *Owner* and *Operator* shall ensure compliance with all the conditions of this *Approval* and shall ensure that any person authorized to carry out work on or operate any aspect of the *Site* is notified of this *Approval* and the conditions herein and shall take all reasonable measures to ensure any such person complies with the same.
- (2) Any person authorized to carry out work on or operate any aspect of the *Site* shall comply with the conditions of this *Approval*.

#### **In Accordance**

- (3) Except as otherwise provided by this *Approval*, the *Site* shall be designed, developed, built, operated and maintained in accordance with the documentation listed in the attached Schedule "A".

#### **Interpretation**

- (4) Where there is a conflict between a provision of any document listed in Schedule "A" in this *Approval*, and the conditions of this *Approval*, the conditions in this *Approval* shall take precedence.
- (5) Where there is a conflict between the application and a provision in any document listed in Schedule "A", the application shall take precedence, unless it is clear that the purpose of the document was to amend the application and that the *Ministry* approved the amendment.
- (6) Where there is a conflict between any two documents listed in Schedule "A", the document bearing the most recent date shall take precedence.
- (7) The conditions of this *Approval* are severable. If any condition of this *Approval*, or the application of any condition of this *Approval* to any circumstance, is held invalid or unenforceable, the application of such condition to other circumstances and the remainder of this *Approval* shall not be affected thereby.

## **Other Legal Obligations**

- (8) The issuance of, and compliance with, this *Approval* does not:
- (a) relieve any person of any obligation to comply with any provision of any applicable statute, regulation or other legal requirement; or
  - (b) limit in any way the authority of the *Ministry* to require certain steps be taken or to require the *Owner* and *Operator* to furnish any further information related to compliance with this *Approval*.

## **Adverse Effect**

- (9) The *Owner* and *Operator* shall take steps to minimize and ameliorate any adverse effect on the natural environment or impairment of water quality resulting from the *Site*, including such accelerated or additional monitoring as may be necessary to determine the nature and extent of the effect or impairment.
- (10) Despite an *Owner*, *Operator* or any other person fulfilling any obligations imposed by this *Approval* the person remains responsible for any contravention of any other condition of this *Approval* or any applicable statute, regulation, or other legal requirement resulting from any act or omission that caused the adverse effect to the natural environment or impairment of water quality.

## **Change of Ownership**

- (11) The *Owner* shall notify the *Director*, in writing, and forward a copy of the notification to the *District Manager*, within 30 days of the occurrence of any changes in the following information:
- (a) the ownership of the *Site*;
  - (b) the *Operator* of the *Site*;
  - (c) the address of the *Owner* or *Operator*; and
  - (d) the partners, where the *Owner* or *Operator* is or at any time becomes a partnership and a copy of the most recent declaration filed under the *Business Names Act*, R. S. O. 1990, c. B.17, shall be included in the notification.
- (12) No portion of this *Site* shall be transferred or encumbered prior to or after closing of the *Site* unless the *Director* is notified in advance and sufficient financial assurance is deposited with the *Ministry* to ensure that these conditions will be carried out.
- (13) In the event of any change in ownership of the *Site*, other than change to a successor municipality, the *Owner* shall notify the successor of and provide the successor with a copy of this *Approval*, and the *Owner* shall provide a copy of the notification to the *District Manager* and the *Director*.

## **Registration on Title Requirement**

- (14) Prior to dealing with the property in any way, the *Owner* shall provide a copy of this *Approval*

and any amendments, to any person who will acquire an interest in the property as a result of the dealing.

- (15) (a) Within thirty (30) calendar days from the date of issuance of this *Approval*, the *Owner* shall submit to the *Director* a completed Certificate of Requirement which shall include:
- (i) a plan of survey prepared, signed and sealed by an Ontario Land Surveyor, which shows the area of the *Site* where waste has been or is to be deposited at the *Site*;
  - (ii) proof of ownership of the *Site*;
  - (iii) a letter signed by a member of the Law Society of Upper Canada or other qualified legal practitioner acceptable to the *Director*, verifying the legal description provided in the Certificate of Requirement;
  - (iv) the legal abstract of the property; and
  - (v) any supporting documents including a registerable description of the *Site*.
- (b) Within fifteen (15) calendar days of receiving a Certificate of Requirement authorized by the *Director*, the *Owner* shall:
- (i) register the Certificate of Requirement in the appropriate Land Registry Office on the title to the property; and
  - (ii) submit to the *Director* written verification that the Certificate of Requirement has been registered on title.

### **Inspections by the Ministry**

- (16) No person shall hinder or obstruct a *Provincial Officer* from carrying out any and all inspections authorized by the *OWRA*, the *EPA*, the *PA*, the *SDWA* or the *NMA*, of any place to which this *Approval* relates, and without limiting the foregoing:
- (a) to enter upon the premises where the approved works are located, or the location where the records required by the conditions of this *Approval* are kept;
  - (b) to have access to, inspect, and copy any records required to be kept by the conditions of this *Approval*;
  - (c) to inspect the *Site*, related equipment and appurtenances;
  - (d) to inspect the practices, procedures, or operations required by the conditions of this *Approval*; and
  - (e) to sample and monitor for the purposes of assessing compliance with the terms and conditions of this *Approval* or the *EPA*, the *OWRA*, the *PA*, the *SDWA* or the *NMA*.

### **Information and Record Retention**

- (17) (a) Except as authorized in writing by the *Director*, all records required by this *Approval* shall be retained at the *Site* for a minimum of two (2) years from their date of creation.
- (b) The *Owner* shall retain all documentation listed in Schedule "A" for as long as this *Approval* is valid.
- (c) All monthly summary reports are to be kept at the *Site* until they are included in the Annual

Report.

- (d) The *Owner* shall retain employee training records as long as the employee is working at the *Site*.
  - (e) The *Owner* shall make all of the above documents available for inspection upon request of *Ministry* staff.
- (18) The receipt of any information by the *Ministry* or the failure of the *Ministry* to prosecute any person or to require any person to take any action under this *Approval* or under any statute, regulation or other legal requirement, in relation to the information, shall not be construed as:
- (a) an approval, waiver, or justification by the *Ministry* of any act or omission of any person that contravenes any term or condition of this *Approval* or any statute, regulation or other legal requirement; or
  - (b) acceptance by the *Ministry* of the information's completeness or accuracy.
- (19) The *Owner* shall ensure that a copy of this *Approval*, in its entirety and including all its Notices of Amendment, and documentation listed in Schedule "A", are retained at the *Site* at all times.
- (20) Any information related to this *Approval* and contained in *Ministry* files may be made available to the public in accordance with the provisions of the Freedom of Information and Protection of Privacy Act, RSO 1990, CF-31.

## **2. SITE OPERATION**

### **Operation**

- (1) The *Site* shall be operated and maintained at all times including management and disposal of all waste, in accordance with the *EPA, Regulation 347*, and the conditions of this *Approval*. At no time shall the discharge of a contaminant that causes or is likely to cause an adverse effect be permitted.

### **Signs**

- (2) A sign shall be installed and maintained at the main entrance/exit to the *Site* on which is legibly displayed the following information:
- (a) the name of the *Site* and *Owner*;
  - (b) the number of the *Approval*;
  - (c) the name of the *Operator*;
  - (d) the normal hours of operation;
  - (e) the allowable and prohibited waste types;
  - (f) the telephone number to which complaints may be directed;
  - (g) a warning against unauthorized access;
  - (h) a twenty-four (24) hour emergency telephone number (if different from above); and
  - (i) a warning against dumping outside the *Site*.

- (3) The *Owner* shall install and maintain signs to direct vehicles to working face and recycling areas.
- (4) The *Owner* shall provide signs at the recycling area informing users what materials are acceptable and directing users to appropriate storage areas.

**Vermin, Vectors, Dust, Litter, Odour, Noise and Traffic**

- (5) The *Site* shall be operated and maintained such that the vermin, vectors, dust, litter, odour, noise and traffic do not create a nuisance.

**Burning Waste Prohibited**

- (6) (a) Burning of waste at the *Site* is prohibited.
- (b) Notwithstanding Condition 2. (6) (a) above, burning of segregated, clean wood and brush at the landfill may be carried out in strict compliance with the Ministry of the Environment Document titled "Guideline C-7, Burning at Landfill Sites" dated April 1994.

**Site Access**

- (7) Waste shall only be accepted on during the following time periods:
  - Monday 8:30 a.m. - 4:45 p.m.
  - Wednesday 8:30 a.m. - 4:45 p.m.
  - Thursday 8:30 a.m. - 4:45 p.m.
  - Saturday 8:30 a.m. - 4:45 p.m.
- (8) On-site equipment used for daily site preparation and closing activities may be operated one (1) hour before and one (1) hour after the hours of operation approved by this *Approval*.
- (9) With the prior written approval from the *District Manager*, the time periods may be extended to accommodate seasonal or unusual quantities of waste.

**Site Security**

- (10) No waste shall be received, landfilled or removed from the *Site* unless a site supervisor or an attendant is present and supervises the operations during operating hours. The *Site* shall be closed when a site attendant is not present to supervise landfilling operations.
- (11) The *Site* shall be operated and maintained in a safe and secure manner. During non-operating hours, the *Site* entrance and exit gates shall be locked and the *Site* shall be secured against access by unauthorized persons.

## Stormwater Management

- (12) The *Site* shall be maintained to prevent erosion or washing of fill, liner or cover material. Regular grading shall be carried out to drain rain water from fill areas and to prevent standing water.

### 3. EMPLOYEE TRAINING

- (1) A training plan for all employees that operate any aspect of the *Site* shall be developed and implemented by the *Owner* or the *Operator*. Only *Trained Personnel* shall operate any aspect of the *Site* or carry out any activity required under this *Approval* .

### 4. COMPLAINTS RESPONSE PROCEDURE

- (1) If at any time the *Owner* receives complaints regarding the operation of the *Site*, the *Owner* shall respond to these complaints according to the following procedure:
  - (a) The *Owner* shall record and number each complaint, either electronically or in a log book, and shall include the following information: the nature of the complaint, the name, address and the telephone number of the complainant if the complainant will provide this information and the time and date of the complaint;
  - (b) The *Owner*, upon notification of the complaint, shall initiate appropriate steps to determine possible causes of the complaint, proceed to take the necessary actions to eliminate the cause of the complaint and forward a formal reply to the complainant; and
  - (c) The *Owner* shall complete and retain on-site a report written within one (1) week of the complaint date, listing the actions taken to resolve the complaint and any recommendations for remedial measures, and managerial or operational changes to reasonably avoid the recurrence of similar incidents.

### 5. EMERGENCY RESPONSE

- (1) All Spills as defined in the *EPA* shall be immediately reported to the **Ministry's Spills Action Centre at 1-800-268-6060** and shall be recorded in the log book as to the nature of the emergency situation, and the action taken for clean-up, correction and prevention of future occurrences.
- (2) In addition, the *Owner* shall submit, to the *District Manager* a written report within three (3) business days of the emergency situation, outlining the nature of the incident, remedial measures taken, handling of waste generated as a result of the emergency situation and the measures taken to prevent future occurrences at the *Site*.
- (3) All wastes resulting from an emergency situation shall be managed and disposed of in

accordance with *O.Reg. 347*.

- (4) All equipment and materials required to handle the emergency situations shall be:
  - (a) kept on hand at all times that waste landfilling and/or handling is undertaken at the *Site*; and
  - (b) adequately maintained and kept in good repair.
- (5) The *Owner* shall ensure that the emergency response personnel are familiar with the use of such equipment and its location(s).

## **6. INSPECTIONS, RECORD KEEPING AND REPORTING**

### **Daily Log Book**

- (1) A daily log shall be maintained in written or electronic format and shall include the following information:
  - (a) the type, date and time of arrival, hauler, and quantity (tonnes) of all waste and cover material received at the *Site*.
  - (b) Notwithstanding condition 6 (1)(a), for household users a count of number of users and an estimated quantity of waste may be recorded;
  - (c) the area of the *Site* in which waste disposal operations are taking place;
  - (d) a record of litter collection activities and the application of any dust suppressants;
  - (e) a record of the daily inspections; and
  - (f) a description of any out-of-service period of any control, treatment, disposal or monitoring facilities, the reasons for the loss of service, and action taken to restore and maintain service.
- (2) Any information requested, by the *Director* or a *Provincial Officer*, concerning the *Site* and its operation under this *Approval*, including but not limited to any records required to be kept by this *Approval* shall be provided to the *Ministry*, upon request.

### **Daily Inspections and Log Book**

- (3) An inspection of the entire *Site* and all equipment on the *Site* shall be conducted each day the *Site* is in operation to ensure that: the *Site* is secure; that the operation of the *Site* is not causing any nuisances; that the operation of the *Site* is not causing any adverse effects on the environment and that the *Site* is being operated in compliance with this *Approval*. Any deficiencies discovered as a result of the inspection shall be remedied immediately, including temporarily ceasing operations at the *Site* if needed.
- (4) A record of the inspections shall be kept in a daily log book that includes:
  - (a) the name and signature of person that conducted the inspection;
  - (b) the date and time of the inspection;
  - (c) the list of any deficiencies discovered;
  - (d) the recommendations for remedial action; and
  - (e) the date, time and description of actions taken.



- (5) A record shall be kept in the daily log book of all refusals of waste shipments, the reason(s) for refusal, and the origin of the waste, if known.

### **Annual Report**

- (6) A written report on the development, operation and monitoring of the *Site*, shall be completed annually (the “Annual Report”). The Annual Report shall be submitted to the *District Manager*, by March 31st of the year following the period being reported upon.
- (7) The Annual Report shall include but not be limited to the following information:
- (a) the results and an interpretive analysis of the results of all leachate, groundwater surface water and landfill gas monitoring, including an assessment of the need to amend the monitoring programs;
  - (b) an assessment of the operation and performance of all engineered facilities, the need to amend the design or operation of the *Site*, and the adequacy of and need to implement the contingency plans;
  - (c) site plans showing the existing contours of the *Site*; areas of landfilling operation during the reporting period; areas of intended operation during the next reporting period; areas of excavation during the reporting period; the progress of final cover, vegetative cover, and any intermediate cover application; facilities existing, added or removed during the reporting period; and site preparations and facilities planned for installation during the next reporting period;
  - (d) calculations of the volume of waste, daily and intermediate cover, and final cover deposited or placed at the *Site* during the reporting period and a calculation of the total volume of *Site* capacity used during the reporting period;
  - (e) a calculation of the remaining capacity of the *Site* and an estimate of the remaining *Site* life;
  - (f) a summary of the weekly, maximum daily and total annual quantity (tonnes) of waste received at the *Site*;
  - (g) a summary of any complaints received and the responses made;
  - (h) a discussion of any operational problems encountered at the *Site* and corrective action taken;
  - (i) any changes to the Design and Operations Report and the Closure Plan that have been approved by the *Director* since the last *Annual Report*;
  - (j) a report on the status of all monitoring wells and a statement as to compliance with *Ontario Regulation 903*; and
  - (k) any other information with respect to the *Site* which the *Regional Director* may require from time to time.

## 7. LANDFILL DESIGN AND DEVELOPMENT

### Approved Waste Types

- (1) Only municipal waste as defined under *Reg. 347* being solid non-hazardous shall be accepted at the *Site* for landfilling.
- (2) The *Owner* shall develop and implement a program to inspect waste to ensure that the waste received at the *Site* is of a type approved for acceptance under this *Approval*.
- (3) The *Owner* shall ensure that all loads of waste are properly inspected by *Trained personnel* prior to acceptance at the *Site* and that the waste vehicles are directed to the appropriate areas for disposal or transfer of the waste. The *Owner* shall notify the *District Manager*, in writing, of load rejections at the *Site* within one (1) business day from their occurrence.

### Capacity

- (4) Maximum volumetric capacity approved for the *Site*, consisting of the waste, daily cover, intermediate cover and the final cover is 85,600 cubic metres. This volume does not include the historical volume of waste deposited prior to May 2003 within the 1.5 hectare area of the old landfill.

### Service Area

- (5) Only waste that is generated within the boundaries of the Township of Leeds and the Thousand Islands may be accepted at the *Site*.

### Design and Operations Report

- (6) Within one hundred and eighty (180) days from the date of this *Approval*, the *Owner* shall submit for the *Director's* approval, a Design and Operations Report that includes as a minimum the following information:
  - (a) proposed landfill design including the footprint, final contours, capacity and an estimate of the amount of existing waste;
  - (b) an estimate of waste types and quantities to be landfilled at the site and recycling and resource recovering activities at the *Site*;
  - (c) location and description of the access road and the on-site roads at the *Site*;
  - (d) description and location of the fencing and the gate(s);
  - (e) screening of the *Site* from the public, both visual and the protection from the noise impact;
  - (f) details of the clean surface water drainage from the *Site* and any works required to prevent extraneous surface water from contacting the active working face;
  - (g) description of the fill method, the equipment used at the *Site*, the areas used for various fill methods of landfilling, and timelines for various phases of the *Site* development;
  - (h) the operating hours of the *Site* and the hours for the various activities to be undertaken at the *Site*, including waste compaction, waste coverage and other activities within the *Site*;

- (i) details on winter operations;
- (j) the equipment used and the procedures used for waste deposition, spreading and covering (if sludge is disposed);
- (k) details on supervision and monitoring of the activities at the *Site*;
- (l) details on handling of other wastes, including the types and amounts of wastes handled, storage locations, storage facility design/description and the frequency of removal from the *Site*;
- (m) details on housekeeping practices undertaken to control noise, dust, litter, odour, rodents, insects and other disease vectors, scavenging birds or animals;
- (n) details on the closure of the *Site*, including the description of the final cover and its estimated permeability, its thickness, the source of the final cover material, the thickness of the top soil and the vegetation proposed for the closed waste mound, as well as the timeframe for the progressive waste coverage;
- (o) monitoring program for the surface and ground water;
- (p) site-specific trigger mechanism program for the implementation of the groundwater and surface water, contingency measures and a description of such measures;
- (q) landfill gas control or management required at the *Site*;
- (r) maintenance activities proposed for the *Site* and for the monitoring well network, including the type of the activities, the frequency of the activities and the personnel responsible for them;
- (s) inspection activities proposed for the *Site*, including the frequency of the activities and the personnel responsible for them;
- (t) details of training provided for the personnel responsible for the activities at the *Site*;
- (u) contingency plans for the emergency situations that may occur at the *Site*;
- (v) storm water management, including the location and the design of any works required;
- (w) closure plan for the old landfill site including for the Fill Beyond Approved Limit area; and
- (x) any other information relevant to the design and operation of the *Site* or the information required by the *District Manager*.

## Cover

- (7) Alternative materials to soil may be used as weekly and interim cover material, based on an application with supporting information and applicable fee for a trial use or permanent use, submitted by the *Owner* to the *Director*, copied to the *District Manager* and as approved by the *Director* via an amendment to this *Approval*. The alternative material shall be non-hazardous according to *Reg. 347* and will be expected to perform at least as well as soil in relation to the following functions:
  - (a) Control of blowing litter, odours, dust, landfill gas, gulls, vectors, vermin and fires;
  - (b) Provision for an aesthetic condition of the landfill during the active life of the *Site*;
  - (c) Provision for vehicle access to the active tipping face; and
  - (d) Compatibility with the design of the *Site* for groundwater protection, leachate management and landfill gas management.
- (8) Cover material shall be applied as follows:
  - (a) **Weekly** Cover - Weather permitting, deposited waste shall be covered **weekly** in a manner

- acceptable to the *District Manager* so that no waste is exposed to the atmosphere;
- (b) Intermediate Cover - In areas where landfilling has been temporarily discontinued for six (6) months or more, a minimum thickness of 300 millimetre of soil cover or an approved thickness of alternative cover material shall be placed; and
  - (c) Final Cover - In areas where landfilling has been completed to final contours, a minimum 600 millimetre thick layer of soil of medium permeability and 150 millimetres of top soil (vegetative cover) shall be placed. Fill areas shall be progressively completed and rehabilitated as landfill development reaches final contours.

## **8. LANDFILL MONITORING**

### **Landfill Gas**

- (1) The *Owner* shall ensure that any buildings or structures at the *Site* contain adequate ventilation systems to relieve any possible landfill gas accumulation to prevent methane concentration reaching the levels within its explosive range. Routine monitoring for explosive methane gas levels shall be conducted in all buildings or structures at the *Site*, especially enclosed structures which at times are occupied by people.

### **Compliance**

- (2) The *Site* shall be operated in such a way as to ensure compliance with the following:
  - (a) Reasonable Use Guideline B-7 for the protection of the groundwater at the *Site*; and
  - (b) Provincial Water Quality Objectives included in the July 1994 publication entitled *Water Management Policies, Guidelines, Provincial Water Quality Objectives*, as amended from time to time or limits set by the *Regional Director*, for the protection of the surface water at and off the *Site*.

### **Surface Water and Groundwater**

- (3) The *Owner* shall monitor surface water and ground water in accordance with the monitoring programs outlined in documents listed in the attached Schedule "A".
- (4) A certified Professional Geoscientist or Engineer possessing appropriate hydrogeologic training and experience shall execute or directly supervise the execution of the groundwater monitoring and reporting program.

### **Groundwater Wells and Monitors**

- (5) The *Owner* shall ensure that all groundwater monitoring wells which form part of the monitoring program are properly capped, locked and protected from damage.

- (6) Where landfilling is to proceed around monitoring wells, suitable extensions shall be added to the wells and the wells shall be properly re-secured.
- (7) Any groundwater monitoring well included in the on-going monitoring program that is damaged shall be assessed, repaired, replaced or decommissioned by the *Owner*, as required.
  - (a) The *Owner* shall repair or replace any monitoring well which is destroyed or in any way made to be inoperable for sampling such that no more than one regular sampling event is missed.
  - (b) All monitoring wells which are no longer required as part of the groundwater monitoring program, and have been approved by the *Director* for abandonment, shall be decommissioned by the *Owner*, as required, in accordance with *O.Reg. 903*, to prevent contamination through the abandoned well. A report on the decommissioning of the well shall be included in the Annual Report for the period during which the well was decommissioned.

### **Trigger Mechanisms and Contingency Plans**

- (8)
  - (a) Within one (1) year from the date of this *Approval*, the *Owner* shall submit to the *Director*, for approval, and copies to the *District Manager*, details of a trigger mechanisms plan for surface water and groundwater quality monitoring for the purpose of initiating investigative activities into the cause of increased contaminant concentrations.
  - (b) Within one (1) year from the date of this *Approval*, the *Owner* shall submit to the *Director* for approval, and copies to the *District Manager*, details of a contingency plan to be implemented in the event that the surface water or groundwater quality exceeds any trigger mechanism.
- (9) In the event of a confirmed exceedance of a site-specific trigger level relating to leachate mounding or groundwater or surface water impacts due to leachate, the *Owner* shall immediately notify the *District Manager*, and an investigation into the cause and the need for implementation of remedial or contingency actions shall be carried out by the *Owner* in accordance with the approved trigger mechanisms and associated contingency plans.
- (10) If monitoring results, investigative activities and/or trigger mechanisms indicate the need to implement contingency measures, the *Owner* shall ensure that the following steps are taken:
  - (a) The *Owner* shall notify the *District Manager*, in writing of the need to implement contingency measures, no later than 30 days after confirmation of the exceedances;
  - (b) Detailed plans, specifications and descriptions for the design, operation and maintenance of the contingency measures shall be prepared and submitted by the *Owner* to the *District Manager* for approval; and
  - (c) The contingency measures shall be implemented by the *Owner* upon approval by the *District Manager*.

- (11) The *Owner* shall ensure that any proposed changes to the site-specific trigger levels for leachate impacts to the surface water or groundwater, are approved in advance by the *Director* via an amendment to this *Approval*.

### **Changes to the Monitoring Plan**

- (12) The *Owner* may request to make changes to the monitoring program(s) to the *District Manager* in accordance with the recommendations of the annual report. The *Owner* shall make clear reference to the proposed changes in a separate letter that shall accompany the annual report.
- (13) Within fourteen (14) days of receiving the written correspondence from the *District Manager* confirming that the *District Manager* is in agreement with the proposed changes to the environmental monitoring program, the *Owner* shall forward a letter identifying the proposed changes and a copy of the correspondences from the *District Manager* and all other correspondences and responses related to the changes to the monitoring program, to the *Director* requesting the *Approval* be amended to approve the proposed changes to the environmental monitoring plan prior to implementation.
- (14) In the event any other changes to the environmental monitoring program are proposed outside of the recommendation of the annual report, the *Owner* shall follow current *Ministry* procedures for seeking approval for amending the *Approval*.

## **9. CLOSURE PLAN**

- (1) At least 3 years prior to the anticipated date of closure of this *Site*, the *Owner* shall submit to the *Director* for approval, with copies to the *District Manager*, a detailed *Site* closure plan pertaining to the termination of landfilling operations at this *Site*, post-closure inspection, maintenance and monitoring, and end use. The plan shall include but not be limited to the following information:
- (a) a plan showing *Site* appearance after closure;
  - (b) a description of the proposed end use of the *Site*;
  - (c) a description of the procedures for closure of the *Site*, including:
    - (i) advance notification of the public of the landfill closure;
    - (ii) posting of a sign at the *Site* entrance indicating the landfill is closed and identifying any alternative waste disposal arrangements;
    - (iii) completion, inspection and maintenance of the final cover and landscaping;
    - (iv) *Site* security;
    - (v) removal of unnecessary landfill-related structures, buildings and facilities;
    - (vi) final construction of any control, treatment, disposal and monitoring facilities for leachate, groundwater, surface water and landfill gas; and
    - (vii) a schedule indicating the time-period for implementing sub-conditions (i) to (vi) above;
  - (d) descriptions of the procedures for post-closure care of the *Site*, including:

- (i) operation, inspection and maintenance of the control, treatment, disposal and monitoring facilities for leachate, groundwater, surface water and landfill gas;
  - (ii) record keeping and reporting; and
  - (iii) complaint contact and response procedures;
  - (e) an assessment of the adequacy of and need to implement the contingency plans for leachate and methane gas; and
  - (f) an updated estimate of the *contaminating life span* of the *Site*, based on the results of the monitoring programs to date.
- (2) The *Site* shall be closed in accordance with the closure plan as approved by the *Director*.

## 10. WASTE DIVERSION

- (1) The *Owner* shall ensure that:
- (a) all bins and waste storage areas are clearly labelled;
  - (b) all lids or doors on bins shall be kept closed during non-operating hours and during high wind events; and
  - (c) if necessary to prevent litter, waste storage areas shall be covered during high winds events.
- (2) The *Owner* shall only accept *Refrigerant Appliances* that have been tagged to indicate that the refrigerant has been removed by a licensed technician. The tag number shall be recorded in the log book and shall remain affixed to the appliance until transferred from the *Site*;
- (3) Propane cylinders shall be stored in a segregated area in a manner which prevents cylinders from being knocked over or cylinder valves from breaking.
- (4) The *Owner* shall transfer waste and recyclable materials from the *Site* as follows:
- (a) recyclable materials shall be transferred off-site once their storage bins are full;
  - (b) scrap metal shall be transferred off-site at least twice a year;
  - (c) tires shall be transferred off-site as soon as a load for the contractor hired by the *Owner* has accumulated or as soon as the accumulated volume exceeds the storage capacity of its bunker; and
  - (d) immediately, in the event that waste is creating an odour or vector problem.
- (5) The *Owner* shall notify the appropriate contractors that waste and recyclable wastes that are to be transferred off-site are ready for removal. Appropriate notice time, as determined by the contract shall be accommodated in the notification procedure.
- (6) Collection, storage and transfer of Waste Electrical and Electronic Equipment shall be in accordance with the guideline titled "Collection Site Organizing & Operating Waste Electrical and Electronic Equipment (WEEE) Guidebook" dated March 11, 2010 as amended prepared by Ontario Electronic Stewardship and the documents in Schedule "A", the guideline shall take precedence.

## **SCHEDULE "A"**

1. "Application for a Certificate of Approval for a Waste Disposal Site (Landfill)" dated May 8, 1981.
2. Report prepared by A.J. Graham Engineering Consultants Ltd. entitled "Environmental Considerations for Expansion of an Existing Sanitary Landfill Site, Township of Rear of Leeds and Lansdowne" dated March 30, 1981 (revised edition).
3. Letter dated April 13, 1982 from A.M. Landon, Clerk-Treasurer of the Township of Rear of Leeds and Lansdowne to P.R. Moore of the Ministry of the Environment.
4. Letter dated September 8, 1982 from A.M. Landon of the Township of Rear of Leeds and Lansdowne to P.R. Moore of the Ministry of the Environment.
5. Letter dated September 9, 2003 from Paula A. Formanek, Branch Manager, Trow Associates Inc. to Peter Taylor, Senior Environmental Officer, Ministry of the Environment, including the letter report Re: Subsurface Investigation, Briar Hill Landfill Site A442103.
6. Report titled "Township of Leeds and the Thousand Island, Briar Hill Waste Disposal Site ECA No. A442103, 2012, 2013 and 2014 Groundwater and Surface Water Monitoring Report" dated April 2015 prepared by .

*The reasons for the imposition of these terms and conditions are as follows:*

### **GENERAL**

- The reason for Conditions 1(1), (2), (4), (5), (6), (7), (8), (9), (10), (17), (18) and (19) is to clarify the legal rights and responsibilities of the *Owner* and *Operator* under this *Approval* .
- The reasons for Conditions 1(3) and 7(6) are to ensure that the *Site* is designed, operated, monitored and maintained in accordance with the application and supporting documentation submitted by the *Owner*, and not in a manner which the *Director* has not been asked to consider.
- The reasons for Condition 1(11) are to ensure that the *Site* is operated under the corporate name which appears on the application form submitted for this *approval* and to ensure that the *Director* is informed of any changes.
- The reasons for Condition 1(12) are to restrict potential transfer or encumbrance of the *Site* without the approval of the *Director* and to ensure that any transfer of encumbrance can be made only on the basis that it will not endanger compliance with this *Approval* .
- The reason for Condition 1(13) is to ensure that the successor is aware of its legal responsibilities.



- The reasons for Condition 1(14) and (15) are that the Part II.1 *Director* is an individual with authority pursuant to Section 197 of the Environmental Protection Act to require registration on title and provide any person with an interest in property before dealing with the property in any way to give a copy of the *Approval* to any person who will acquire an interest in the property as a result of the dealing.
- The reason for Condition 1(16) is to ensure that appropriate Ministry staff has ready access to the Site for inspection of facilities, equipment, practices and operations required by the conditions in this *Approval*. This Condition is supplementary to the powers of entry afforded a Provincial Officer pursuant to the *Act*, the *OWRA*, the *PA*, the *NMA* and the *SDWA*.
- Condition 1 (20) has been included in order to clarify what information may be subject to the *Freedom of Information Act*.

### **SITE OPERATION**

- The reasons for Conditions 2(1), 2(5) and 6(3) are to ensure that the *Site* is operated, inspected and maintained in an environmentally acceptable manner and does not result in a hazard or nuisance to the natural environment or any person.
- The reason for Conditions 2 (2), 2(3) and 2(4) is to ensure that users of the *Site* are fully aware of important information and restrictions related to *Site* operations and access under this *Approval*.
- The reasons for Conditions 2(6) (a) and (b) are open burning of municipal waste is unacceptable because of concerns with air emissions, smoke and other nuisance effects, and the potential fire hazard and to make sure burning of brush and wood are carried out in accordance with *Ministry* guidelines.
- The reasons for Condition 2(7), 2(8) and 2(9) are to specify the hours of operation for the landfill site and a mechanism for amendment of the hours of operation, as required.
- The reasons for Condition 2(10) and 2(11) are to ensure that the *Site* is supervised by properly trained staff in a manner which does not result in a hazard or nuisance to the natural environment or any person and to ensure the controlled access and integrity of the *Site* by preventing unauthorized access when the *Site* is closed and no site attendant is on duty.
- The reason for condition 2(12) is to ensure the stormwater within the *Site* is managed in a in a manner which does not result in a hazard or nuisance to the natural environment.

### **EMPLOYEE TRAINING**

- The reason for Condition 3(1) is to ensure that the *Site* is supervised and operated by properly trained staff in a manner which does not result in a hazard or nuisance to the natural environment or any person.

## **COMPLAINTS RESPONSE PROCEDURE**

- The reason for Condition 4(1) is to ensure that any complaints regarding landfill operations at this *Site* are responded to in a timely and efficient manner.

## **EMERGENCY RESPONSE**

- Conditions 5(1) and 5(2) are included to ensure that emergency situations are reported to the Ministry to ensure public health and safety and environmental protection.
- Conditions 5(3), 5(4) and 5(5) are included to ensure that emergency situations are handled in a manner to minimize the likelihood of an adverse effect and to ensure public health and safety and environmental protection.

## **RECORD KEEPING AND REPORTING**

- The reason for Conditions 6(1) and 6(2) is to ensure that accurate waste records are maintained to ensure compliance with the conditions in this *Approval* (such as fill rate, site capacity, record keeping, annual reporting, and financial assurance requirements), the *EPA* and its regulations.
- The reason for Conditions 6(4) and 6(5) is to ensure that detailed records of *Site* inspections are recorded and maintained for inspection and information purposes.
- The reasons for Conditions 6(6) and 6(7) are to ensure that regular review of site development, operations and monitoring data is documented and any possible improvements to site design, operations or monitoring programs are identified. An annual report is an important tool used in reviewing site activities and for determining the effectiveness of site design.

## **LANDFILL DESIGN AND DEVELOPMENT**

- The reason for Conditions 7(1) to 7(5) inclusive is to specify the approved areas from which waste may be accepted at the *Site* and the types and amounts of waste that may be accepted for disposal at the *Site*, based on the *Owner*'s application and supporting documentation.
- Condition 7(7) is to provide the *Owner* the process for getting the approval for alternative daily and intermediate cover material.
- The reasons for Condition 7(8) are to ensure that daily/weekly and intermediate cover are used to control potential nuisance effects, to facilitate vehicle access on the *Site*, and to ensure an acceptable site appearance is maintained. The proper closure of a landfill site requires the application of a final cover which is aesthetically pleasing, controls infiltration, and is suitable for the end use planned for the *Site*.

## **LANDFILL MONITORING**

- Reasons for Condition 8(1) are to ensure that off-site migration of landfill gas is monitored and all buildings at the *Site* are free of any landfill gas accumulation, which due to a methane gas component may be explosive and thus create a danger to any persons at the *Site*.
- Condition 8(2) is included to provide the groundwater and surface water limits to prevent water pollution at the *Site*.
- Conditions 8(3) and 8(4) are included to require the *Owner* to demonstrate that the *Site* is performing as designed and the impacts on the natural environment are acceptable. Regular monitoring allows for the analysis of trends over time and ensures that there is an early warning of potential problems so that any necessary remedial/contingency action can be taken.
- Conditions 8(5), 8(6) and 8(7) are included to ensure the integrity of the groundwater monitoring network so that accurate monitoring results are achieved and the natural environment is protected.
- Conditions 8(8) to 8(11) inclusive are added to ensure the *Owner* has a plan with an organized set of procedures for identifying and responding to potential issues relating to groundwater and surface water contamination at the *Site's* compliance point.
- Conditions 8(12), 8(13) and 8(14) are included to streamline the approval of the changes to the monitoring plan.

### **CLOSURE PLAN**

- The reasons for Condition 9 are to ensure that final closure of the *Site* is completed in an aesthetically pleasing manner, in accordance with Ministry standards, and to ensure the long-term protection of the health and safety of the public and the environment.

### **WASTE DIVERSION**

- Condition 10 is included to ensure that the recyclable materials are stored in their temporary storage location and transferred off-site in a manner as to minimize a likelihood of an adverse effect or a hazard to the natural environment or any person.

**Upon issuance of the environmental compliance approval, I hereby revoke Approval No(s). A442103 issued on September 27, 1982 and notices of amendment.**

*In accordance with Section 139 of the Environmental Protection Act, you may by written Notice served upon me and the Environmental Review Tribunal within 15 days after receipt of this Notice, require a hearing by the Tribunal. Section 142 of the Environmental Protection Act provides that the Notice requiring the hearing shall state:*

1. The portions of the environmental compliance approval or each term or condition in the environmental compliance approval in respect of which the hearing is required, and;

2. The grounds on which you intend to rely at the hearing in relation to each portion appealed.

*Pursuant to subsection 139(3) of the Environmental Protection Act, a hearing may not be required with respect to any terms and conditions in this environmental compliance approval, if the terms and conditions are substantially the same as those contained in an approval that is amended or revoked by this environmental compliance approval.*

*The Notice should also include:*

3. The name of the appellant;
4. The address of the appellant;
5. The environmental compliance approval number;
6. The date of the environmental compliance approval;
7. The name of the Director, and;
8. The municipality or municipalities within which the project is to be engaged in.

*And the Notice should be signed and dated by the appellant.*

*This Notice must be served upon:*

The Secretary\*  
Environmental Review Tribunal  
655 Bay Street, Suite 1500  
Toronto, Ontario  
M5G 1E5

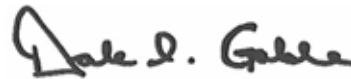
AND

The Director appointed for the purposes of Part II.1 of  
the Environmental Protection Act  
Ministry of the Environment and Climate Change  
135 St. Clair Avenue West, 1st Floor  
Toronto, Ontario  
M4V 1P5

**\* Further information on the Environmental Review Tribunal's requirements for an appeal can be obtained directly from the Tribunal at: Tel: (416) 212-6349, Fax: (416) 314-3717 or [www.ert.gov.on.ca](http://www.ert.gov.on.ca)**

*The above noted activity is approved under s.20.3 of Part II.1 of the Environmental Protection Act.*

DATED AT TORONTO this 20th day of August, 2015



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Dale Gable, P.Eng.

Director

appointed for the purposes of Part II.1 of the  
*Environmental Protection Act*

RM/

c: District Manager, MOECC Kingston - District


**Appendix B**  
**Figures**



True North



**Legend**

 approximate property boundary

Note: figure based on Malroz field observations and Google Earth imagery

**Site Location Plan**

2020 Monitoring, Development and Operations Report  
Briar Hill Waste Disposal Site  
Township of Leeds and the Thousand Islands

File: 1036-113.00

Figure

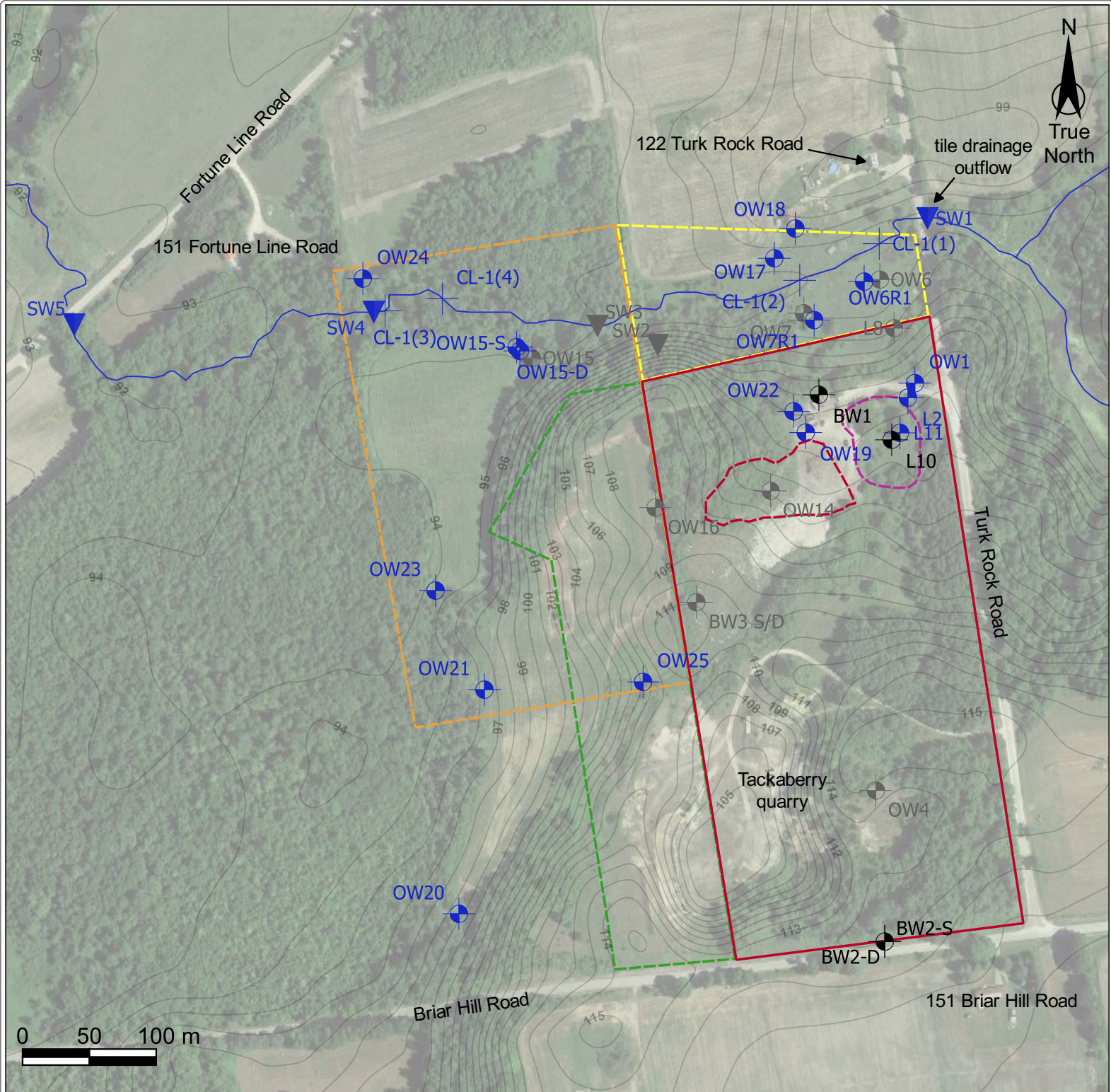
1



Approx. Scale (m)



R0	2021/03/24	issued in final	MW	ZL
Rev	Date	Description	By	Chkd



- approximate existing property boundary
- northern CAZ
- proposed western CAZ
- extent of Part 2 described in By-Law 07-71 leased from Tackaberry
- approximate former landfill area
- approximate active waste fill area
- stream
- abandoned monitoring well
- bedrock monitoring well location
- overburden monitoring well location
- surface water monitoring well location
- surface water monitoring location not in monitoring program
- stream survey point
- approximate topographic contour (MNR, 2014)

Rev	Date	Description	By	Chkd
R0	2021-03-24	issued in final	RV	MW

**Site Plan  
(Full Site)**

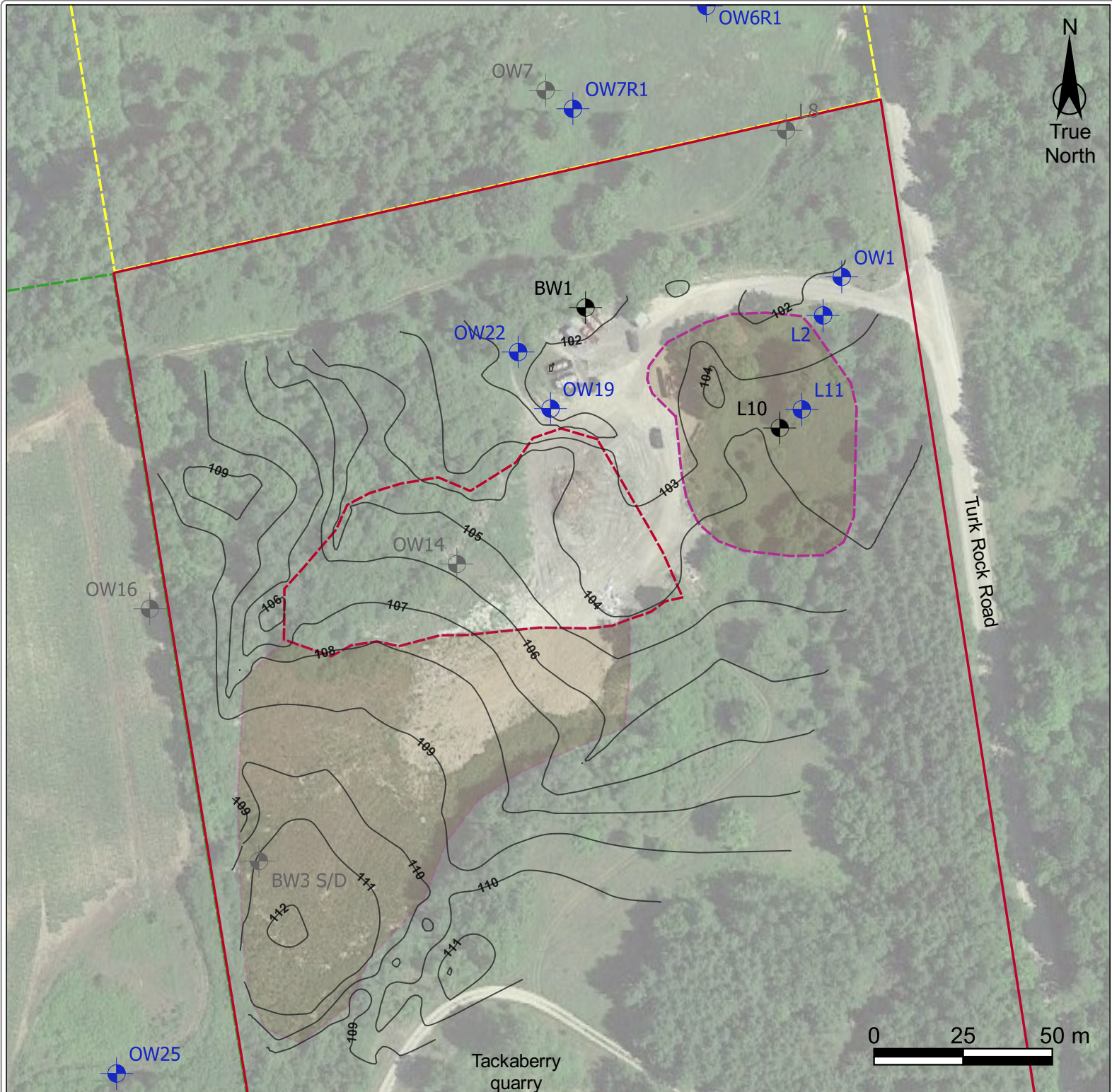
2020 Monitoring, Development, and Operations Report  
Briar Hill Waste Disposal Site  
Township of Leeds and the Thousand Islands

File: 1036-113.00

**Figure  
2a**



Data Sources: Figure based on Malroz field observations and Google Earth imagery; topographic contours based on Digital Raster Acquisition Project Eastern Ontario, MNR, 2014; stream based on Ontario Hydro Network, MNR, 2020.



- approximate Site property boundary
- northern CAZ
- extent of Part 2 described in By-Law 07-71 leased from Tackaberry
- approximate former landfill area
- approximate active waste fill area
- approximate area where intermediate cover placed

- + approximate overburden monitoring well location
- approximate bedrock monitoring well location
- ⊙ abandoned/destroyed monitoring well
- approximate topographic contours (Malroz, 2020)
- stream

Rev	Date	Description	By	Chkd
R0	2021-03-24	issued in final	ZL	RV

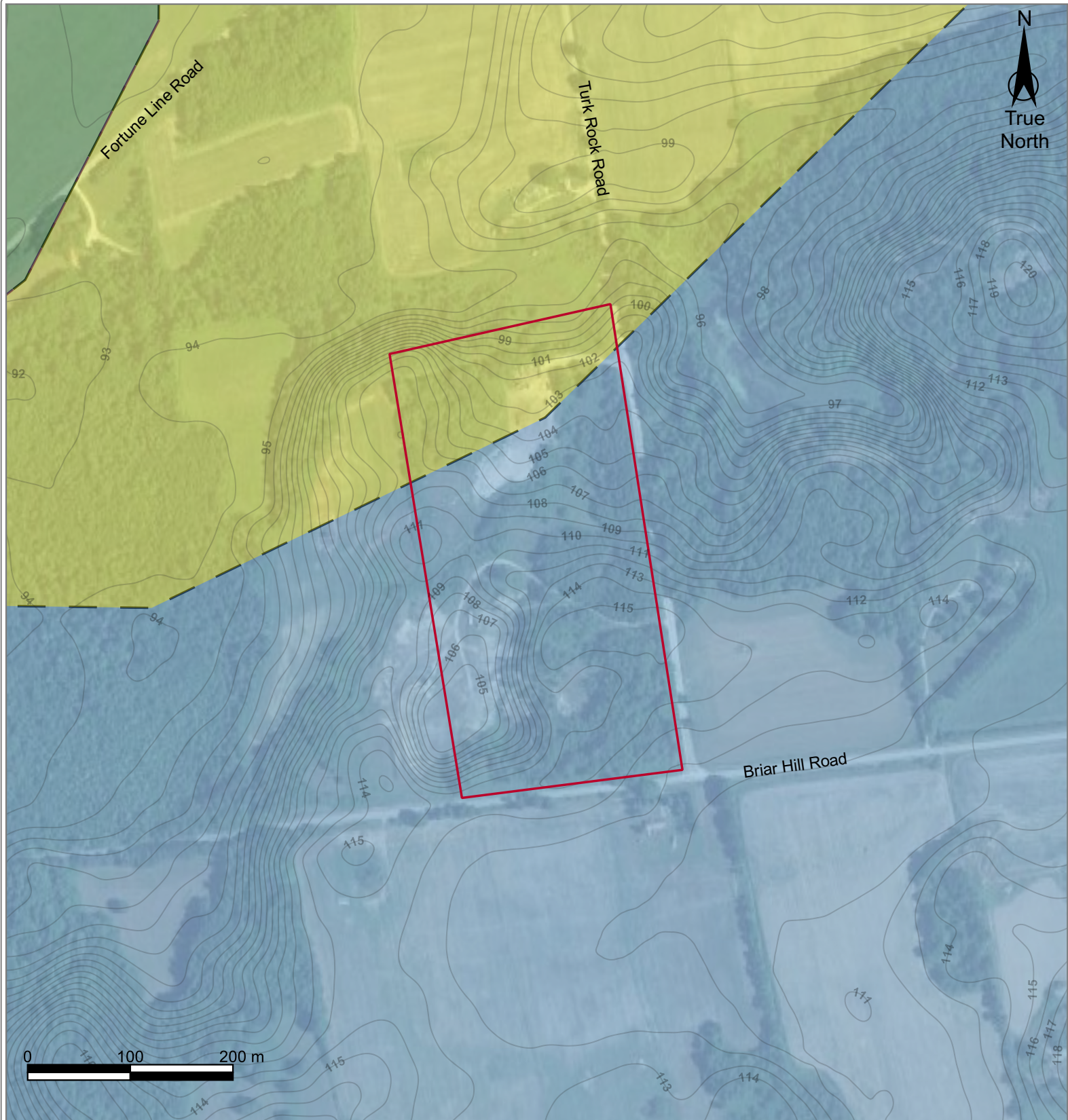
**Site Plan  
(Waste Disposal Area)**

2020 Monitoring, Development, and Operations Report  
Briar Hill Waste Disposal Site  
Township of Leeds and the Thousand Islands

File: 1036-113.00	<b>Figure 2b</b>	
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Data Sources: Figure based on Malroz field observations and Google Earth imagery; topographic contours based on Malroz survey conducted December 2, 2020; stream based on Ontario Hydro Network, MNRF, 2020.





### Bedrock Geology

#### Lithology

- conglomerate, wacke, quartz arenite, arkose limestone, siltstone, chert, minor iron formation, minor metavolcanic rocks
- granitic gneisses with metasedimentary xenoliths, migmatites, injection gneisses, pegmatites
- marble, calc-silicate rocks, skarn, tectonic breccias
- approximate lithologic contact

- 105 approximate topographic contours
- approximate property boundary

Data Sources: Bedrock Geology of Ontario, Ontario Geologic Survey, 2011; Digital Raster Project Eastern Ontario, Ministry of Natural Resources and Forestry, 2014; Google Earth Imagery; Malroz Field Observations.

R0	2021/03/24	issued in final	RV	JP
Rev	Date	Description	By	Chkd

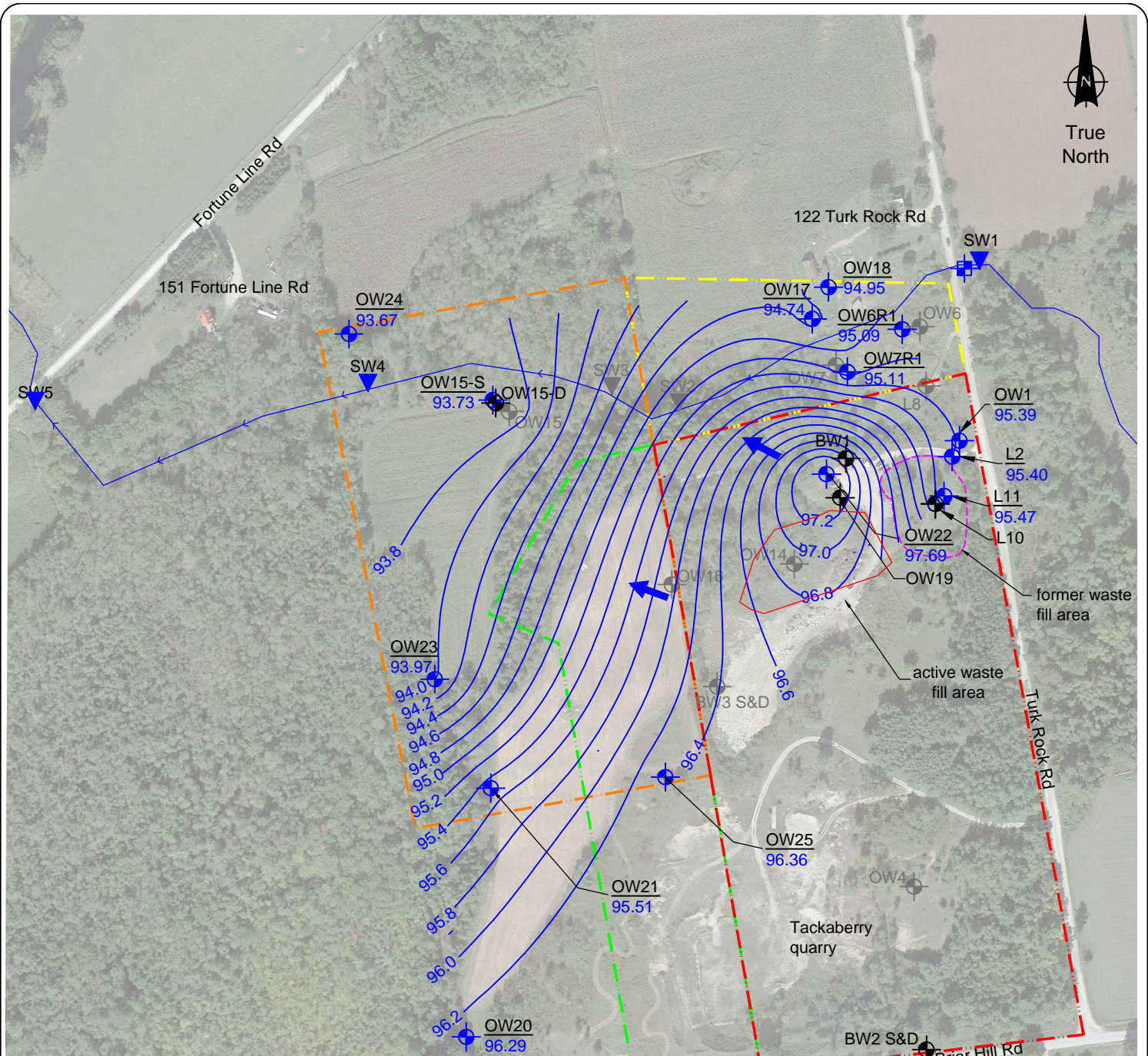
### Bedrock Geology

2020 Monitoring, Development and Operations Report  
 Briar Hill Waste Disposal Site  
 Township of Leeds and the Thousand Islands

File: 1036-113.00

**Figure**  
**3**





- Legend**
- wells not used in interpretation
  - shallow monitoring well location
  - abandoned/destroyed monitoring well location
  - surface water monitoring location
  - surface water station not in monitoring program
  - inferred shallow groundwater contours
  - inferred direction of shallow groundwater flow
  - approximate landfill active waste fill area
  - approximate landfill former waste fill area
  - existing property boundary
  - drainage creek
  - northern CAZ
  - western CAZ
  - extent of Part 2 described in By-Law 07-71 leased from Tackaberry

**Shallow Groundwater Contours  
(October 2020)**

2020 Annual Monitoring, Development and Operations Report  
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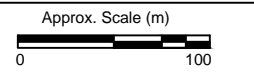
Note: figure based on Malroz field observations and Google Earth imagery

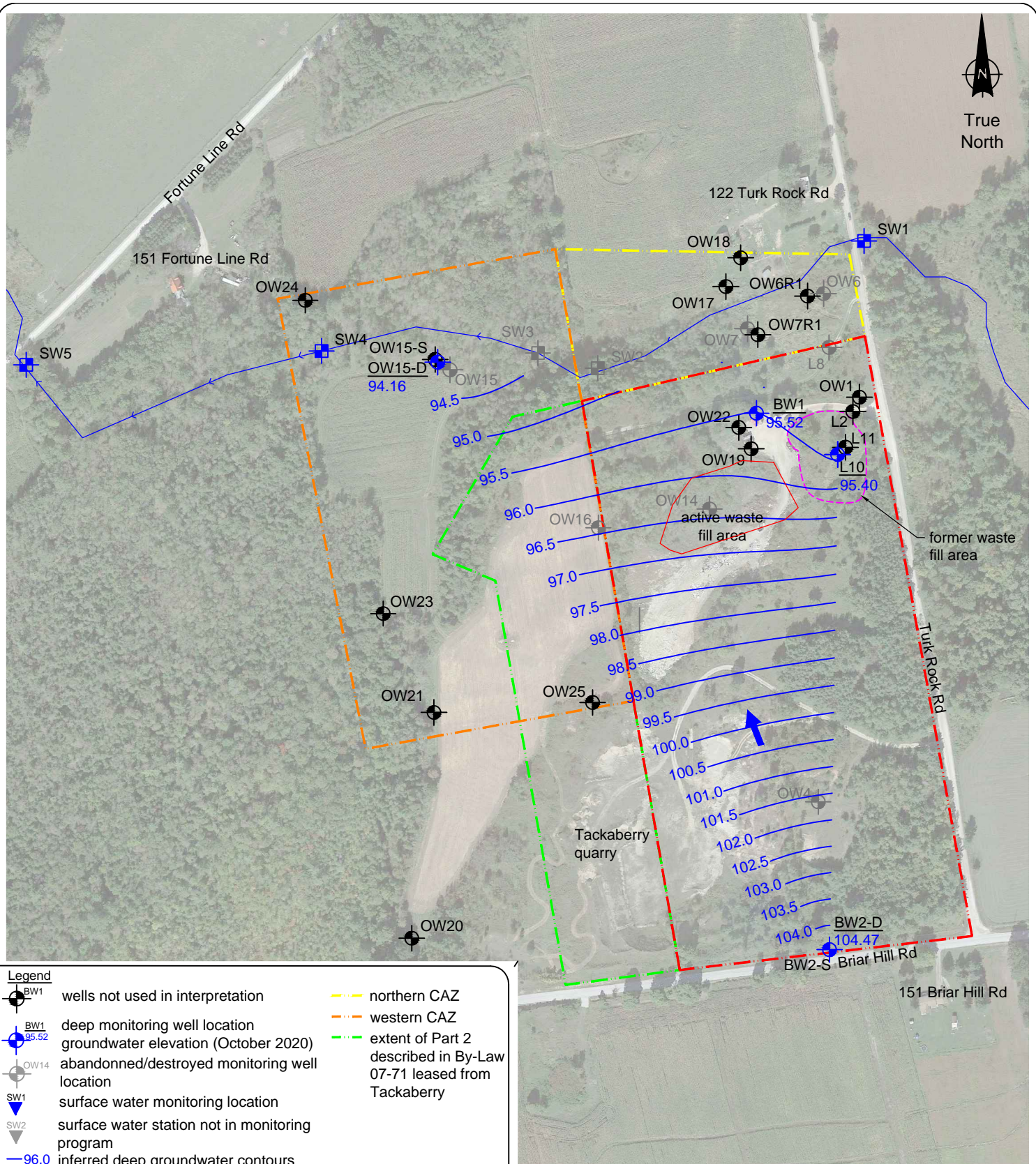
File: 1036-113.00

Figure  
**4**



Rev	Date	Description	By	Chkd
R0	2021/03/24	issued in final	ZL	RV





- Legend**
- wells not used in interpretation
  - deep monitoring well location
  - abandoned/destroyed monitoring well location
  - surface water monitoring location
  - surface water station not in monitoring program
  - 96.0 inferred deep groundwater contours
  - inferred direction of deep groundwater flow
  - approximate landfill active waste fill area
  - approximate landfill former waste fill area
  - existing property boundary
  - drainage creek
  - northern CAZ
  - western CAZ
  - extent of Part 2 described in By-Law 07-71 leased from Tackaberry

### Deep Groundwater Contours (October 2020)

2020 Annual Monitoring, Development and Operations Report  
Briar Hill Waste Disposal Site  
Township of Leeds and the Thousand Islands

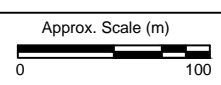
Note: figure based on Malroz field observations and Google Earth imagery

File: 1036-113.00

Figure  
**5**



Rev	Date	Description	By	Chkd
R0	2021/03/24	issued in final	ZL	RV



**Appendix C**  
**Tables**

**Table 1**  
**Surface Water Survey**

Station ID	Northing (m)	Easting (m)	Invert Elevation (m)	Nearest Groundwater Monitor	Groundwater Elevations (m)*		Groundwater Elevation Relative to Nearest Water Body Invert (m)	
					Spring 2020	Fall 2020	Spring 2020	Fall 2020
SW1	407032	4933270	94.76	-	-	-	-	-
TD-1(1)	-	-	94.91	-	-	-	-	-
CL-1(1)	406998	4933252	94.34	OW17	95.08	94.74	+0.74	+0.40
TD-2(1)	-	-	94.79	-	-	-	-	-
TD-1(2)	-	-	94.50	-	-	-	-	-
CL-1(2)	406942	4933225	94.10	OW6R1	95.29	95.09	+1.19	+0.99
TD-2(2)	-	-	94.71	-	-	-	-	-
SW4	406634	4933207	93.16	-	-	-	-	-
TD-1(3)	-	-	93.46	-	-	-	-	-
CL-1(3)	406633	4933216	93.14	OW24	94.19	93.67	+1.05	+0.53
TD-2(3)	-	-	93.45	-	-	-	-	-
TD-1(4)	-	-	93.55	-	-	-	-	-
CL-1(4)	406668	4933232	93.27	OW15-S	93.88	93.73	+0.61	+0.46
TD-2(4)	-	-	93.49	-	-	-	-	-

Notes:

- TD# edge of stream (survey station #)
- SW surface water sampling location
- CL# centerline of stream (survey station #)
- denotes not measured

based on Malroz survey from April 24, 2018 using a laser level and wells OW6R1 and OW24 as benchmarks

\* groundwater elevations taken from nearest shallow groundwater monitoring well

Data Input: MW

Data Check: RV

**Table 2**  
**Well Inspection Results**

Well ID	Well Type/ Protective Casing	Well Construction	Well Integrity			Well Observations
			Locked	Capped	Condition <sup>[1]</sup>	
OW1	white 50 mm PVC pipe	50 mm schedule 40 PVC	Y	J-Plug	good	
OW6R1	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW7R1	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW15-S	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW15-D	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW17	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW18	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW19	white 50 mm PVC pipe	50 mm schedule 40 PVC	Y	J-Plug	good	
OW20	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW21	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW22	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW23	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW24	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
OW25	steel monument	50 mm schedule 40 PVC	Y	J-Plug	good	
BW1	steel monument	50 mm schedule 40 PVC	Y	Slip cap	good	
BW2-S	flush mount	50 mm schedule 40 PVC	N	J-Plug	good	nested with BW2-D
BW2-D		32 mm schedule 40 PVC	N	J-Plug	good	nested with BW2-S
L2	black 50mm PVC pipe	50 mm schedule 40 PVC	Y	J-Plug	good	
L10	black 50mm PVC pipe	50 mm schedule 40 PVC	Y	J-Plug	good	
L11	black 50mm PVC pipe	50 mm schedule 40 PVC	Y	J-Plug	good	

**Notes:** well inspection completed on April 29, 2020 and October 13-14, 2020

<sup>1</sup> well conditions classified as:

- good (no maintenance required),
- fair (optional maintenance required),
- poor (requires maintenance or abandonment)

Data Input: MW  
 Data Checked: ZL

**Table 3  
 Groundwater Monitoring Results**

Location	DTW (mbTOP)	TOP Elevation (masl)	Grade Elevation (masl)	Groundwater Elevation (masl)	Methane Concentration (%LEL)	Observations		
						Colour	Odour	Sediment
<b>April 29, 2020</b>								
<b>Overburden Monitoring Wells</b>								
L2	7.48	103.24	102.23	95.76	<1 <sup>[a]</sup>	cloudy	none	trace
L11	8.67	104.50	103.38	95.83	nr	clear	none	trace
OW1	7.05	102.79	101.85	95.74	<1 <sup>[a]</sup>	rusty red	none	trace
OW6R1	0.88	96.17	95.59	95.29	nr	brown	none	some
OW7R1	1.31	96.78	96.05	95.47	nr	brown	none	some
OW15-D	0.05	94.70	-	94.65	<1 <sup>[a]</sup>	grey	none	abundant
OW15-S	0.75	94.63	94.04	93.88	<1 <sup>[a]</sup>	grey	none	abundant
OW17	0.88	95.96	94.87	95.08	nr	brown	none	abundant
OW18	1.84	97.17	96.18	95.33	nr	grey	none	abundant
OW19	3.61	103.40	102.30	99.79	>100	black cloudy	sulphur	some
OW20	3.38	100.82	99.96	97.44	nr	grey	none	abundant
OW21	1.09	97.20	96.48	96.11	nr	grey	none	some
OW22	4.88	102.99	102.18	98.11	nr	cloudy	none	some
OW23	0.76	95.05	94.04	94.29	nr	grey	none	some
OW24	0.37	94.56	93.68	94.19	nr	grey	none	abundant
OW25	9.29	107.00	106.30	97.71	nr	cloudy grey	none	trace
<b>Bedrock Monitoring Wells</b>								
BW1	6.96	102.83	101.87	95.87	nr	clear	none	none
BW2-D <sup>[1]</sup>	8.68	114.13	-	105.45	<1 <sup>[a]</sup>	clear	none	none
BW2-S <sup>[1]</sup>	14.91	114.13	-	99.22	<1 <sup>[a]</sup>	cloudy grey	none	trace
L10	8.44	104.20	103.41	95.76	nr	clear	none	trace
<b>October 13-14, 2020</b>								
<b>Overburden Monitoring Wells</b>								
L2	7.84	103.24	102.23	95.40	nr	clear	sulphur	some
L11	9.03	104.50	103.38	95.47	nr	sloudy	sulphur	trace
OW1	7.40	102.79	101.85	95.39	<1 <sup>[a]</sup>	red cloudy	none	none
OW6R1	1.08	96.17	95.59	95.09	nr	brown	none	abundant
OW7R1	1.67	96.78	96.05	95.11	nr	clear	none	trace
OW15-D	0.54	94.70	-	94.16	nr	grey	none	abundant
OW15-S	0.90	94.63	94.04	93.73	<1 <sup>[a]</sup>	grey	none	abundant
OW17	1.22	95.96	94.87	94.74	nr	brown	none	abundant
OW18	2.22	97.17	96.18	94.95	nr	grey	none	abundant
OW19	dry	103.40	102.30	-	>100	insufficient water to sample		
OW20	4.53	100.82	99.96	96.29	nr	grey	none	abundant
OW21	1.69	97.20	96.48	95.51	nr	grey	none	some
OW22	5.30	102.99	102.18	97.69	1	insufficient water to sample		
OW23	1.08	95.05	94.04	93.97	nr	cloudy grey	none	some
OW24	0.89	94.56	93.68	93.67	nr	cloudy grey	none	some
OW25	10.64	107.00	106.30	96.36	nr	clear	none	trace
<b>Bedrock Monitoring Wells</b>								
BW1	7.31	102.83	101.87	95.52	nr	clear	sulphur	trace
BW2-D <sup>[1]</sup>	9.66	114.13	-	104.47	<1 <sup>[a]</sup>	clear	sulphur	trace
BW2-S <sup>[1]</sup>	9.29	114.13	-	104.84	nr	clear	none	trace
L10	8.80	104.20	103.41	95.40	nr	clear	sulphur	trace

**Notes:**

- LEL lower explosive limit
- nr no response
- DTW depth to water
- not measured/not available/not applicable
- masl meters above mean sea level
- mbTOP meters below top of piezometer
- <sup>[1]</sup> elevation of wells based on survey data provided by the Township of Leeds and the Thousand Islands and Malroz 2017 survey
- <sup>[a]</sup> full gas response result, methane elimination was not taken

Data Input: MW

Data Check: AP

Table 4a Overburden Groundwater Analytical Results

PARAMETERS			Alkalinity	N - Ammonia	BOD	COD	DOC	Conductivity	Hardness	pH	Phenols	Phosphorus (total)	Total Dissolved Solids	Total Suspended Solids	Total Kjeldahl - N	Chloride	N - Nitrate	N - Nitrite	Sulphate	Mercury	Aluminum	Arsenic	Barium	Boron	
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	µmho/cm	mg/L	pH Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	
			RL	5	0.01	3	5	0.2	1	1	6.5 - 8.5	0.002	0.01	3	3	0.1	0.5	0.05	0.05	1	0.0002	0.01	0.0001	0.001	0.005
			ODWS	30-500 OG			5 AO	1	80-100 OG	6.5 - 8.5 OG			500 AO	3		250 AO	10 CS	1 CS	500 AO	0.001 CS	0.1 OG	0.01 CS	1 CS	5 CS	
L11	20-W015	20-Apr-29		450	0.01	<	32	5.6	930	546	7.65	0.004	0.31	494	590	0.7	13.1	3.2	<	16	<	0.09	<	0.532	0.065
L11	20-W026	20-Oct-13		403	0.06	<	12	1.8	830	427	7.72	<	0.17	437	268	0.4	14.7	1.11	<	11	<	0.08	<	0.389	0.027
L2	20-W019	20-Apr-29		336	0.08	<	12	2.4	865	422	7.80	<	0.16	457	810	0.3	71.4	0.20	<	4	<	0.08	<	0.412	0.013
L2	20-W025	20-Oct-13		395	0.18	5	228	5.6	834	403	7.84	<	1.04	439	656	0.5	27.3	0.79	<	5	<	0.08	0.0006	0.612	0.014
OW1*	20-W017	20-Apr-29		345	0.02	<	6	1.7	1480	601	7.85	<	0.3	807	110	0.2	271	1.87	<	16	<	0.09	0.0001	0.711	0.035
OW1*	20-W024	20-Oct-13		390	0.17	<	28	1.4	1410	571	7.86	<	0.32	769	356	0.4	198	5.38	<	35	<	0.08	<	0.695	0.034
OW15S	20-W004	20-Apr-29		532	0.05	4	550	4.4	1270	668	7.69	<	33.8	685	36200	2.2	73.6	0.07	<	44	<	0.08	0.0021	0.434	0.249
OW15S	20-W041	20-Oct-14		546	0.06	<	250	3.6	1230	566	7.83	<	26.6	666	40800	1.3	71.2	<	<	43	<	0.08	0.0010	0.427	0.283
OW15D	20-W005	20-Apr-29		457	1.02	<	43	4.9	1140	581	7.54	<	3.91	614	8400	1.3	68.5	0.07	<	47	<	0.08	0.0008	0.462	0.247
OW15D	20-W042	20-Oct-14		476	1.09	<	92	3.0	1130	548	7.67	<	0.58	610	6100	1.4	66.9	<	<	47	<	0.08	0.0007	0.455	0.232
OW17	20-W022	20-Apr-29		301	0.04	<	116	2.2	701	411	7.95	<	8.3	364	5700	0.9	18.1	0.07	<	48	<	0.07	0.0001	0.316	0.029
OW17	20-W035	20-Oct-13		323	0.08	<	41	2.0	979	392	7.85	<	1.11	522	6000	0.4	108	0.64	<	27	<	0.06	<	0.375	0.085
OW18*	20-W023	20-Apr-29		299	0.02	<	86	4.8	723	410	7.91	<	7.52	377	83400	0.5	17.7	1.6	<	52	<	0.06	0.0002	0.215	0.029
OW18*	20-W034	20-Oct-13		296	0.20	<	269	<	698	366	7.95	<	30.3	363	74600	1.2	21.4	<	<	49	<	0.06	0.0002	0.236	0.016
OW19	20-W013	20-Apr-29		584	9.77	-	118	16.6	1390	535	7.73	0.003	0.99	757	120	15.3	95.7	0.09	<	7	<	0.09	0.0010	0.369	0.320
OW19	-	20-Oct-14	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OW20	20-W009	20-Apr-29		224	0.03	5	800	1.7	576	277	8.04	<	82.0	246	95200	4	1.5	0.08	<	27	<	0.04	0.0007	0.182	0.007
OW20	20-W038	20-Oct-14		246	0.07	<	142	1.4	454	241	8.09	<	5.70	235	8500	0.3	1.9	<	<	21	<	0.04	0.0003	0.178	0.006
OW21	20-W007	20-Apr-29		188	<	<	9	1.4	512	284	7.97	<	0.15	265	11100	0.1	9.1	11.3	<	16	<	0.04	<	0.304	0.021
OW21	20-W039	20-Oct-14		202	0.03	<	73	1.5	487	251	8.06	<	1.02	262	620	0.2	7.7	7.16	<	16	<	0.04	<	0.298	0.021
OW22	20-W014	20-Apr-29		614	1.23	-	56	7.9	1620	647	7.83	0.004	0.28	888	102	3.8	107	9.83	0.07	53	<	0.11	0.0003	0.154	0.299
OW22	-	20-Oct-14	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OW23	20-W006	20-Apr-29		191	0.09	4	<	2.5	465	253	8.00	<	1.05	240	3700	0.2	5.8	0.15	<	37	<	0.03	0.0006	0.138	0.062
OW23	20-W040	20-Oct-14		204	0.11	3	45	1.5	470	239	8.11	<	0.74	243	1180	0.2	5.7	0.08	<	38	<	0.05	0.0006	0.137	0.061
OW24*	20-W003	20-Apr-29		235	0.19	4	58	3.3	564	246	7.97	<	1.65	292	4200	0.8	9.1	0.20	<	44	<	0.03	0.0010	0.138	0.049
OW24*	20-W029	20-Oct-13		248	0.26	<	224	3.3	575	265	8.03	<	3.57	298	7500	1.3	8.9	0.07	<	43	<	0.07	0.0011	0.178	0.051
OW25	20-W008	20-Apr-29		256	<	<	5	1.9	510	312	7.93	<	0.06	264	146	<	0.9	0.43	<	4	<	0.05	<	0.598	0.013
OW25	20-W037	20-Oct-14		207	0.02	<	<	1.6	398	221	7.98	<	0.06	205	108	<	1.1	0.3	<	3	<	0.05	<	0.443	0.012
OW6R1	20-W011	20-Apr-29		419	0.03	<	48	2.4	1300	539	7.68	<	8.12	703	11600	1	155	1.2	<	21	<	0.09	<	0.946	0.078
OW6R1	20-W032	20-Oct-13		396	0.11	<	45	1.3	1190	457	7.73	<	2.29	639	6400	0.3	135	0.9	<	20	<	0.08	<	0.846	0.072
OW7R1	20-W010	20-Apr-29		244	1.48	<	18	4.5	694	297	7.76	<	0.09	361	230	1.7	37.9	0.24	<	48	<	0.06	0.0001	0.236	0.138
OW7R1	20-W033	20-Oct-13		559	1.76	<	19	5.7	1300	567	7.45	<	0.13	706	305	2.3	65.6	<	<	56	<	0.09	0.0002	0.535	0.350
<b>RULs</b>				368				3.84		174				386			126	2.6	0.29	261	0.0003	0.062	0.0031	0.391	1.26

(table cont'd)



Table 4a Overburden Groundwater Analytical Results (continued)

PARAMETERS			Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Potassium	Silver	Sodium	Strontium	Uranium	Vanadium	Zinc	Temperature (field)	pH (Field)	DO (Field)	Conductivity (Field)	Un-ionized Ammonia (Field) <sup>[1]</sup>	
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	mS/cm	mg/L	
			RL	0.000015	0.02	0.001	0.0001	0.0001	0.0005	0.00002	0.02	0.001	0.1	0.0001	0.2	0.001	0.00005	0.005	0.005	-	-	-	-	0.01
			ODWS	0.005 CS		0.05 CS		1 AO	0.3 AO	0.01 CS		0.05 AO		200 AO [a]		0.02 CS		5 AO	15 AO	6.5-8.5 OG				
L11	20-W015	29-Apr-20		0.000047	163	<	0.0017	0.0022	<	0.00003	33.8	0.006	6.3	<	10.4	0.289	0.00066	0.0002	<	11.98	7.56	11.6	0.920	<
L11	20-W026	13-Oct-20		0.000033	129	<	0.0004	0.0019	<	0.00005	25.4	0.001	3.3	<	11.4	0.204	0.00051	0.0002	<	8.96	7.83	10.29	0.563	<
L2	20-W019	29-Apr-20		<	123	<	0.0002	0.0024	0.019	0.00006	27.8	0.001	1.3	<	38.5	0.161	0.00016	0.0002	<	10.36	7.92	8.77	0.883	<
L2	20-W025	13-Oct-20		0.000040	119	0.001	0.0016	0.0039	<	0.00115	25.7	<	1.3	<	20.7	0.137	0.00031	0.0020	<	9.87	8.05	10.94	0.579	<
OW1*	20-W017	29-Apr-20		<	168	<	0.0002	0.0025	0.013	0.00011	44.0	0.001	4.8	<	115	0.269	0.00084	<	<	10.11	7.73	12.63	1.62	<
OW1*	20-W024	13-Oct-20		<	160	<	0.0001	0.0048	0.025	0.00015	41.5	0.002	4.1	<	76.9	0.255	0.00105	<	0.005	9.66	7.43	10.74	0.872	<
OW15S	20-W004	29-Apr-20		<	150	<	0.0002	<	2.18	<	71.2	0.045	3.4	<	41.9	0.788	0.00008	<	<	7.42	7.24	6.97	1.32	<
OW15S	20-W041	14-Oct-20		<	145	<	0.0001	0.0004	1.97	<	70.6	0.043	4.1	<	38.2	0.754	0.00007	0.0002	<	11.43	7.74	8.89	0.801	<
OW15D	20-W005	29-Apr-20		<	151	<	0.0005	<	1.92	0.00005	49.4	0.178	9.4	<	42.6	0.524	0.00249	<	<	8.93	6.79	0.00	1.32	0.001
OW15D	20-W042	14-Oct-20		<	147	<	0.0005	0.0010	1.74	0.00006	49.4	0.197	10.0	<	36.6	0.499	0.00232	<	<	8.03	7.59	6.67	0.778	<
OW17	20-W022	29-Apr-20		0.000021	99.3	<	0.0003	0.0005	0.07	0.00005	39.5	0.093	1.9	<	9.1	0.349	0.00061	0.0003	<	7.63	7.84	4.9	0.780	<
OW17	20-W035	13-Oct-20		<	99.2	<	0.0003	0.0006	0.030	0.00002	35.0	0.108	2.3	<	46.5	0.333	0.00055	0.0002	<	9.58	7.77	10.36	0.549	<
OW18*	20-W023	29-Apr-20		<	102	<	0.0003	0.0029	0.017	0.00006	37.7	0.006	16.2	<	8.5	0.207	0.00338	0.0005	<	8.45	7.87	7.77	0.819	<
OW18*	20-W034	13-Oct-20		<	88.9	<	0.0005	0.0005	<	<	34.9	0.017	2.1	<	7.3	0.151	0.00219	0.0003	<	8.36	7.88	10.18	0.487	<
OW19	20-W013	29-Apr-20		<	146	0.01	0.0007	<	26.80	0.00005	41.30	1.54	48.3	<	80.0	0.68	<	0.0009	<	insufficient water for parameters				
OW19	-	14-Oct-20	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW20	20-W009	29-Apr-20		<	62.2	<	0.0002	0.0033	0.018	0.00009	29.6	0.007	1.7	<	5.2	0.138	0.00113	0.0003	<	7.87	7.86	6.33	0.527	<
OW20	20-W038	14-Oct-20		<	55.7	<	0.0002	0.0026	0.012	0.00003	27.9	0.016	1.6	<	4.3	0.129	0.00075	0.0001	0.005	7.63	7.98	7.26	0.308	<
OW21	20-W007	29-Apr-20		<	70.3	<	<	0.0028	0.013	0.00007	26.3	<	1.2	<	4	0.129	0.00075	0.0005	<	8.75	7.61	13.07	0.558	<
OW21	20-W039	14-Oct-20		<	64.9	<	<	0.0009	<	<	25.2	<	1.4	<	3.6	0.119	0.00065	0.0006	<	9.16	8.09	9.88	0.332	<
OW22	20-W014	29-Apr-20		0.000022	205	<	0.0016	0.0062	0.236	0.00015	32.7	0.576	29.9	<	141	0.426	0.00067	<	<	insufficient water for parameters				
OW22	-	14-Oct-20	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW23	20-W006	29-Apr-20		<	56.1	<	<	0.0002	0.122	0.00002	27.5	0.013	1.7	<	7	0.477	0.00035	<	<	7.75	7.57	3.77	0.508	<
OW23	20-W040	14-Oct-20		<	55.0	<	<	0.0009	0.098	0.00003	28.5	0.013	2.1	<	6.5	0.473	0.00029	0.0001	<	8.87	7.94	9.54	0.322	<
OW24*	20-W003	29-Apr-20		<	60.6	0.002	0.0003	0.0001	0.372	<	23.0	0.136	1.5	<	43.8	0.437	0.0016	0.0005	<	7.72	7.41	14.56	0.578	<
OW24*	20-W029	13-Oct-20		<	69.5	<	0.0002	0.0007	0.435	0.00010	22.3	0.069	1.7	<	20.0	0.492	0.00115	0.0010	<	10.28	7.94	10.85	0.387	<
OW25	20-W008	29-Apr-20		<	81.7	0.002	0.0001	0.0003	<	<	26.2	<	1.2	<	1.7	0.088	0.00037	<	<	9.72	7.16	5.31	0.565	<
OW25	20-W037	14-Oct-20		<	59.0	0.005	<	0.0004	<	<	20.5	<	1.1	<	1.1	0.064	0.00036	<	<	7.76	8.25	10.53	0.286	<
OW6R1	20-W011	29-Apr-20		<	153	0.003	0.0003	0.0008	<	<	38.0	0.002	2.8	<	89.9	0.313	0.00053	0.0003	<	6.94	7.45	3.00	1.47	<
OW6R1	20-W032	13-Oct-20		<	135	<	0.0002	0.0012	0.019	0.00004	29.1	0.002	2.9	<	75.6	0.285	0.00052	0.0003	<	8.75	7.68	8.73	0.803	<
OW7R1	20-W010	29-Apr-20		0.000025	87.4	<	0.0035	0.0019	0.218	<	19.2	0.321	12.2	<	36.9	0.243	0.00035	<	<	7.04	7.92	8.43	0.770	0.018
OW7R1	20-W033	13-Oct-20		0.000051	172	<	0.0114	0.0062	1.38	0.00015	33.4	0.654	18.2	<	59.2	0.495	0.00071	<	<	10.5	7.34	9.81	0.853	<
RULs				0.001		0.013		0.5004	0.183	0.0026		0.0354		102.4		0.0058		2.503						

Notes:   concentration exceeds the Ontario Drinking Water Standards  
  concentration exceeds the Reasonable Use Limits  
 "-" denotes not analyzed  
 "RL" denotes reporting limit  
 "<" denotes results below reporting limit  
 "OW###" and "L##" denote groundwater monitoring well ID  
 groundwater samples analyzed for metals were field filtered using 0.45 micron filters  
<sup>[a]</sup> the local medical health officer should be notified when the sodium concentration exceeds 20 mg/L  
 [1] Unionized Ammonia calculated using field parameters for pH and temperature  
 AO aesthetic objective OG operational objective CS chemical standards  
 \*\*\* denotes compliance well for reasonable use policy

  monitoring well used to characterize leachate  
  monitoring well used to assess background conditions

Data Input: RV  
 Data Check: ZL

**Table 4b Bedrock Groundwater Analytical Results**

PARAMETERS			Alkalinity	N - Ammonia	BOD	COD	DOC	Conductivity	Hardness	pH	Phenols	Phosphorus (total)	Total Dissolved Solids	Total Suspended Solids	N - Total Kjeldahl	Chloride	N - Nitrate	N - Nitrite	Sulphate	Mercury	Aluminum	Arsenic	Barium	Boron	
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	µmho/cm	mg/L	pH Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	
			RL	5	0.01	3	5	0.2	1	1	-	0.002	0.01	3	3	0.1	0.5	0.05	0.05	1	0.0002	0.01	0.0001	0.001	0.005
			ODWS	30-500 OG			5 AO		80-100 OG	6.5 - 8.5 OG			500 AO			250 AO	10 CS	1 CS	500 AO	0.001 CS	0.1 OG	0.01 CS	1 CS	5 CS	
122 Turk Rock Road*	20-W036	20-Oct-13		227	0.04	<	<5	8.1	568	286	8.04	<	<	294	3	<	13.7	<	<	54	<	0.05	<	0.088	0.010
BW1	20-W012	20-Apr-29		433	1.30	<	17	7.3	1070	536	7.70	<	0.06	571	4	1.6	54.8	0.08	<	52	<	0.09	0.0001	0.188	0.774
BW1	20-W045	20-Oct-14		277	1.00	<	10	4.2	728	296	7.97	<	0.03	379	16	1.3	42.9	<	<	40	<	0.06	0.0002	0.109	0.711
BW2-D	20-W021	20-Apr-29		194	0.02	<	12	1.3	504	273	7.96	<	<	260	<	<	31.3	0.33	<	15	<	0.04	0.0001	0.153	0.008
BW2-D	20-W044	20-Oct-14		224	<	<	<	2.2	616	281	8.03	<	0.03	320	12	0.2	40.8	4.63	<	20	<	0.06	0.0002	0.164	0.005
BW2-S	20-W020	20-Apr-29		245	0.02	<	8	2.6	966	312	7.95	<	0.20	514	235	0.3	82.5	10.1	<	90	<	0.07	0.0005	0.029	0.019
BW2-S	20-W043	20-Oct-14		279	0.02	<	8	2.1	952	287	8.01	<	0.19	506	195	0.3	77.8	8.47	<	92	<	0.06	0.0006	0.027	0.016
L10	20-W018	20-Apr-29		757	11.7	<	75	12.4	1800	817	7.50	<	0.05	986	40	14.2	116	0.08	<	67	<	0.10	0.0002	0.129	1.19
L10	20-W027	13-Oct-20		744	12.5	<	67	8.9	1790	712	7.42	<	0.09	982	40	13.2	111	0.05	<	67	<	0.10	0.0002	0.122	1.06
			<b>RULs</b>	382				4.44	199				572			164	7.9	0.66	334	0.0003	0.165	0.0029	0.275	1.27	

(table cont'd)

Table 4b Bedrock Groundwater Analytical Results (continued)

PARAMETERS			Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Potassium	Silver	Sodium	Strontium	Uranium	Vanadium	Zinc	Temperature (field)	pH (Field)	DO (Field)	Conductivity (Field)	Un-ionized Ammonia (Field) <sup>[1]</sup>	
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	mS/cm	mg/L	
			RL	0.000015	0.02	0.001	0.0001	0.0001	0.005	0.00002	0.02	0.001	0.1	0.0001	0.2	0.001	0.00005	0.0001	0.005	-	-	-	-	0.01
			ODWS	0.005 CS		0.05 CS		1 AO	0.3 AO	0.01 CS		0.05 AO		200 AO [a]		0.02 CS		5 AO		15 AO	6.5-8.5 OG			
122 Turk Rock Road*	20-W036	13-Oct-20	<	71.5	<	<	0.0024	0.083	<	26.1	0.012	1.2	<	6.1	0.090	0.00011	0.0001	0.056	11.88	8.01	10.03	0.380	<	
BW1	20-W012	29-Apr-20	<	145	<	0.0003	<	1.14	<	42.2	0.192	5.6	<	45.2	3.62	0.00124	<	<	14.05	7.82	18.17	1.19	0.02	
BW1	20-W045	14-Oct-20	<	85.3	<	0.0001	0.0004	0.617	<	25.4	0.110	4.6	<	31.4	2.20	0.00093	<	<	10.66	8.41	11.13	0.507	0.05	
BW2-D	20-W021	29-Apr-20	<	71.1	<	0.0001	<	0.023	<	23.1	0.009	1.6	<	9.3	0.14	0.00075	0.0005	<	9.66	7.9	40.77	0.582	<	
BW2-D	20-W044	14-Oct-20	<	76.1	<	0.0001	0.0002	0.061	<	28.8	0.036	1.6	<	13.7	0.159	0.00141	0.0007	0.007	9.02	8.47	10.39	0.425	<	
BW2-S	20-W020	29-Apr-20		0.000043	81.7	0.056	0.0002	0.0009	0.026	0.00004	26.2	0.001	<	111	0.223	0.00913	0.0003	0.006	10.16	7.71	3.79	1.080	<	
BW2-S	20-W043	14-Oct-20		0.000054	77.8	<	<	0.0011	<	25.5	<	3.4	<	94.6	0.210	0.00805	0.0004	0.006	9.41	8.56	9.45	0.653	<	
L10	20-W018	29-Apr-20	<	214	0.002	0.0007	<	8.53	<	68.7	0.064	39.1	<	95.6	0.899	0.00043	0.0007	<	11.50	7.11	4.02	-	0.03	
L10	20-W027	13-Oct-20	<	199	<	0.0006	0.0003	7.07	0.00004	52.1	0.062	36.1	<	84.8	0.750	0.00043	0.0008	<	8.76	7.59	10.85	1.88	0.08	
<b>RULs</b>			0.001		0.0157		0.5008	0.245	0.0027		0.0639			161.1		0.0132		2.507						

**Notes:**   concentration exceeds the Ontario Drinking Water Standards   monitoring well used to assess background conditions  
 "-" denotes not analyzed  
 "RL" denotes reporting limit  
 "<" denotes results below reporting limit  
 "OW###" and "L##" denote groundwater monitoring well ID  
 groundwater samples analyzed for metals were field filtered using 0.45 micron filters  
<sup>[a]</sup> the local medical health officer should be notified when the sodium concentration exceeds 20 mg/L  
 [1] Unionized Ammonia calculated using field parameters for pH and temperature  
 AO aesthetic objective OG operational objective CS chemical standards  
 "\*" denotes compliance well for reasonable use policy

Data Input: RV  
 Data Check: ZL

Table 5 Groundwater VOC Analyses

Monitoring Location	Date	Parameter	Acetone	Benzene	Bromobenzene	Bromodichloromethane	Bromoform	Bromomethane	Carbon tetrachloride	Chloroethane	Chlorobenzene	Chloroform	Chloromethane	2-Chlorotoluene	4-Chlorotoluene	1,2-Dibromo-3-Chloropropane	Dibromochloromethane	Dibromomethane	Dichlorodifluoromethane	1,2-Dibromoethane	1,2-Dichlorobenzene	1,3-Dichlorobenzene	1,4-Dichlorobenzene
			Units	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L
		RL	30	0.5	0.4	2	5	0.5	0.2	3	0.5	1	2	0.2	0.2	0.6	2	0.1	2	0.2	0.5	0.5	0.5
		ODWS	1						2 CS		80 CS										200 CS		5 CS
		Sample ID																					
122 Turk Rock Rd	2020-Oct-13	20-W036	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
BW1	2020-Apr-29	20-W012	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
BW1	2020-Oct-14	20-W045	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
BW2-D	2020-Apr-29	20-W021	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
BW2-D	2020-Oct-14	20-W044	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
BW2-S	2020-Apr-29	20-W020	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
BW2-S	2020-Oct-14	20-W043	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
L10	2020-Apr-29	20-W018	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
L10	2020-Oct-13	20-W027	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
L11	2020-Apr-29	20-W015	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
L11	2020-Oct-13	20-W026	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
L2	2020-Apr-29	20-W019	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
L2	2020-Oct-13	20-W025	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW1	2020-Apr-29	20-W017	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW1	2020-Oct-13	20-W024	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW15-D	2020-Apr-29	20-W005	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW15-D	2020-Oct-14	20-W042	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW15-S	2020-Apr-29	20-W004	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW15-S	2020-Oct-14	20-W041	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW17	2020-Apr-29	20-W022	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW17	2020-Oct-13	20-W035	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW18	2020-Apr-29	20-W023	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW18	2020-Oct-13	20-W034	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW19	2020-Apr-29	20-W013	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	1
OW19	2020-Oct-13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OW20	2020-Apr-29	20-W009	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW20	2020-Oct-14	20-W038	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW21	2020-Apr-29	20-W007	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW21	2020-Oct-14	20-W039	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW22	2020-Apr-29	20-W014	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW22	2020-Oct-14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OW23	2020-Apr-29	20-W006	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW23	2020-Oct-14	20-W040	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW24	2020-Apr-29	20-W003	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW24	2020-Oct-13	20-W029	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW25	2020-Apr-29	20-W008	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW25	2020-Oct-14	20-W037	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW6R1	2020-Apr-29	20-W011	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW6R1	2020-Oct-13	20-W032	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW7R1	2020-Apr-29	20-W010	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<
OW7R1	2020-Oct-13	20-W033	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<

(table cont'd)

Table 5 Groundwater VOC Analyses (continued)

Monitoring Location	Date	Parameter	1,1-Dichloroethane	1,2-Dichloroethane	1,1-Dichloroethylene	cis-1,2-Dichloroethylene	trans-1,2-Dichloroethylene	1,2-Dichloropropane	1,3-Dichloropropane	2,2-Dichloropropane	cis-1,3-Dichloropropene	1,3-Dichloropropene, trans	1,3-Dichloropropene, cis+trans	1,1-Dichloropropene	Ethylbenzene	Hexachlorobutadiene	n-Hexane	Methyl Ethyl Ketone	Isopropylbenzene	4-Isopropyltoluene	Methyl Butyl Ketone	Methyl Isobutyl Ketone	MTBE	Methylene Chloride	
		Units	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L
		RL	0.5	0.5	0.5	0.5	0.5	0.5	0.2	0.2	0.5	0.5	0.5	0.2	0.5	0.6	5	20	0.2	0.2	5	20	2	5	
		ODWS		5 CS	14 CS										140 CS										
		Sample ID																							
122 Turk Rock Rd	2020-Oct-13	20-W036	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW1	2020-Apr-29	20-W012	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW1	2020-Oct-14	20-W045	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-D	2020-Apr-29	20-W021	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-D	2020-Oct-14	20-W044	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-S	2020-Apr-29	20-W020	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-S	2020-Oct-14	20-W043	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L10	2020-Apr-29	20-W018	0.7	<	<	1.1	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L10	2020-Oct-13	20-W027	<	<	<	0.5	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L11	2020-Apr-29	20-W015	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L11	2020-Oct-13	20-W026	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L2	2020-Apr-29	20-W019	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L2	2020-Oct-13	20-W025	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW1	2020-Apr-29	20-W017	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW1	2020-Oct-13	20-W024	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-D	2020-Apr-29	20-W005	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-D	2020-Oct-14	20-W042	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-S	2020-Apr-29	20-W004	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-S	2020-Oct-14	20-W041	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW17	2020-Apr-29	20-W022	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW17	2020-Oct-13	20-W035	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW18	2020-Apr-29	20-W023	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW18	2020-Oct-13	20-W034	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW19	2020-Apr-29	20-W013	0.6	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW19	2020-Oct-13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW20	2020-Apr-29	20-W009	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW20	2020-Oct-14	20-W038	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW21	2020-Apr-29	20-W007	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW21	2020-Oct-14	20-W039	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW22	2020-Apr-29	20-W014	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW22	2020-Oct-14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW23	2020-Apr-29	20-W006	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW23	2020-Oct-14	20-W040	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW24	2020-Apr-29	20-W003	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW24	2020-Oct-13	20-W029	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW25	2020-Apr-29	20-W008	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW25	2020-Oct-14	20-W037	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW6R1	2020-Apr-29	20-W011	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW6R1	2020-Oct-13	20-W032	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW7R1	2020-Apr-29	20-W010	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW7R1	2020-Oct-13	20-W033	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	

(table cont'd)

Table 5 Groundwater VOC Analyses (continued)

Monitoring Location	Date	Parameter	Naphthalene	n-Butylbenzene	n-Propylbenzene	sec-Butylbenzene	Styrene	tert-Butylbenzene	1,1,1,2-Tetrachloroethane	1,1,2,2-Tetrachloroethane	Tetrachloroethylene	Toluene	1,2,3-Trichlorobenzene	1,2,4-Trichlorobenzene	1,1,1-Trichloroethane	1,1,2-Trichloroethane	Trichloroethylene	Trichlorofluoromethane	1,2,3-Trichloropropane	1,2,4-Trimethylbenzene	1,3,5-Trimethylbenzene	Vinyl chloride	m+p-Xylenes	o-Xylene	Xylenes (Total)	
		Units	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L	µg/L
		RL	0.4	0.4	0.1	0.1	0.5	0.1	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	5	0.5	1	0.1	0.2	1.0	0.5	1.1
		ODWS									10 CS	60 CS						5 CS					1 CS			90
		Sample ID																								
122 Turk Rock Rd	2020-Oct-13	20-W036	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW1	2020-Apr-29	20-W012	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW1	2020-Oct-14	20-W045	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-D	2020-Apr-29	20-W021	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-D	2020-Oct-14	20-W044	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-S	2020-Apr-29	20-W020	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
BW2-S	2020-Oct-14	20-W043	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L10	2020-Apr-29	20-W018	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L10	2020-Oct-13	20-W027	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L11	2020-Apr-29	20-W015	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L11	2020-Oct-13	20-W026	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L2	2020-Apr-29	20-W019	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
L2	2020-Oct-13	20-W025	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW1	2020-Apr-29	20-W017	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW1	2020-Oct-13	20-W024	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-D	2020-Apr-29	20-W005	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-D	2020-Oct-14	20-W042	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-S	2020-Apr-29	20-W004	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW15-S	2020-Oct-14	20-W041	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW17	2020-Apr-29	20-W022	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW17	2020-Oct-13	20-W035	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW18	2020-Apr-29	20-W023	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW18	2020-Oct-13	20-W034	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW19	2020-Apr-29	20-W013	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW19	2020-Oct-13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW20	2020-Apr-29	20-W009	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW20	2020-Oct-14	20-W038	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW21	2020-Apr-29	20-W007	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW21	2020-Oct-14	20-W039	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW22	2020-Apr-29	20-W014	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW22	2020-Oct-14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW23	2020-Apr-29	20-W006	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW23	2020-Oct-14	20-W040	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW24	2020-Apr-29	20-W003	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW24	2020-Oct-13	20-W029	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW25	2020-Apr-29	20-W008	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW25	2020-Oct-14	20-W037	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW6R1	2020-Apr-29	20-W011	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW6R1	2020-Oct-13	20-W032	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW7R1	2020-Apr-29	20-W010	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	
OW7R1	2020-Oct-13	20-W033	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	

Notes: "-" denotes not analyzed  
 "RL" denotes reporting limit  
 "<" denotes results below reporting limit  
 "OW/BW####" and "L##" denote groundwater monitoring well ID  
 denotes concentration exceeds the 2003 Ontario Drinking Water Quality Standards (as updated in 2020)  
 AO indicates aesthetic objective OG indicates operational objective CS Chemical standards

monitoring well used to characterize leachate  
 monitoring well used to assess background conditions

Data Input: RV  
 Data Check:

**Table 6a - Reasonable Use Limits (Overdurden Wells)**

Parameter	Units	ODWSOG Concentration Limit (C <sub>r</sub> )	OW20 mean Background Concentration 2007-2020 (C <sub>b</sub> )	Constant (x)	Reasonable Use Limit (C <sub>m</sub> )
Alkalinity	mg/L	500	235	0.5	368
DOC	mg/L	5	2.68	0.5	3.84
Hardness	mg/L	100	248	0.5	174
Total Dissolved Solids	mg/L	500	272	0.5	386
Chloride	mg/L	250	1.57	0.5	126
N - Nitrate	mg/L	10	0.1	0.25	2.6
N - Nitrite	mg/L	1	0.05	0.25	0.29
Sulphate	mg/L	500	21.3	0.5	261
Mercury	mg/L	0.001	0.0001	0.25	0.0003
Aluminum	mg/L	0.1	0.024	0.5	0.062
Arsenic	mg/L	0.01	0.0008	0.25	0.0031
Barium	mg/L	1	0.188	0.25	0.391
Boron	mg/L	5	0.008	0.25	1.26
Cadmium	mg/L	0.005	0.0001	0.25	0.001
Chromium	mg/L	0.05	0.0006	0.25	0.0130
Copper	mg/L	1	0.0009	0.5	0.5004
Iron	mg/L	0.3	0.066	0.5	0.183
Lead	mg/L	0.01	0.0001	0.25	0.0026
Manganese	mg/L	0.05	0.0208	0.5	0.0354
Sodium	mg/L	200	4.86	0.5	102.4
Uranium	mg/L	0.02	0.0010	0.25	0.0058
Zinc	mg/L	5	0.005	0.5	2.503

**Notes:** reasonable use calculation based on MOE Guideline B-7

Data Input: RV

$$C_m = C_b + x(C_r - C_b)$$

Data Check: ZL

C<sub>b</sub> = background concentration

x = constant; 0.5 non-health parameter, 0.25 for health parameter

C<sub>r</sub> = max conc. acceptable in water (Ontario Drinking Water Standards and Operational Guidelines)

C<sub>m</sub> = max degradation

**Table 6b - Reasonable Use Limits (Bedrock Wells)**

$$C_m = C_b + x(C_r - C_b)$$

Parameter	Units	ODWSOG Concentration Limit (C <sub>r</sub> )	BW2-S mean Background Concentration 2007-2020(C <sub>b</sub> )	Constant (x)	Reasonable Use Limit (C <sub>m</sub> )
Alkalinity	mg/L	500	265	0.5	382
DOC	mg/L	5	3.88	0.5	4.44
Hardness	mg/L	100	298	0.5	199
Total Dissolved Solids	mg/L	500	644	0.5	572
Chloride	mg/L	250	77.05	0.5	164
N - Nitrate	mg/L	10	7.1	0.25	7.9
N - Nitrite	mg/L	1	0.55	0.25	0.66
Sulphate	mg/L	500	167.4	0.5	334
Mercury	mg/L	0.001	0.0001	0.25	0.0003
Aluminum	mg/L	0.1	0.230	0.5	0.165
Arsenic	mg/L	0.01	0.0006	0.25	0.0029
Barium	mg/L	1	0.033	0.25	0.275
Boron	mg/L	5	0.025	0.25	1.27
Cadmium	mg/L	0.005	0.0001	0.25	0.001
Chromium	mg/L	0.05	0.0042	0.25	0.0157
Copper	mg/L	1	0.0016	0.5	0.5008
Iron	mg/L	0.3	0.190	0.5	0.245
Lead	mg/L	0.01	0.0002	0.25	0.0027
Manganese	mg/L	0.05	0.0777	0.5	0.0639
Sodium	mg/L	200	122.30	0.5	161.1
Uranium	mg/L	0.02	0.0110	0.25	0.0132
Zinc	mg/L	5	0.014	0.5	2.507

**Notes:** reasonable use calculation based on MOE Guideline B-7

Data Input: RV

$$C_m = C_b + x(C_r - C_b)$$

Data Check: ZL

C<sub>b</sub> = background concentration

x = constant; 0.5 non-health parameter, 0.25 for health parameter

C<sub>r</sub> = max conc. acceptable in water (Ontario Drinking Water Standards and Operational Guidelines)

C<sub>m</sub> = max degradation



**Table 7**  
**Surface Water Station Descriptions**

Station	Coordinates (NAD 1983, UTM Zone 18N)				Flow Conditions		Notes
	20-Apr-29		20-Oct-13		20-Apr-29	20-Oct-13	
	Northing (m)	Easting (m)	Northing (m)	Easting (m)			
SW1	4933280	407032	4933276	407035	lotic	lotic	Located upstream from the Briar Hill landfill, adjacent to Turk Rock Road. SW1 is intended to represent background surface water quality for the landfill site.
SW4	4933208	406634	4933215	406638	lotic	lotic	Located approximately 300m downstream from the Briar Hill landfill waste area, in a forested area between two agricultural fields. SW4 is located downstream of the culvert running under the agricultural access road, in the vicinity of OW24, northwest of the site.
SW5	4933198	406405	4933200	406395	lentic	lotic	Located approximately 500m downstream from the Briar Hill landfill waste area, next to Fortune Line Road. The sampling location is upstream of the culvert running under Fortune Line Road.

Note: surface water station locations surveyed using a Garmin handheld GPS

Data Input: MW  
 Data Check: RV

**Table 8 Surface Water Analytical Results**

Surface Water Sampling Location	Date Sampled	Sample ID	Alkalinity	Ammonia (N)	Ammonia(U) (N)(lab)	BOD	COD	DOC	Conductivity	Hardness	pH	Phenols	Phosphorus (total)	Phosphorus, total dissolved	TDS	TSS	N - Total Kjeldahl	Chloride	N - Nitrate	N - Nitrite	Sulphate	Aluminum - Dissolved	Mercury	Arsenic	Barium	Boron
Units			mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	µmho/cm	mg/L	pH Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L
RL			5	0.01	0.01	3	5	0.2	1	1	-	0.001	0.01	0.002	3	3	0.1	0.5	0.05	0.05	1	0.01	0.00002	0.0001	0.001	0.005
Provincial Water Quality Objectives (mg/L)					0.02						6.5-8.5	0.001	0.02									0.075 <sup>[b]</sup>	0.0002	0.005		0.2
Table A: Assessment Criteria for Waste Disposal Sites (mg/L)					0.1						6.0 - 9.0	0.04 <sup>[h]</sup>						180			100			0.15	2.3	3.55
Table B: Alternative Review Criterias (mg/L)												0.004 <sup>[h]</sup>						128	2.9	0.06						1.5
SW1	20-Apr-29	20-W016	201	0.04	<	<	16	4.6	443	265	8.33	<	0.02	0.009	229	9	0.4	6.7	1.02	<	15	0.03	<	0.0002	0.126	0.015
SW1	20-Oct-13	20-W031	210	0.06	<	<	19	9.1	459	247	8.07	0.003	0.05	0.048	237	3	0.6	9.2	0.49	<	18	0.04	<	0.0003	0.190	0.015
SW4	20-Apr-29	20-W002	211	0.12	<	<	16	5.2	472	278	8.39	0.002	0.03	0.006	244	4	0.5	9.5	1.06	<	16	0.04	<	0.0002	0.126	0.023
SW4	20-Oct-13	20-W030	234	0.04	<	<	20	8.9	521	261	8.10	<	0.05	0.035	270	4	0.5	14.3	0.36	<	20	0.04	<	0.0003	0.214	0.037
SW5	20-Apr-29	20-W001	209	0.10	<	<	11	4.8	465	273	8.43	<	0.04	0.007	240	13	0.6	9.3	0.96	<	16	0.03	<	0.0002	0.133	0.026
SW5	20-Oct-13	20-W028	233	0.02	<	<	21	1.2	523	265	8.14	<	0.03	0.031	271	3	0.4	15.8	0.28	<	20	0.05	<	0.0002	0.218	0.039

(table cont'd)

**Table 8 Surface Water Analytical Results (continued)**

Surface Water Sampling Location	Date Sampled	Sample ID	Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Nickel	Potassium	Silver	Sodium	Strontium	Vanadium	Zinc	Temperature (field)	pH (field)	DO (field)	Conductivity (field)	Ammonia, unionized (field) [1]
Units			mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	mS/cm	mg/L
RL			0.000015	0.02	0.001	0.0001	0.0001	0.005	0.00002	0.02	0.001	0.01	0.1	0.0001	0.2	0.001	0.0001	0.005	-	-	-	-	0.01
Provincial Water Quality Objectives (mg/L)			0.0005 <sup>[c]</sup>		(note d)	0.0009	0.005 <sup>[e]</sup>	0.3	0.005 <sup>[f]</sup>			0.025		0.0001			0.006	0.02			(note g)		0.02
Table A: Assessment Criteria for Waste Disposal Sites (mg/L)			0.00021		0.064		0.0069	1	0.002									0.089					0.1
Table B: Alternative Review Criteria (mg/L)			0.000017															0.03					
SW1	20/Apr/29	20-W016	<	58.5	<	0.0002	0.0007	0.435	0.0001	21.7	0.053	<	1.1	<	5.6	0.214	0.0013	0.009	11.09	8.06	9.35	0.501	<
SW1	20/Oct/13	20-W031	<	61.8	<	<	0.0003	0.282	0.00005	22.6	0.051	<	2.4	<	5.7	0.180	0.0006	<	9.99	7.89	10.73	0.308	<
SW4	20/Apr/29	20-W002	<	58.4	<	0.0003	0.0007	0.444	0.00012	20.5	0.073	<	1.4	<	6.8	0.210	0.0013	0.007	8.97	7.41	12.71	0.507	<
SW4	20/Oct/13	20-W030	<	67.8	<	0.0003	0.0004	0.280	0.00006	22.2	0.060	<	3.7	<	8.8	0.209	0.0005	<	9.53	7.92	9.86	0.357	<
SW5	20/Apr/29	20-W001	<	61.9	<	0.0003	0.0008	0.444	0.00012	21.9	0.067	<	1.5	<	7.2	0.226	0.0013	0.009	8.60	7.51	13.67	0.525	<
SW5	20/Oct/13	20-W028	<	69.5	<	0.0002	0.0004	0.210	0.00005	22.1	0.036	<	3.7	<	8.8	0.215	0.0006	<	9.31	8.20	10.26	0.365	<

**Notes:**

- "-" denotes not analyzed
- "RL" denotes reporting limit
- "<"
- "SW ###" denotes surface water station ID
- [1] Unionized Ammonia calculated using field parameters for pH and temperature
- [a] Alkalinity should not be decreased by more than 25% of the natural concentration
- [b] Aluminum criteria: >6.5 - 9.0 pH = 0.075 mg/L, >5.5 - 6.5 pH = <
- [c] Cadmium criteria: 0-100 mg/L Hardness = 0.0001 mg/L, >100 mg/L Hardness = 0.0005 mg/L
- [d] Chromium reported as total, published standards are for Chromium VI (0.001 mg/L) and Chromium III (0.0089 mg/L)
- [e] Copper criteria: 0-20 mg/L Hardness = 0.001 mg/L, >20 mg/L Hardness = 0.005 mg/L
- [f] Lead criteria: <
- [g] PWQO for minimum DO concentration set at conservative value based on highest temperature and warm water biota  
 DO criteria: 0°C -5°C = ≥7mg/L 5°C-10°C = ≥ 6mg/L 10°C-20°C = ≥5mg/L 20°C-25°C = ≥ 4mg/L
- [h] Table A and Table B standards apply only to Phenol
- Metals are reported as "total" with the exception of Aluminum and Mercury (reported as dissolved)

- Shading indicates parameters exceeding guideline criteria
- denotes concentration exceeds the 1994 PWQO (as updated in 1999)
- denotes concentration exceeds Table A: Assessment Criteria for Waste Disposal Sites (Source Aquatic Protection Values), from the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (2010)
- denotes concentration exceeds Table B: Alternative Review Criteria (Source Canadian Water Quality Guideline), from the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (2010)
- denotes background surface water station

Input: RV  
 Data Check: ZL

**Appendix D**  
**Correspondence**

**From:** [Albert Paschkowiak](#)  
**To:** ["Nathalie Matthews \(Nathalie.Matthews@Ontario.ca\)"](#)  
**Cc:** [Adam Goheen](#); [John Pyke](#)  
**Subject:** Briar Hill WDS - 2019 AMR  
**Date:** Wednesday, May 13, 2020 2:45:00 PM

---

Hi Nathalie,

Thank you for your comments on the 2019 AMR for the Briar Hill Waste Disposal Site. We have provided responses to your requests below in red. A separate written plan outlining the purchase of additional property will follow at a later date.

Please feel free to reach out if you would like to discuss further.

Kind Regards

Albert and John

---

**Albert Paschkowiak, C.E.T.** Malroz Engineering Inc. T: 613-548-3446 x 28 C: 613-217-7710

---

**John Pyke, P.Geo.** Malroz Engineering Inc. T: 613-548-3446 x 34 C: 613-561-5363

---

**From:** Matthews, Nathalie (MECP) <[Nathalie.Matthews@ontario.ca](mailto:Nathalie.Matthews@ontario.ca)>  
**Sent:** April 29, 2020 8:18 AM  
**To:** Adam Goheen <[directoroperations@townshipleeds.on.ca](mailto:directoroperations@townshipleeds.on.ca)>  
**Cc:** John Pyke <[Pyke@malroz.com](mailto:Pyke@malroz.com)>; Albert Paschkowiak <[Paschkowiak@malroz.com](mailto:Paschkowiak@malroz.com)>  
**Subject:** Briar Hill WDS - 2019 AMR

Good morning,

I reviewed the 2019 AMR prepared by Malroz Engineering Inc. and the following comments are provided:

1. Leachate has migrated beyond the Site's approved northern and western property limits.

- Before June 10, 2020, please submit a written plan, with implementation schedule, for addressing the leachate impacts to ground water which have migrated beyond the Site's approved limits.

The Township intends to purchase additional CAZ to the west and northwest of the Landfill. Our understanding is that the recently purchased buffer lands to the North are sufficient. We will prepare a written plan as requested for discussion with you

and your team.

2. Changes to the ground water monitoring program were proposed.
  - Please ensure compliance with conditions 8(12), 8(13) and 8(14) of the ECA prior to implementing changes to any of the approved monitoring programs.

An ECA application will be submitted to establish a D&O and Closure plan for the site. This ECA application will also address the proposed changes to the monitoring program. The report has been initiated and we will provide an update by June 10<sup>th</sup> on the schedule for draft circulation of the report.
3. According to the 2019 AMR, cover is applied bi-weekly.
  - Before May 15, 2020, please confirm that cover is/will be applied at least once a week, per condition 7(8) of the ECA.

We understand that cover placement and compaction is undertaken by a contractor given the size, scope, and required equipment. Costs to retain this contractor for weekly work would be extreme and are not feasible. We understand that the Township instead intends to reduce the size of the waste face, maintain a stockpile of cover material on-site, and undertake weekly cover with their own equipment in between compaction events by the contractor. The way waste is received and covered at the site is being reviewed, and an updated, improved design will be provided in the Closure and D&O plan to be submitted later this year.
4. Ponded water was noted at the Site.
  - Before May 15, 2020, please confirm that areas prone to ponding have been/will be filled to prevent ponding.

Ponded water was addressed following identification during our inspection. Ponded water was not observed during the spring sampling event in 2020.
5. Not all Information required by condition 6(7) of the ECA was not included in the 2019 AMR.
  - Before May 15, 2020, please confirm that future annual reports will include all of the information required by condition 6(7) of the ECA. TO NOTE: if information is not available (eg. no complaints), please provide a statement to that effect in the annual report.

All items listed in Condition 6(7) of the ECA will be included in the 2020 AMR.

Once our Technical Support staff have completed their review, additional comments on the ground water and surface water related aspects of the report will be provided.

Ministry of the Environment, Conservation and Parks - Kingston District Office - 1259  
Gardiners Road, Unit 3, Kingston, ON K7P 3J6

*We want to hear from you. You can provide feedback on my service at (888) 745-8888. | Votre opinion nous importe. Faites-nous part de vos commentaires sur mes services au (888) 745-8888.*

*This email message (including any attachments) is intended only for the above named recipient(s) and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this email message. Ce courriel est destiné exclusivement au(x) destinataire(s) mentionné(s) ci-dessus et peut contenir de l'information privilégiée, confidentielle et/ou dispensée de divulgation aux termes des lois applicables. Si vous avez reçu ce message par erreur, ou s'il ne vous est pas destiné, veuillez le mentionner immédiatement à l'expéditeur et effacer ce courriel.*

**From:** [Kyle Smith](#)  
**To:** [Robert Varcoe](#)  
**Subject:** RE: Requesting Well Drilling Info from Well Tag A175283, drilled in 2015  
**Date:** Friday, February 19, 2021 8:49:01 AM  
**Attachments:** [image003.png](#)

---

Hi Robert,

All wells were in soil but one.

I checked our records and there was 3 ft of bedrock cored out of well number 6. The screen straddles the rock and soil.

Cheers,  
Kyle

**Kyle Smith**



---

**From:** Robert Varcoe <Varcoe@malroz.com>  
**Sent:** February 17, 2021 2:38 PM  
**To:** Kyle Smith <ksmith@aardvarkdrillinginc.com>  
**Subject:** FW: Requesting Well Drilling Info from Well Tag A175283, drilled in 2015

Hello Kyle, I am wondering if you are able to help out with the below request. Please give me a call if you have any questions.

Thanks,  
Rob

---

**Robert Varcoe, B.Sc., G.I.T.** Malroz Engineering Inc. T: 613-548-3446 x {29} C: 902-818-4625

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**From:** Robert Varcoe  
**Sent:** Friday, February 5, 2021 2:56 PM  
**To:** info <[info@aardvarkdrillinginc.com](mailto:info@aardvarkdrillinginc.com)>  
**Subject:** Requesting Well Drilling Info from Well Tag A175283, drilled in 2015

Hello,

I am wondering if you would be able to provide some information on wells that were drilled in the Township of Leeds and the Thousand Islands in 2015. The wells were drilled for the Township, who is our client for this site. Here is reference info for the drilling:



- Well Tag #A175283
- Drilled on 2015-09-22 to 24
- Site at Brier Hill and Turk Rock Road

I am looking to confirm if all of these wells were drilled into overburden, or if any were drilled into bedrock. I am mainly wondering about Well #2 and #8 on the well record (attached). I suspect these are overburden wells, but would like confirmation, if possible.

Thanks,  
Rob



**Robert Varcoe, B.Sc., G.I.T.**

Environmental Scientist  
Malroz Engineering Inc.  
308 Wellington Street, 2nd floor  
Kingston, ON K7K 7A8  
T: 613-548-3446 x29  
C: 902-818-4625

**Appendix E**  
**Water Well Records**



CLUSTER WELL

A034114

Monitoring well  
BW2-S and BW2-D

**Instructions for Completing Form**

- For use in the Province of Ontario only. This document is a permanent legal document. Please retain for future reference.
- All Sections must be completed in full to avoid delays in processing. Further instructions and explanations are available on the back of this form.
- Questions regarding completing this application can be directed to the Water Well Management Coordinator at 416-235-6203.
- All metre measurements shall be reported to 1/10<sup>th</sup> of a metre.
- Please print clearly in blue or black ink only.

**Well Owner's Information and Location of Well Information**

Ministry Use Only											
MUN				CON				LOT			

LEEDS + GRENVILLE RR#/Street Number/Name      REAR OF LEEDS LANSDOWNE 18 City/Town/Village      11 Site/Compartment/Block/Tract etc.

GPS Reading      NAD      Zone      Easting      Northing      Unit Make/Model      Mode of Operation:       Undifferentiated       Averaged  
 813      18      407003      4932733      MAGELLAN       Differentiated, specify

**Log of Overburden and Bedrock Materials (see instructions)**

General Colour	Most common material	Other Materials	General Description	Depth From	Metres To
BROWN	SAND	DEEP SCREEN SET	27.4 TO 24.4M	0	4.3
GREY/RED	GRANITE	SHALLOW SCREEN SET	15 TO 12M	4.3	15.2
RED	GRANITE			15.2	15.5
GREY/RED	GRANITE	BACK FILL MATERIAL		15.5	21.9
RED	GRANITE	27.7 TO 24.2 SAND		21.9	22.5
GREY	GRANITE	24.2 TO 15.5 BENTONITE		22.5	27.7
		15.5 TO 11.2 SAND			
		11.2 TO 2.4 BENTONITE			

**Hole Diameter**

Depth From	Metres To	Diameter Centimetres
0	4.8	25.4
4.8	27.7	15.25

**Water Record**

Water found at \_\_\_\_\_ Metres / Kind of Water

27 m  Fresh  Sulphur  Gas  Salty  Minerals

Other: \_\_\_\_\_

\_\_\_\_\_ m  Fresh  Sulphur  Gas  Salty  Minerals

Other: \_\_\_\_\_

After test of well yield, water was  Clear and sediment free  Other, specify \_\_\_\_\_

Chlorinated  Yes  No

**Construction Record**

Inside diam centimetres	Material	Wall thickness centimetres	Depth From	Metres To
15.8	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Galvanized	.48	0	4.8

**Casing**

Steel  Fibreglass  Plastic  Concrete  Galvanized

**Screen**

Outside diam  Steel  Fibreglass  Plastic  Concrete  Galvanized

Slot No. \_\_\_\_\_

**No Casing or Screen**

Open hole      4.8      27.7

**Test of Well Yield**

Pumping test method	Draw Down		Recovery	
	Time min	Water Level Metres	Time min	Water Level Metres
Pump intake set at - (metres)	Static Level			
Pumping rate - (litres/min)	1		1	
Duration of pumping _____ hrs + _____ min	20		2	
Final water level end of pumping _____ metres	3		3	
Recommended pump type _____ <input type="checkbox"/> Shallow <input type="checkbox"/> Deep	4		4	
Recommended pump depth _____ metres	5		5	
Recommended pump rate (litres/min)	10		10	
If flowing give rate - (litres/min)	15		15	
If pumping discontinued, give reason.	20		20	
	25		25	
	30		30	
	40		40	
	50		50	
	60		60	

**Plugging and Sealing Record**       Annular space       Abandonment

Depth set at - Metres From	To	Material and type (bentonite slurry, neat cement slurry) etc.	Volume Placed (cubic metres)
4.8	0	CEMENT SLURRY	.2

**Method of Construction**

Cable Tool       Rotary (air)       Diamond       Digging

Rotary (conventional)       Air percussion       Jetting       Other

Rotary (reverse)       Boring       Driving

**Water Use**

Domestic       Industrial       Public Supply       Other MONITOR

Stock       Commercial       Not used

Irrigation       Municipal       Cooling & air conditioning

**Final Status of Well**

Water Supply       Recharge well       Unfinished       Abandoned, (Other)

Observation well       Abandoned, insufficient supply       Dewatering

Test Hole       Abandoned, poor quality       Replacement well

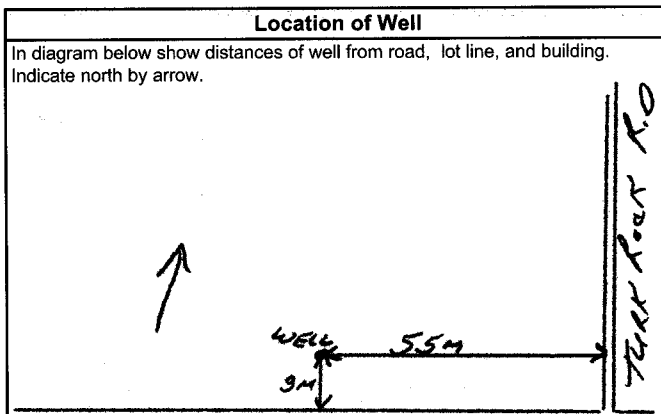
**Well Contractor/Technician Information**

Name of Well Contractor      Well Contractor's Licence No.  
 JACK KNOX WELL DRILLING      3202

Business Address (street name, number, city etc.)  
 GLENBURNIE

Name of Well Technician (last name, first name)      Well Technician's Licence No.  
 KNOX JOHN      2879

Signature of Technician/Contractor      Date Submitted      YYY      MM      DD  
 X Ron Knox                              



BRIAR Hill R.O.

Audit No.      Date Well Completed      YYY      MM      DD  
 Z 37624      06      3      15

Was the well owner's information package delivered?       Yes       No      Date Delivered      YYY      MM      DD

**Ministry Use Only**

Data Source      Contractor  
 3202

Date Received      YYY      MM      DD      Date of Inspection      YYY      MM      DD  
 APR 11 2006

Remarks      Well Record Number

**CLUSTER WELL**  
**A034114**

Monitoring well  
BW3-S and BW3-D (destroyed) page 1 of 1

**Instructions for Completing Form**

- For use in the **Province of Ontario** only. This document is a permanent **legal** document. Please retain for future reference.
- All Sections **must** be completed in full to avoid delays in processing. Further instructions and explanations are available on the back of this form.
- Questions regarding completing this application can be directed to the Water Well Management Coordinator at 416-235-6203.
- **All metre measurements shall be reported to 1/10<sup>th</sup> of a metre.**
- Please print clearly in blue or black ink only.

**Ministry Use Only**

**Well Owner's Information and Location of Well Information**

MUN		CON		LOT	
-----	--	-----	--	-----	--

**LEEDS + CREWILLIE** **REAR OF LEEDS + LANSDOWNE** 18 11  
 RR#/Street Number/Name City/Town/Village Site/Compartment/Block/Tract etc.  
**114 TURK ROCK R.D**  
 GPS Reading NAD Zone Easting Northing Unit Make/Model Mode of Operation:  Undifferentiated  Averaged  
 8.3 18 406860 4793002 MAGELLAN  Differentiated, specify

**Log of Overburden and Bedrock Materials (see instructions)**

General Colour	Most common material	Other Materials	General Description	Depth Metres	
				From	To
BROWN	SAND + GRAVEL	DEEP SCREEN SET	14.9 TO 11.9	0	3.3
GREY	GRANITE	SHALLOW SCREEN SET	7.7 TO 4.7	3.3	14.3
RED GREY	GRANITE	BACK FILL MATERIAL		14.3	15.2
		15.2 TO 10.9	SAND		
		10.9 TO 8.4	BENTONITE		
		8.4 TO 4.5	SAND		
		4.5 TO 2.4	BENTONITE		

**Hole Diameter**

Depth From	Metres To	Diameter Centimetres
0	3.5	25.4
3.5	15.2	15.25

**Water Record**

Water found at 14.3 Metres / Kind of Water  Fresh  Sulphur  Gas  Salty  Minerals  Other: **UNTESTED**

7.6 m  Fresh  Sulphur  Gas  Salty  Minerals  Other: **UNTESTED**

m  Fresh  Sulphur  Gas  Salty  Minerals  Other: \_\_\_\_\_

After test of well yield, water was  Clear and sediment free  Other, specify \_\_\_\_\_

Chlorinated  Yes  No

**Construction Record**

Inside diam centimetres	Material	Wall thickness centimetres	Depth From	Metres To
15.8	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Fibreglass <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Galvanized	.48	0	3.5

**Casing**

Steel  Fibreglass  Plastic  Concrete  Galvanized

Steel  Fibreglass  Plastic  Concrete  Galvanized

**Screen**

Outside diam  Steel  Fibreglass  Plastic  Concrete  Galvanized Slot No. \_\_\_\_\_

**No Casing or Screen**

Open hole  No casing or screen

**Test of Well Yield**

Pumping test method	Draw Down		Recovery	
	Time min	Water Level Metres	Time min	Water Level Metres
Pump intake set at - (metres)	Static Level			
Pumping rate - (litres/min)	1		1	
Duration of pumping hrs + min	2		2	
Final water level end of pumping metres	3		3	
Recommended pump type, <input type="checkbox"/> Shallow <input type="checkbox"/> Deep	4		4	
Recommended pump depth, metres	5		5	
Recommended pump rate, (litres/min)	10		10	
If flowing give rate - (litres/min)	15		15	
	20		20	
	25		25	
If pumping discontinued, give reason.	30		30	
	40		40	
	50		50	
	60		60	

**Plugging and Sealing Record**  Annular space  Abandonment

Depth set at - Metres From	To	Material and type (bentonite slurry, neat cement slurry) etc.	Volume Placed (cubic metres)
3.5	0	CEMENT SLURRY	.2

**Method of Construction**

Cable Tool  Rotary (air)  Diamond  Digging  Rotary (conventional)  Air percussion  Jetting  Other  Rotary (reverse)  Boring  Driving

**Water Use**

Domestic  Industrial  Public Supply  Other  Stock  Commercial  Not used  MONITOR  Irrigation  Municipal  Cooling & air conditioning

**Final Status of Well**

Water Supply  Recharge well  Unfinished  Abandoned, (Other)  Observation well  Abandoned, insufficient supply  Dewatering  MONITOR  Test Hole  Abandoned, poor quality  Replacement well

**Location of Well**

In diagram below show distances of well from road, lot line, and building. Indicate north by arrow.

Audit No. **z 37625** Date Well Completed **06 3 21**

Was the well owner's information package delivered?  Yes  No Date Delivered \_\_\_\_\_

**Well Contractor/Technician Information**

Name of Well Contractor **JACK KNOX WELLDRIILLING** Well Contractor's Licence No. **3202**

Business Address (street name, number, city etc.) **GLENBURNIE**

Name of Well Technician (last name, first name) **Knox John** Well Technician's Licence No. **2879**

Signature of Technician/Contractor **John Knox** Date Submitted \_\_\_\_\_

**Ministry Use Only**

Data Source \_\_\_\_\_ Contractor **3202**

Date Received **APR 11 2006** Date of Inspection \_\_\_\_\_

Remarks \_\_\_\_\_ Well Record Number \_\_\_\_\_



Ministry of the Environment

15-0099-00

# Well Record for Well Cluster - Part 1 of 3

(Only for Multiple Test Holes or Dewatering Wells)  
Regulation 903 Ontario Water Resources Act

All measurements recorded in:  Metric  Imperial

Follow instructions on the front and back of this form. Print or Type

Well Tag No. of Deepest Well: (Print Well Tag No.)  
**A175283**  
Well # on Drawing of Deepest Well:

Page 1 of 3

### Well Cluster Location Information

Address of Well Location (Street Number(s)/Name(s), RR, if available) <b>Brier Hill &amp; Turk Rock Rd.</b>		Lot(s) <b>17818</b>	Concession(s) <b>11</b>	Geographic Township <b>Leeds &amp; 1000 Islands</b>		County/District/Upper Tier Municipality <b>Leeds &amp; Grenville (United)</b>
City, Town, Village or Hamlet <b>Brier Hill / Lyndhurst</b>		Province <b>Ontario</b>	GPS Unit Make	Model	Unit Mode of Operation <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Averaged <input type="checkbox"/> Differentiated, specify: _____	

### Mandatory Attachments/Additional Information

Land Owner Consent Form must be attached.  
 Detailed Drawing of All Well Locations must be attached.

I, the person constructing the well, will promptly submit to the Director, on request, any additional information in my custody or control related to any well in the well cluster that I have constructed.

Signature of Technician/Contractor \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

### Well Details

Well # on Drawing	UTM Coordinates		Hole Depth (m/ft)	Hole Diameter (cm/in)	Method of Construction	Casing Material; Diameter (cm/in)	Casing (m/ft)		Screen Interval (m/ft)		Annular Space Material (m/ft)			Overburden/Bedrock or Abandonment Filing Material Intervals (m/ft)	Static Water Level (m/ft)	Date of Completion (yyyy/mm/dd)
	Zone	Eastings					Northings	From	To	From	To	From	To			
1	18	406929	4933106	17	8'	H.S.A. Plastic	0	12	12	17				OW22		
2	18	406728	4933177	30	8"	2	0	25	25	30				OW15-D		2015/09/23
3	18	406724	4933179	12.5	8"		0	7.5	7.5	12.5				OW15-S		
4	18	406622	4933226	15			0	10	10	15				OW24		
5	18	406670	4932992	15			0	10	10	15				OW23		2015/09/23
6	18	406685	4932751	20			0	15	15	20				OW20		
7	18	406704	4932919	20			0	15	15	20				OW21		
8	18	406818	4932922	40			0	35	35	40				OW25		2015/09/24
9	18	406946	4933206	12			0	7	7	12				OW7R1		
10	18	406994	4933223	12			0	7	7	12				OW6R1		

### Well Contractor and Well Technician Information

Business Name of Well Contractor <b>Aardvaak Drilling Inc</b>		Business Address (Street Number/Name, RR) <b>25C Lewis Rd</b>		Municipality <b>Guelph</b>	Province <b>ON</b>
Postal Code <b>N1H1E9</b>	Bus. Telephone No. <b>(519) 826-9340</b>	Well Contractor's Licence No. <b>7238</b>	Business E-mail Address <b>info@aaardvaakdrillinginc.com</b>		
Name of Well Technician (First Name, Last Name) <b>Kyle Smith</b>		Well Technician's Licence No. <b>3591</b>	Signature of Well Technician <b>[Signature]</b>	Date Submitted (yyyy/mm/dd) <b>2015/10/01</b>	

Date First Well in Cluster Constructed or Abandoned (yyyy/mm/dd) <b>2015/09/22</b>	Date Last Well in Cluster Completed (yyyy/mm/dd) <b>2015/09/24</b>
---	---

### Ministry Use Only

Date Received (yyyy/mm/dd) \_\_\_\_\_ Audit No. **C 24076**

Comments: \_\_\_\_\_

### Well Abandonment

Person Abandoning the Wells:  
Name \_\_\_\_\_  
(Print or Type) - See instruction 11 on the back of this form



Ontario

Ministry of  
the Environment

Well Record for Well Cluster - Part 3  
Detailed Drawing of All Well Locations

15-099-03

Note: This Well Record for Well Cluster Part 3 - Detailed Drawing of all Well Locations, must be attached to Parts 1 and 2. The drawing must include all property boundaries, an arrow indicating the North direction, all named roads and sufficient measurements to locate all wells in the cluster in relation to fixed points. The drawing must show the location of each well and each well must be numbered on the drawing to match number used for that well on the Well Record for Well Cluster Parts 1 and 2. The well with the well tag must be clearly identified on the Drawing.  
UTM coordinates should appear beside each well, if space permits. Additional comments on wells can be included on the drawing

Well Tag Number: # A175 283

"Well Record for Well Cluster" Form Audit Number: # C24076





Print only in spaces provided. Mark correct box with a checkmark, where applicable.

11

3615987

Municipality 36016 Con 02

LEEDS

County or District: Merrickville-Wolford; Township/Borough/City/Town/Village: Township of Leeds, 1900 IS; Con block tract survey, etc.: Con 2; Lot: 18; Owner's surname: Township of Leeds; First Name: ; Address: Bruner Hill; Date completed: 28 02 03

Zone, Easting, Northing, RC, Elevation, RC, Basin Code, ii, iii, iv

LOG OF OVERBURDEN AND BEDROCK MATERIALS (see instructions). Table with columns: General colour, Most common material, Other materials, General description, Depth - feet (From, To). Entry: Brown Sand, Peat & Clay, wet soft, 0 to 8 feet.

31, 32

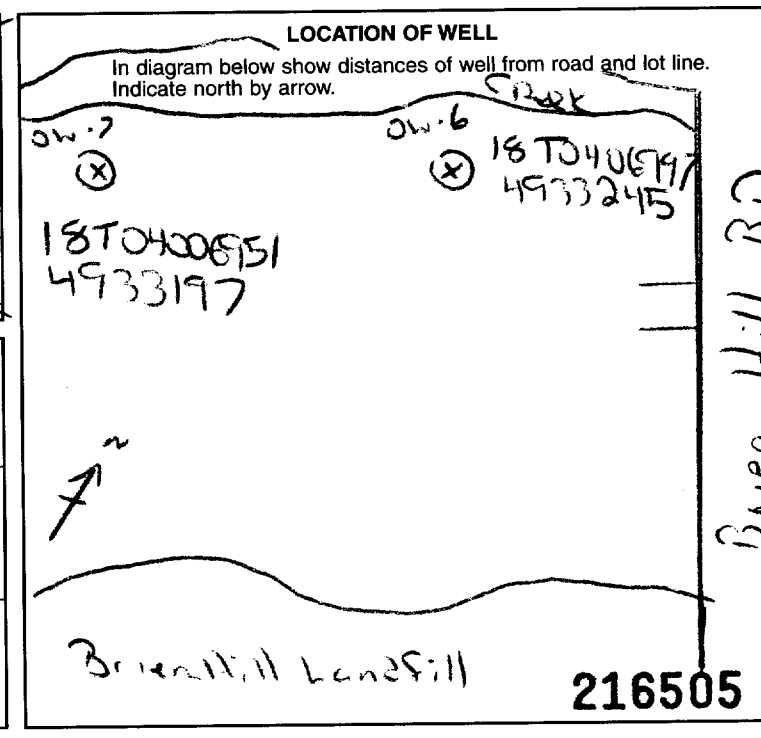
41 WATER RECORD. Table with columns: Water found at - feet, Kind of water (Fresh, Salty, Sulphur, Minerals, Gas). Entry: 2.5, Fresh, Sulphur, Minerals, Gas.

51 CASING & OPEN HOLE RECORD. Table with columns: Inside diam inches, Material, Wall thickness inches, Depth - feet (From, To). Entry: 2, Steel, 0.8, 0 to 8 feet.

SCREEN. Sizes of opening (Slot No.), Diameter, Length, Material and type, Depth at top of screen. Entry: 0.10, 1 inches, 5 feet, PVC, 2.5 feet.

61 PLUGGING & SEALING RECORD. Table with columns: Depth set at - feet (From, To), Material and type (Cement grout, bentonite, etc.). Entry: 0.2, 2.5, Bentonite & Sand.

71 PUMPING TEST. Table with columns: Pumping test method, Pumping rate, Duration of pumping, Water levels during, Water at end of test, Recommended pump type, Recommended pump setting, Recommended pump rate.



FINAL STATUS OF WELL, WATER USE, METHOD OF CONSTRUCTION. Final status: Observation well. Water use: Commercial. Method of construction: Driving.

Name of Well Contractor: G.R.T. Drilling Ltd; Well Contractor's Licence No.: 2385; Address: RR6 Napanee; Name of Well Technician: Tom Harris; Well Technician's Licence No.: T-2251; Submission date: 01 mo 08 yr 03

MINISTRY USE ONLY. Data source: 7085; Date received: OCT 07 2003; Date of inspection; Inspector; Remarks.



**Master Well Owner's and Land Owner's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Township of Leeds on the 1000 Island  
Mailing Address (Street Number/Name, RR): 1 JESSIE ST. Municipality: Lonsdowne Province: ON Postal Code: K1O E1 L0 G1 B6 S9 A2 H1 B Telephone No. (inc. area code): \_\_\_\_\_

**Location and Construction of the Master Well in the Cluster**

Address of Well Location (Street Number/Name, RR): 102-114 TURK ROCK RD Township: Leeds on the 1000 Island Lot: 18 Concession: 2

County/District/Municipality: Leeds and Grenville County City/Town/Village: Brier Hill Province: Ontario Postal Code: K1O E1 L1 O

UTM Coordinates: Zone 18 Easting 406914 Northing 4933272 GPS Unit Make: Garmin Model: MAP63 Mode of Operation:  Undifferentiated  Averaged  Differentiated, specify \_\_\_\_\_

**Overburden and Bedrock Materials (see instructions on the back of this form)**

General Colour	Most Common Material	Other Materials	General Description	Depth (Metres)	
				From	To
Grey	Clay	s.H		0	3.04
Grey	Sand	s.H		3.04	5.18
Grey	Clay	s.H		5.18	6.09

**Hole Details**

Depth (Metres)	Diameter (Centimetres)	
	From	To
0	6.09	15.24 cm

**Water Use**

Public  Industrial  Not used  Other, specify \_\_\_\_\_  
 Domestic  Commercial  Dewatering  
 Livestock  Municipal  Monitoring  
 Irrigation  Test Hole  Cooling & Air Conditioning

**Method of Construction**

Cable Tool  Air Percussion  Digging  
 Rotary (Conventional)  Diamond  Boring  
 Rotary (Reverse)  Jetting  Other, specify \_\_\_\_\_  
 Rotary (Air)  Driving

**Status of Well**

Test Hole  Abandoned, Insufficient Supply  
 Replacement Well  Abandoned, Poor Water Quality  
 Dewatering Well  Other, specify \_\_\_\_\_  
 Alteration (Construction)  Abandoned, other, specify \_\_\_\_\_

**No Casing and Screen Used**  Yes  No

**Static Water Level Test** N/A Metres

**Screen**

Galvanized  Steel  Fibreglass  Concrete  Plastic

Outside Diameter (Centimetres): 5.08 cm Slot No.: 0.10

**Water Details**

Water found at Depth 3.05 Metres  Gas  Fresh  Salty  Sulphur  Minerals

Water found at Depth \_\_\_\_\_ Metres  Gas  Fresh  Salty  Sulphur  Minerals

Water found at Depth \_\_\_\_\_ Metres  Gas  Fresh  Salty  Sulphur  Minerals

Disinfected  Yes  No If no, provide reason: Test Hole Date Master Well Completed (yyyy/mm/dd): 2010 01 05

**Cluster Information (Please also fill out the additional Cluster Well Information for Well Construction for each parcel of land and cluster.)**

Total Wells in Cluster: 3 Please indicate Number of Cluster Well Information Log Sheets Submitted: one

Total Wells on this Property: ?

**Location of Well Cluster**

Detailed Map must be provided as an attachment no larger than legal size (8.5" x 14"). Sketches are not allowed.  
 Check box to confirm detailed map is provided as per Section 11.1 (3)

**Consent to release additional information concerning the cluster to the Director upon request**

S \_\_\_\_\_

**Construction Details**

Inside Diameter (Centimetres)	Material (steel, plastic, fibreglass, concrete, galvanized)	Wall Thickness	Depth (Metres)	
			From	To
5.08	Plastic casing	5cm 40	0	3.96
5.08	Plastic Screen	3cm 40	3.96	6.09

**Annular Space/Abandonment Sealing Record**

Depth Set at (Metres) From	Depth Set at (Metres) To	Type of Sealant Used (Material and Type)	Volume Used (Cubic Metres)
0	2.13	Bentonite chips	
2.13	6.09	#3 Sand	

**Well Contractor and Well Technician Information**

Business Name of Well Contractor: G.E.T. Drilling LTD Well Contractor's Licence No.: 710815

Business Address (Street No./Name, number, RR): 278 Drive-in RD Municipality: Napanee

Province: ON Postal Code: K7R3L1 Business E-mail Address: get.drilling@sympatico.ca

Bus. Telephone No. (inc. area code): 6133544767 Name of Well Technician (Last Name, First Name): Turnbull, Mike

Well Technician's Licence No.: 3042 Signature of Technician: \_\_\_\_\_ Date Submitted (yyyy/mm/dd): 2010 01 20

Audit No.: **M 02168** Well Contractor No.: \_\_\_\_\_

Date Received (yyyy/mm/dd): IAN 28 2010 Date of Inspection (yyyy/mm/dd): \_\_\_\_\_

Remarks: \_\_\_\_\_

Well Tag No. for Master Well (Print Well Tag No.)  
A092772

**Property Owner's Information**

First Name: Township of Leeds and the 1000 Islands  
Last Name: [Redacted]  
Mailing Address (Street No./Name, RR): 1 Jessie St  
Municipality: Lensdownne  
Province: ON  
Postal Code: K0E 1L0  
E-mail Address: [Redacted]  
Telephone No. (inc. area code): 613 659 2415

**Cluster Well Information**

Address of Well Location (Street Number/Name, RR): 102-114 Turk Rock Rd.  
Lot: 18  
Concession: 2  
Township: Leeds and the 1000 ISH.  
County/District/Municipality: Leeds and Grenville  
City/Town/Village: Brier Hill  
Province: Ontario  
Postal Code: K0E 1L0  
GPS Unit Make: Garmin  
Model: map 63  
Unit Mode of Operation:  Averaged  
 Undifferentiated  
 Differentiated, specify:

Signature of Technician/Contractor: [Signature]  
Date (yyyy/mm/dd): 2010 01 05

Well # on Sketch	UTM Coordinates		Full Depth of Hole (metres)	Hole Diameter (cm)	Method of Construction	Casing Material	Casing Length (metres)	Screen Interval (metres)		Annular Space Sealant Used	Static Water Level (metres)	Abandonment Sealant Used	Comments	Date of Completion (yyyy/mm/dd)
	Zone	Easting						Northing	From					
# 2	18	406941	4933232	3.65	15.24	Boring	PVC	1.52	1.52	3.65	Bentonite	N/A	OW17	2010 01 05
# 3	18	406934	4933109	2.89	15.24	Boring	PVC	1.37	1.37	2.89	Bentonite	N/A	OW19	2010 01 05

**Well Contractor and Well Technician Information**

Business Name of Well Contractor: GET Drilling LTD  
Business Address (Street Number/Name, RR): 276 Drive-in Rd  
Municipality: Napanee  
Province: ON  
Postal Code: K7R 3L1  
Business Telephone No. (inc. area code): 613 335 4476  
Well Contractor's Licence No.: 7083  
Business E-mail Address: get-drilling@sympatico.ca  
Name of Well Technician (First Name, Last Name): Mike Turnbull  
Well Technician's Licence No.: 3042  
Date Submitted (yyyy/mm/dd): 2010 01 20  
Signature of Technician: [Signature]

Date 1st Well in Cluster Constructed (yyyy/mm/dd): 2010 01 05  
Date Last Well in Cluster Constructed (yyyy/mm/dd): 2010 01 05

**Ministry Use Only**

Date Received (yyyy/mm/dd): JAN 28 2010  
Date Inspected (yyyy/mm/dd): [Redacted]  
Audit No.: C07462  
Remarks: MOZ168

Imagery Date: Jul 25, 2005

41°39'41.20"N 76°09'15.57"W elev: 101 m

Imagery © 2010 DigitalGlobe  
© 2009 Google  
© 2008 Terra Atlas

Google  
© 2010  
Eye alt: 531 m

Location of Well Cluster  
TAG # A092272  
Brier Hill Landfill

TUCK ROCK RD

Landfill

Replacement

WELL #2

WELL #1

WELL #3

Barn

House

RT

JAN 28 2010

C-7085 m02168 C07462

3/3



Measurements recorded in:  Metric  Imperial

No Tag

Well Owner's Information

First Name, Last Name / Organization (Township of Leeds and the Thousand Islands), E-mail Address, Mailing Address (1233 Prince St. P.O. Box 280 Landsdowne), Municipality (Landsdowne), Province (ON), Postal Code (K0E1L0), Telephone No. (613 659 0415)

Well Location

Address of Well Location (114 Turk Rock Rd), Township, Lot, Concession, City/Town/Village (Lynchhurst), Province (Ontario), Postal Code (K0E1N0), UTM Coordinates (NAD 83 18T 406944 4933205), Municipal Plan and Sublot Number

Overburden and Bedrock Materials/Abandonment Sealing Record (see instructions on the back of this form)

Table with columns: General Colour, Most Common Material (Peat), Other Materials, General Description (Wet), Depth (m/ft) From (0) To (6'). Includes handwritten note: '3 MW's Abandoned on site in Cluster OW6, OW7, and L8'.

Annular Space table with columns: Depth Set at (m/ft) From, To; Type of Sealant Used (Material and Type); Volume Placed (m³/ft³). Handwritten entry: 0 8' 3/8" Hole Plug.

Method of Construction and Well Use table. Includes checkboxes for Cable Tool, Rotary, Boring, etc. and Well Use categories like Public, Commercial, etc.

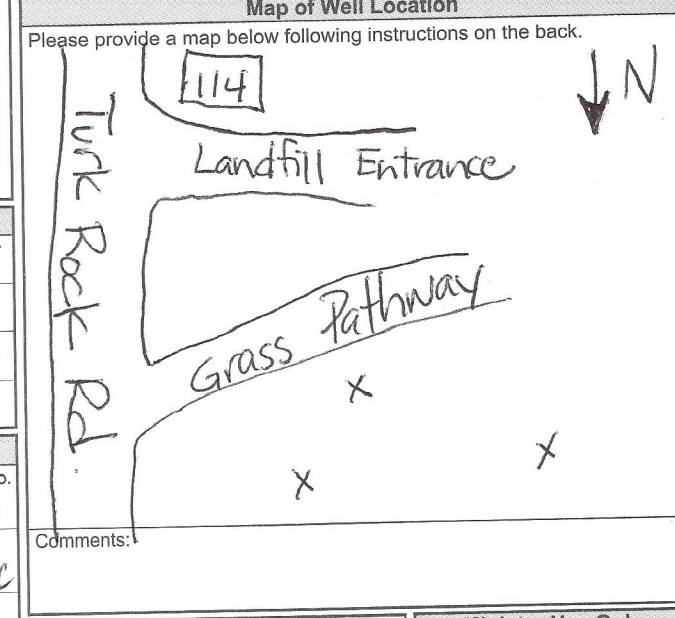
Construction Record - Casing table with columns: Inside Diameter (cm/in), Open Hole OR Material, Wall Thickness (cm/in), Depth (m/ft) From, To. Handwritten entry: 1" Plastic .25" 0 1'. Includes Status of Well checkboxes.

Construction Record - Screen table with columns: Outside Diameter (cm/in), Material, Slot No., Depth (m/ft) From, To. Handwritten entry: 1.25" Plastic .10 1' 6'.

Water Details and Hole Diameter table. Includes checkboxes for water quality and hole dimensions. Handwritten entry: 0 8' 6" diameter.

Well Contractor and Well Technician Information table. Includes Business Name (Can. Envir. Drilling & Contractors Inc.), Business Address (4102 Perth Rd. Inverary), and Well Technician Name (Jonathan).

Results of Well Yield Testing table. Columns: Time (min), Water Level (m/ft), Recovery Time (min), Water Level (m/ft). Includes checkboxes for test results and pumping details.



Ministry Use Only section containing Audit No. 322228, Date Package Delivered, Date Work Completed, and Well owner's information package delivered status.

**Appendix F**  
**Attendant's Log Book**

**BRIAR HILL LANDFILL - WEEKLY BAG LOAD SHEETS 2020**

DATE	USERS	LOADS
<b>January</b>		
1/2/2020	88	3
1/4/2020	146	0
1/6/2020	53	1
1/8/2020	53	0.25
1/9/2020	41	2
1/11/2020	99	0
1/13/2020	31	0.75
1/15/2020	44	0.25
1/16/2020	24	2
1/18/2020	94	0
1/20/2020	37	2.5
1/22/2020	42	0.25
1/23/2020	55	1
1/25/2020	76	1
1/27/2020	39	1
1/29/2020	38	0.25
1/30/2020	43	4
<b>February</b>		
2/1/2020	129	1
2/3/2020	56	2
2/5/2020	44	0.25
2/6/2020	20	1
2/8/2020	91	0
2/10/2020	45	0.75
2/12/2020	55	0.25
2/13/2020	29	1
2/15/2020	90	0
2/19/2020	71	1.25
2/20/2020	52	2
2/22/2020	124	1
2/24/2020	43	1
2/26/2020	62	1.75
2/27/2020	-	1
2/29/2020	117	0
<b>March</b>		
3/2/2020	43	3
3/4/2020	46	0.75
3/5/2020	47	1
3/7/2020	97	0
3/9/2020	52	1
3/11/2020	51	0.25
3/12/2020	37	1
3/14/2020	124	0
3/16/2020	49	1
3/18/2020	49	0
3/19/2020	57	1
3/21/2020	155	0
3/23/2020	49	0.75
3/25/2020	55	1.75
3/26/2020	49	1
3/28/2020	140	0
3/30/2020	52	1

DATE	USERS	LOADS
<b>April</b>		
4/1/2020	79	2
4/2/2020	70	1
4/4/2020	57	0
4/4/2020	53	0.25
4/6/2020	64	0.5
4/8/2020	111	0.75
4/9/2020	64	1
4/11/2020	179	0
4/15/2020	81	2
4/16/2020	68	2
4/18/2020	165	1
4/20/2020	92	4.75
4/22/2020	93	15.75
4/23/2020	69	12
4/25/2020	216	4
4/27/2020	90	3
4/29/2020	94	5.75
4/30/2020	24	1
<b>May</b>		
5/2/2020	183	5
5/4/2020	66	1
5/6/2020	85	5
5/7/2020	86	1
5/9/2020	145	3
5/11/2020	76	1
5/13/2020	89	3.5
5/14/2020	69	4
5/16/2020	168	0
5/20/2020	100	5
5/21/2020	106	1
5/23/2020	189	6
5/25/2020	68	1
5/27/2020	79	1
5/28/2020	72	1
5/30/2020	225	2
<b>June</b>		
6/1/2020	61	0
6/3/2020	62	2.5
6/4/2020	53	1
6/6/2020	150	0
6/8/2020	89	1
6/10/2020	64	2.75
6/11/2020	69	0
6/13/2020	146	5.5
6/15/2020	71	2
6/17/2020	60	0
6/18/2020	70	5
6/20/2020	122	2
6/22/2020	70	1
6/24/2020	76	0.5
6/25/2020	79	1
6/27/2020	167	5
6/29/2020	91	5

DATE	USERS	LOADS
<b>July</b>		
7/2/2020	77	1
7/4/2020	182	6
7/6/2020	111	0
7/8/2020	89	0
7/9/2020	52	0
7/11/2020	176	2
7/13/2020	96	0
7/15/2020	87	0
7/16/2020	83	0
7/18/2020	211	0
7/20/2020	83	3
7/22/2020	91	4.5
7/23/2020	57	1
7/25/2020	159	5
7/27/2020	88	4
7/29/2020	60	3.75
7/30/2020	77	3
<b>August</b>		
8/1/2020	191	2
8/5/2020	106	0
8/6/2020	103	0
8/8/2020	209	0
8/10/2020	97	0
8/12/2020	102	0.5
8/13/2020	92	0
8/15/2020	205	0
8/17/2020	87	1
8/19/2020	85	0
8/20/2020	79	1
8/22/2020	187	4
8/24/2020	69	1
8/26/2020	83	1
8/27/2020	58	1
8/29/2020	127	8
8/31/2020	99	6
<b>September</b>		
9/2/2020	97	7.75
9/3/2020	76	5
9/5/2020	204	9
9/9/2020	136	0
9/10/2020	64	0
9/14/2020	75	1
9/16/2020	68	0
9/17/2020	74	0.5
9/19/2020	188	0
9/21/2020	67	12
9/23/2020	73	13.75
9/24/2020	58	0
9/26/2020	158	20
9/28/2020	88	0
9/30/2020	56	1.5

DATE	USERS	LOADS
<b>October</b>		
10/1/2020	72	6.5
10/3/2020	155	6
10/5/2020	76	3
10/7/2020	52	9.75
10/8/2020	62	10
10/14/2020	96	0
10/15/2020	67	0
10/17/2020	177	0
10/19/2020	32	0
10/21/2020	45	0
10/22/2020	54	0.5
10/24/2020	191	0.5
10/26/2020	37	0
10/28/2020	71	0
10/29/2020	85	0
10/31/2020	204	0
<b>November</b>		
11/2/2020	55	0.5
11/4/2020	58	0
11/5/2020	59	-
11/7/2020	178	-
11/9/2020	64	0.5
11/12/2020	88	0
11/14/2020	177	0
11/16/2020	43	-
11/19/2020	62	-
11/19/2020	76	-
11/21/2020	171	-
11/23/2020	47	0
11/25/2020	46	0
11/26/2020	51	0
11/28/2020	188	0
11/30/2020	35	0
<b>December</b>		
12/2/2020	42	-
12/3/2020	53	0
12/5/2020	153	-
12/7/2020	83	0
12/8/2020	61	0
12/10/2020	51	0
12/14/2020	74	0.75
12/16/2020	51	0.25
12/17/2020	61	1
12/19/2020	171	0
12/21/2020	79	0.75
12/23/2020	105	2
12/28/2020	75	0.5
12/30/2020	136	1
<b>TOTAL</b>		<b>351.25</b>

- daily maximum information not provided on log sheet

Data Input: TB  
Data Check: RV



DATE: Jan 2 / 2010 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	
Animals:	Yes / <input checked="" type="checkbox"/> No	
Other:	Yes / <input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Garbage compacted and covered

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:00	Matisse	Garbage - Recycling	FULL	Y
11:55	Stander	"	"	Y
2:10	Matisse	"	"	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** ~~88~~ 88

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No  
DETAILS: Compacted and covered garbage

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes / No  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 4 / 2020 TIME: \_\_\_\_\_ STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Saturday Too busy to pick up windblown litter

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 146

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Jan 6 / 2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	_____
Animals:	Yes / <input checked="" type="checkbox"/> No	_____
Other:	Yes / <input checked="" type="checkbox"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Any windblown litter has been covered by snow

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered mixed bin and paper and E.W.

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:05	STANDER	Garbage Recycling	FULL	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** 53

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 8 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Backhoe compacted bins and pushed garbage back  
Called James about gate Received E.V.I.

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELridge	Garbage Recycling	Y4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 53

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No  
If YES, Complaint File Number (s): \_\_\_\_\_

**SIGNATURE:** John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 9 / 2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up windblown litter Along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received bin  
Collection of 100 lbs of household waste

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:00	Matirise	Garbage Recycling	FULL	Y
2:30	"	"	"	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 41

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 11/2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / <del>No</del>	
Windblown Litter:	<del>Yes</del> / <del>No</del>	
Leachate Springs:	<del>Yes</del> / <del>No</del>	
Animals:	<del>Yes</del> / <del>No</del>	
Other:	<del>Yes</del> / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Ordered cardboard and mixed bin

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 99

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: JAN 13 / 2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up windblown litter along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Interviewed driver, no issues

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:35	STander	Garbage Recycling	3/4	✓

**TOTAL COUNT OF HOUSEHOLD USERS:** 31

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 15/2020 TIME: 8:15 STAFF: John Gallford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELVidge	Garbage Recycling	1/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 4F

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** ~~Yes~~ / No

DETAILS: Compacted garbage and covered Jan 14

**APPLICATION OF DUST SUPPRESSANT:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** ~~Yes~~ / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Gallford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 16/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
 Windblown Litter: Yes / ~~No~~  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:45	MATISSE	Garbage Recycling	FULL	Y
11:30	"	"	"	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 24

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 19, 2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received Cardboard and mixed bins on Jan 17

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 94

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Jan 20/2020 TIME: 8:50 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Ordered mixed bin and Paper

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:55	STander	Garbage Recycling	1/2	Y
2:15	Home hardware	Garbage	Full	Y
3:00	Resident	miscellaneous	Full	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 37

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 22 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Windblown Litter:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Leachate Springs:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Other:	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up windblown litter along entrance way  
and around bins

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:35</u>	<u>FLVidge</u>	<u>Garbage Recycling</u>	<u>1/4</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 42

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 23/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~  
 Windblown Litter: ~~Yes~~ / No  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up windblown litter around bins and  
entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:55	matisse	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 55

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 25/2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
 Windblown Litter: Yes / ~~No~~  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received Paper and mixed bin on Jan 24

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	matisse	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 76

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 27/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Ordered mixed bin mixed in area

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:35	Stander	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 39

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 29 / 2020 TIME: 8:20 STAFF: John Stalford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	_____
Animals:	Yes / <input checked="" type="checkbox"/> No	_____
Other:	Yes / <input checked="" type="checkbox"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELridge	Garbage Recycling	<del>1/4</del> 1/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 38

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: Garbage compacted and covered Jan 28

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stalford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Jan 30/2020 TIME: 8:30 STAFF: John Staffer

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:20	matisse	Garbage Recycling	FULL	✓
11:35	"	"	"	✓
1:45	Home hardware	Cardboard	FULL	✓
2:15	"	Garbage	"	✓

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staffer

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 1 / 2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:15	Resident	Bail wrap	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 129

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Feb 3 / 2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered mixed/paper/cardboard bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:45	Home hardware	Garbage	Full	✓
11:05	STANDER	Garbage Recycling	3/4	✓
1:45	" "	Garbage	1/4	✓

**TOTAL COUNT OF HOUSEHOLD USERS:** 56

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 5/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Pick up windblown litter along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received paper and mixed bins and Cardboard

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:35	ELWidge	Garbage Recycling	1/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 44

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 6/2020 TIME: 8:45 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No  /  \_\_\_\_\_  
 Windblown Litter: Yes / No  /  \_\_\_\_\_  
 Leachate Springs: Yes / No  /  \_\_\_\_\_  
 Animals: Yes / No  /  \_\_\_\_\_  
 Other: Yes / No  /  \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Traffic slow today due to snow and freezing rain

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:10	ELVidge	Garbage Rejecting	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 20

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No  /

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  /

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  /

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  /

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 8 / 2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>1:35</u>	<u>Unknown lives on burton hills Road</u>	<u>Not from this Township very angry</u>

**OTHER COMMENTS / OBSERVATIONS**

Very cold out so Traffic is down

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 91

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 10/2020 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered mixed bin and paper

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:45	Standen	Garbage Recycling	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 45

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 17/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered mixed pin and paper

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELridge	Garbage Recycling	1/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 55

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: Feb 11 Garbage Compacted and Covered

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 13/2020 TIME: 8:35 STAFF: John Staffor

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Snow is affecting traffic today  
Received paper and mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:15	Matisse	Garbage Recycling	Full	✓

**TOTAL COUNT OF HOUSEHOLD USERS:** 29

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Staffor

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 15/2020 TIME: 4:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~  
 Windblown Litter: Yes / ~~No~~  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 90

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: Feb 19/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~  
 Windblown Litter: ~~Yes~~ / No  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Tried picking up windblown litter snow too deep

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:35	EL vidge	Garbage	1/4	Y
10:45	STanden	Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 71

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 20 / 2020 TIME: 8:50 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered ~~bins~~ cardboard paper and 2 mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:20	Home Hardware	Garbage	full	Y
9:40	Matisse	Garbage Recycling	full	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 52

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 22/2020 TIME: \_\_\_\_\_ STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

substandard level of mixed  
trash

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>2:30</u>	<u>Lynhurst Legion</u>	<u>Garbage- Recycling</u>	<u>FULL</u>	<u>/</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 124

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 24 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: ~~Yes~~ / No \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Cleaned up around bins. Picked up lots of wind blown litter. Still have more to pick up

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received cardboard and mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:35	Sanden	Garbage Recycling	Full	7

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 26/20 TIME: 8:15 Am STAFF: Amy Popplewell

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	Yes / <input checked="" type="radio"/> No	_____
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	Yes / <input checked="" type="radio"/> No	_____
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Repacked for more room plastic bin, paper bin and metal bins. moved a garbage truck load from wood area to active face.

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<del>9:40</del>	<del>Carl</del>	

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9 Am	Carl	garbage + Recy	Full	<input checked="" type="checkbox"/>
9:40	" "	" "	3/4 Full	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** 62

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: Bins, Active face & manual pick up.

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No

DETAILS: As per winter

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: Site is clean & safe

**COMPLAINTS RECEIVED:**  Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 27 / 2000 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received mixed and paper bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:30</u>	<u>Matisse</u>	<u>Low-pare Recycling</u>	<u>Full</u>	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** \_\_\_\_\_

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Feb 29/2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Backhoe compacted steel bin and pushed garbage back. Feb 28

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 117

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 2/2020 TIME: 8:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered mixed bin

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	Home Hardware	Cardboard	FULL	Y
10:16	"	Garbage	FULL	Y
11:30	Standen	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 43

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: MAR 4/2020 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
Windblown Litter: ~~Yes~~ / No  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
10:35	Unknown	Not from our Township

**OTHER COMMENTS / OBSERVATIONS**

Received mixed bin MAR.3. Compost was  
picked up

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:35	ELvidge	Garbage Recycling	3/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 46

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 5 / 2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
Windblown Litter: Yes / ~~No~~  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Picked up litter around bins. Picked wind blown litter  
Along entrance way

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:15</u>	<u>Matisse</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 47

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 7/2020 TIME: 4:40 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
Windblown Litter: Yes / ~~No~~  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

MAR 6/Entranceway resurfaced and graded. Steel bin compacted garbage pushed back

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 97

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 9 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No  /

Windblown Litter: Yes / No  /

Leachate Springs: Yes / No  /

Animals: Yes / No  /

Other: Yes / No  /

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up wind blown litter along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered mixed and paper bins

**1. WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:15	Stander	Garbage Recycling	FULL	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** 52

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No  /

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  /

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  /

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  /

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 11/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Garbage compacted and covered MAR 10

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<del>8:30</del>	ELVidge	Garbage Recycling	1/4	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 51

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: Garbage compacted and covered MAR 10

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 12 / 2020 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
Windblown Litter: Yes / ~~No~~  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up windblown litter along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received Cardboard-paper scrap metal and mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:50	MATISSE	Garbage Recycling	FULL	<del>Y</del>

**TOTAL COUNT OF HOUSEHOLD USERS:** 37

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 14 / 2022 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
 Windblown Litter: Yes / ~~No~~  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Unable To pick up garbage The device we use is broke ordering new ones

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 124

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 16 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Ordered ~~new~~ mixed bin

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:40	Stander	Garbage Recycling	Full	✓

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: MAR 18 / 2020 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes /  No  
 Windblown Litter: Yes /  No  
 Leachate Springs: Yes /  No  
 Animals: Yes /  No  
 Other: Yes /  No

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Bachoe pushed garbage back and  
Steel bin ordered another mixed bin

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 19/2020 TIME: 8:25 STAFF: John Stallard

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received 2 mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:45</u>	<u>Matisse</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 57

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stallard

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of  
**Leeds and the  
Thousand Islands**

1233 Prince Street, P.O. Box 280  
Lansdowne, ON K0E 1L0

**WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

DATE: MAR 21 TIME: 4:35 STAFF: John Stallford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Several miscellaneous loads today

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 155

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stallford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 23/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	Yes / <input checked="" type="checkbox"/> No	_____
Animals:	Yes / <input checked="" type="checkbox"/> No	_____
Other:	Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up wind blown litter along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Ordered mixed bin paper and cardboard  
Slow due to Covid-19

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:25	Stander	Garbage Recycling	3/4	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: Mar 25/2020 TIME: 8:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / No  /   
 Windblown Litter: Yes / No  /   
 Leachate Springs: Yes / No  /   
 Animals: Yes / No  /   
 Other: Yes / No  /

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:50	ELridge	Garbage Recycling	3/4	<input checked="" type="checkbox"/>
3:20	Home Hardware	Garbage	Full	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** 55

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No  /

DETAILS: Garbage Compacted and covered

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  /

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  /

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 26/2010 TIME: 8:30 STAFF: John Stokard

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
Windblown Litter: Yes / ~~No~~  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
16:30	MATISSE	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 49

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: *John Stokard*

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 28/2020 TIME: 4:35 STAFF: John Stuckford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Severad large loads

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 140

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stuckford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: MAR 30/2020 TIME: 8:50 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
1:30	Unknown	Not from our Township

**OTHER COMMENTS / OBSERVATIONS**

Ordered cardboard Steel and mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
1:40	Standen	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 52

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: APR 1 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~  
 Windblown Litter: Yes / ~~No~~  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up windblown litter along entrance way

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Tomlinson picked up empty oil containers  
Marco picked up compost

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:10	ELvidge	Garbage	FULL	Y
10:25	Resident	Recycling	FULL	Y
		Construction waste		

**TOTAL COUNT OF HOUSEHOLD USERS:** 79

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 2 / 2020 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
1:25	Unknown	Cannot except double axled dump trailers

**OTHER COMMENTS / OBSERVATIONS**

lots of brush and miscellaneous loads  
Ordered paper and mixed bin

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:00	MATISSE	Garbage Recycling	FULL	<input checked="" type="checkbox"/>

**TOTAL COUNT OF HOUSEHOLD USERS:** 70

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 4/2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Several loads of miscellaneous  
logs of brush

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 1157

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 6/2020 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
Windblown Litter: ~~Yes~~ / No  
Leachate Springs: Yes / ~~No~~  
Animals: Yes / ~~No~~  
Other: Yes / ~~No~~

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Lots of wind blown litter in outer perimeter will need help to clean that up. I try and keep the main traveled area clean

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Several loads steel and miscellaneous. Lots of brush

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:30	Standen	Garbage Recycling	1/2	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 8 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received paper and mixed bins on APR 7

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:45	ELWidge	Garbage Recycling	3/4	X

**TOTAL COUNT OF HOUSEHOLD USERS:** 111

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes / No

DETAILS: Compacted garbage and covered APR 7

**APPLICATION OF DUST SUPPRESSANT:**  Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 9 / 2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> / <input type="checkbox"/>	<u>Heavy Rain Today</u>
Windblown Litter:	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
Leachate Springs:	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
Other:	<input checked="" type="checkbox"/> / <input type="checkbox"/>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

ordered scrap metal cardboard and mixed bins

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:15</u>	<u>MATISSE</u>	<u>Garbage, Recycling</u>	<u>FULL</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 64

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 11 / 2020 TIME: 4:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Lots of miscellaneous and brush loads

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 179

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No  
 IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No  
 If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 15 / 2020 TIME: 8:30 STAFF: JOHN STAFFORD

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received scrap metal and mixed bins  
ordered mixed bin

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:45	ELridge	Garbage - Recycling	FULL	Y
3:30	Resident	CONSTRUCTION WASTE	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 81

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





DATE: APR 16/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / ~~No~~ \_\_\_\_\_  
 Windblown Litter: Yes / ~~No~~ \_\_\_\_\_  
 Leachate Springs: Yes / ~~No~~ \_\_\_\_\_  
 Animals: Yes / ~~No~~ \_\_\_\_\_  
 Other: Yes / ~~No~~ \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up wind blown litter both sides of  
entrance way and around bins

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Lots of brush

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:15	matisse	Garbage Recycling	FULL	<del>/</del>
2:45	Homehardware	Garbage	FULL	<del>/</del>

**TOTAL COUNT OF HOUSEHOLD USERS:** 68

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: NPR 18/2020 TIME: 4:40 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
 Windblown Litter: Yes / ~~No~~  
 Leachate Springs: Yes / ~~No~~  
 Animals: Yes / ~~No~~  
 Other: Yes / ~~No~~

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
11:30	Resident	Black bags not allowed in TLT I

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
12:40	Resident	21 bags garbage	ROLL	✓

**TOTAL COUNT OF HOUSEHOLD USERS:** 165

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: Very dry inhaling lots of dust

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR / 20 / 2020 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Lots of brush 3 loads miscellaneous

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:30</u>	<u>STANDER</u>	<u>Garbage Recycling</u>	<u>3/4</u>	<u>Y</u>
<u>3:00</u>	<u>RESIDENT</u>	<u>CONSTRUCTION WASTE</u>	<u>FULL</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 92

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:** Yes /  No

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



DATE: APR 22/2020 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes /  No  
 Windblown Litter: Yes /  No  
 Leachate Springs: Yes /  No  
 Animals: Yes /  No  
 Other: Yes /  No

Description / Location

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Received paper and mixed bing. Ordered steel bin  
15 loads brush

**WASTE DISPOSAL SITE DAILY INSPECTION FORM**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	Clint Fletcher	Garbage	1/4	Y
8:25	Elvidge	Garbage Recycling	1/2	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 93

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

**DESCRIPTION OF LITTER CONTROL:**  Yes /  No

DETAILS: Compacted Garbage and covered APR 21

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No

If YES, Complaint File Number (s): \_\_\_\_\_

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: APR 23/2020 TIME: 8:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>11:15</u>	<u>Resident</u>	<u>Wood over 3 inches in diameter</u>

OTHER COMMENTS / OBSERVATIONS

11 loads brush  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:30</u>	<u>matisse</u>	<u>barbrige Recycling</u>	<u>FULL</u>	<u>X</u>

TOTAL COUNT OF HOUSEHOLD USERS: 69

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes /  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT:  Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes /  No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: APR 25/2020 TIME: \_\_\_\_\_ STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	_____
Windblown Litter:	<u>Yes / No</u>	_____
Leachate Springs:	<u>Yes / No</u>	_____
Animals:	<u>Yes / No</u>	_____
Other:	<u>Yes / No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
DATE BINS WERE ORDERED: 1/1  
DATES BINS WERE PICKED UP: APR 24/2020 Steel bin

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:45</u>	<u>Unknown</u>	<u>Not from our Township</u>

OTHER COMMENTS / OBSERVATIONS

Lots of brush & loads miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>1:00</u>	<u>ELudger</u>	<u>Garbage</u>	<u>2 bags</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 216

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: very dusty

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: APR 27/2020 TIME: 8:25 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**RECYCLING:** TYPE Mixed / paper / cardboard  
 DATE BINS WERE ORDERED: APR/27/2020  
 DATES BINS WERE PICKED UP: 1 / 1

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Lots of brush 2 loads miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:30	Stander	Garbage Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 90

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: APR 29/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / No  No  
 Windblown Litter: Yes / No  No  
 Leachate Springs: Yes / No  No  
 Animals: Yes / No  No  
 Other: Yes / No  No

**Description / Location**

Extra help is needed to clean up outer perimeter

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Reported to supervisor about windblown litter in outer perimeter

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED: APR 29/2020 Mixed

DATES BINS WERE PICKED UP: APR 29/2020 Mixed and Cardboard

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<del>          </del>		

**OTHER COMMENTS / OBSERVATIONS**

Compost picked up - Lots of brush  
2 loads construction waste

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:55	Elvidge	Garbage Recycling	3/4	Y
9:15	Standen	Garbage Brush	FULL	Y
10:20	Elvidge	Brush	FULL	Y
3:10	Standen	Brush	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 94

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: APR 30/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / No	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	<del>Yes</del> / No	_____
Animals:	<del>Yes</del> / No	_____
Other:	<del>Yes</del> / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_  
DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Heavy rain all day

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:45</u>	<u>Elvidge</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 24

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 2/2020 TIME: \_\_\_\_\_ STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / <del>No</del>	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: May 1/2020 Paper and mixed bins

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
10:55	Unknown	Had black bags
2:05	"	Not from our Township

OTHER COMMENTS / OBSERVATIONS  
1 load construction waste 3 loads miscellaneous  
Lots of brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
12:00	Home hardware	Garbage	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 183

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: May 4 / 2020 TIME: 2:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: May 4 / 2020 cardboard, steel, and mixed bins  
 DATES BINS WERE PICKED UP:  / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Bin 2 has over compacted bins 3 loads in container  
Load of trash

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:40	Standes	Garbage Recycling	Full	<del>Y</del>

TOTAL COUNT OF HOUSEHOLD USERS: 66

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: MAY 6/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / No	
Leachate Springs:	Yes / No	
Animals:	Yes / <del>No</del>	
Other:	Yes / No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter around bins

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Lots of brush  
Backhoe compacted bins

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:30	Standen	Brush	FULL	Y
9:40	Elvidge	Garbage Recycling	FULL	Y
11:15	Standen	Brush	FULL	Y
1:00	Standen	Brush	FULL	Y

4:40  
**TOTAL COUNT OF HOUSEHOLD USERS:** 85

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: Garbage compacted and covered MAY 5

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** [Signature] **Print Staff Name:** John Stafford



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 7/2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Extremely busy because of Covid-19 haven't had much chance to pick garbage up

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: May 7/2020 Mixed and paper bins  
 DATES BINS WERE PICKED UP: May 7/2020 Steel mixed and Cardboard

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Bachor compacted bins

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:30	FLridge	Garbage Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 86

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: Called for water truck no response  
Text

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No Very very dusty  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 9 / 2020 TIME: 7:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	<u>mainly in outer perimeter</u>
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:   /  /    
 DATES BINS WERE PICKED UP:   /  /  

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:25</u>	<u>unknown</u>	<u>Not from our Township</u>

OTHER COMMENTS / OBSERVATIONS  
Lots of brush 1 load construction waste 2 loads  
miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 145

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: May 14/2020 TIME: 8:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up wind blown litter around bins and along entrance way

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
DATE BINS WERE ORDERED:    /   /     
DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Lots of brush 11 load construction waste & miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:25</u>	<u>Standard</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 76

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 13/2020 TIME: 8:45 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / No	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	<del>Yes</del> / No	
Animals:	<del>Yes</del> / No	
Other:	<del>Yes</del> / No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: May 13/2020 mixed and paper bins

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
lots of brush + load construction waste  
miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:35	Elvidge	Garbage	Full	Y
2:20	"	Recycling	1/2	Y

TOTAL COUNT OF HOUSEHOLD USERS: 89

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: MAY 14 / 2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	
Windblown Litter:	<u>Yes / No</u>	
Leachate Springs:	<u>Yes / No</u>	
Animals:	<u>Yes / No</u>	
Other:	<u>Yes / No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: MAY 14 / 2020 Paper, Cardboard Mixed & Steel  
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>11:45</u>	<u>Unknown</u>	<u>Refused To buy Tags</u>

OTHER COMMENTS / OBSERVATIONS  
Lots of brush one load construction waste  
2 loads miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:05</u>	<u>Matisse</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>✓</u>

TOTAL COUNT OF HOUSEHOLD USERS: 69

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 16, 2000 TIME: 8:28 am STAFF: Rebecca Cross

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Fox Birds turkey</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_

RECYCLING: TYPE  
DATE BINS WERE ORDERED:    /   /     
DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
\_\_\_\_\_  
\_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 138 606 Lyndhurst Rd Dropped 3 tons off that we owe

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: Rebecca Cross

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 20/2020 TIME: 8:30 STAFF: John Staffor

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: May 20/2020 Steel - ~~mixed~~ mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Lots of brush Three miscellaneous loads

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:15</u>	<u>Elvidge</u>	<u>Garbage</u>	<u>FUL</u>	<u>✓</u>
<u>11:20</u>	<u>Standen</u>	<u>Recycling</u>	<u>"</u>	<u>✓</u>

TOTAL COUNT OF HOUSEHOLD USERS: 100

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: Compacted garbage and covered May 19

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: Very very dusty

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Staffor Print Staff Name: John Staffor



Lansdowne  
 Lyndhurst  
 Escott

DATE: May 21/2010 TIME: 8:30 STAFF: John Stoblow

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<del>Yes / No</del>	
Windblown Litter:	<del>Yes / No</del>	
Leachate Springs:	<del>Yes / No</del>	
Animals:	<del>Yes / No</del>	
Other:	<del>Yes / No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: May 21/2010 Paper and mixed  
 DATES BINS WERE PICKED UP:  / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
I have complained about the dust to my supervisor  
no response. Water truck drove past today never  
came in Frustrating  
 COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:00	Matisse	Garbage Recycling	Full	Y

TOTAL COUNT OF HOUSEHOLD USERS: 106

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes / No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: Extremely dusty

DAILY INSPECTION FORM COMPLETED: ~~Yes / No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stoblow Print Staff Name: John Stoblow  
 OFFICE USE: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: MAY 23/2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / No	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**RECYCLING:**

DATE BINS WERE ORDERED: 1/1 TYPE \_\_\_\_\_  
 DATES BINS WERE PICKED UP: May/22/2020 paper and OCC

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

lots of brush 3 load miscellaneous 2 loads  
construction waste

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:05	ELvidge	Garbage Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 189

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: MAY 25/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / No <input checked="" type="checkbox"/>	_____
Windblown Litter:	<input checked="" type="checkbox"/> Yes / No	_____
Leachate Springs:	Yes / No <input checked="" type="checkbox"/>	_____
Animals:	Yes / No <input checked="" type="checkbox"/>	_____
Other:	Yes / No <input checked="" type="checkbox"/>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter around bins. A lot of the wind  
blowin litter is ~~is~~ getting hidden by long grass

**RECYCLING:**

TYPE

DATE BINS WERE ORDERED: MAY/25/2020 2 mixed bins. Paper and Steel

DATES BINS WERE PICKED UP:  / /

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:25	Standen	Garbage Recycling	Full	Y

TOTAL COUNT OF HOUSEHOLD USERS: 68

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: MAY 27/2020 TIME: 8:25 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: MAY 26/2020 2 mixed bins

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Compost was picked up.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELVidge	Garbage Recycling	FULL	✓

TOTAL COUNT OF HOUSEHOLD USERS: 79

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: ~~Yes~~ / No  
 DETAILS: Calcium was applied ☺

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: May 28/2020 TIME: 8:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up windblown litter Along entrance way

**RECYCLING:**

DATE BINS WERE ORDERED:	TYPE
<u>May 28/2020</u>	<u>OCC and mixed</u>
<u>DATES BINS WERE PICKED UP: May 28/2020</u>	<u>steel and paper</u>

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Back ~~has~~ compacted bins. Lots of brush

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:00</u>	<u>FL vidge</u>	<u>garbage, recycling</u>	<u>Full</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 72

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: No dust

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: May 30/2020 TIME: 4:20 STAFF: John Staffora

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
2 loads construction waste lots of brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 225

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: \_\_\_\_\_ Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

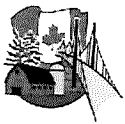
APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: \_\_\_\_\_ Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Staffora Print Staff Name: John Staffora  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of  
**Leeds and the  
 Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: 20 Jun 1/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**RECYCLING:**

DATE BINS WERE ORDERED: Jun 1 / 2020 TYPE: Oil bins, Paper and mixed bin

DATES BINS WERE PICKED UP:  / /

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Burned brush pile

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 61

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 3/2020 TIME: 8:30 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up windblown litter around bins and along entrance way

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Several loads of brush from residence  
1 clean up load

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:05	Bludge	Garbage Recycling	1/2	Y
3:30	STANDER	BRUSH	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 62

**AREA OF WASTE DISPOSAL:** All waste sent to active face:  Yes /  No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:**  Yes /  No  
 DETAILS: Compacted garbage and covered

**APPLICATION OF DUST SUPPRESSANT:**  Yes /  No  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:**  Yes /  No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:**  Yes /  No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford

**OFFICE USE:**  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of  
**Leeds and the  
Thousand Islands**

1233 Prince Street, P.O. Box 280  
Lansdowne, ON K0E 1L0

- Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

DATE: Jun 4/2020 TIME: 8:25 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /     
DATES BINS WERE PICKED UP: Jun 4/2020 Oil containers

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
\_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:50	matisse	Garbage & Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 53

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 6/2008 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / No	<u>long grass has hidden windblown lit</u>
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: 5/15/2008 Paper and mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 150

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Jun 8 / 2020 TIME: 8:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes</u> / No	
Windblown Litter:	<u>Yes</u> / No	
Leachate Springs:	<u>Yes</u> / No	
Animals:	<u>Yes</u> / No	
Other:	<u>Yes</u> / No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: Jun 8 / 2020 Mixed, OCC, Steel  
 DATES BINS WERE PICKED UP: 1 / 1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Lots of brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:05</u>	<u>Standera</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 89

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: Backhoe compacted bins pushed garbage back

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

DAILY INSPECTION FORM

DATE: Jun 10 / 2020 TIME: 8:30 STAFF: John Stefford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	_____
Windblown Litter:	<u>Yes / No</u>	_____
Leachate Springs:	<u>Yes / No</u>	_____
Animals:	<u>Yes / No</u>	_____
Other:	<u>Yes / No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED: 1 / 1

DATES BINS WERE PICKED UP: Jun 10 / 2020 Compost.

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:35	Elvidge	Garbage Recycling	1/2	Y
11:55	Home hardware	Cardboard	FULL	Y
2:20	"	Garbage	FULL	Y
10:35	Fletcher	Miscellaneous	1/4	Y

TOTAL COUNT OF HOUSEHOLD USERS: 64

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stefford Print Staff Name: John Stefford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Jun 11/2022 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Portable Toilet pumped but not cleaned

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 69

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 13/2020 TIME: 4:35 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	<u>COT</u>
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: Jun/12/2020 Steel, occ. ~~res~~ mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Lots of brush & miscellaneous 2 1/2 loads construction waste

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 146

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE: [Signature] Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 15/2020 TIME: 12:00 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / ~~No~~  
 Windblown Litter: ~~Yes~~ / No  
 Leachate Springs: Yes / ~~No~~  
 Animals: ~~Yes~~ / No  
 Other: Yes / ~~No~~

Description / Location

Raccoon - groundhog

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**RECYCLING:**

TYPE

DATE BINS WERE ORDERED: Jun/15/2020 Paper, mixed, E waste

DATES BINS WERE PICKED UP: / /

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:45</u>	<u>Stander</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>Y</u>
<u>2:00</u>	<u>"</u>	<u>Garbage Furniture</u>	<u>Full</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 71

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 17/2020 TIME: 8:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Description / Location
Ponded Water: Yes / <del>No</del>	
Windblown Litter: <del>Yes</del> / No	
Leachate Springs: Yes / <del>No</del>	
Animals: Yes / <del>No</del>	
Other: Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up lots of wind blowing litter due to last Thursday's wind storm

**RECYCLING:** TYPE \_\_\_\_\_  
DATE BINS WERE ORDERED: 1/1  
DATES BINS WERE PICKED UP: Jun 16/2020 mixed paper E-waste  
1 2 3

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
People were in after hours put garbage in mixed bin knocked electronics out of bin brought stuff in  
**COMMERCIAL HAULER OR LARGE LOADS** Took stuff out

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 160  
**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
DETAILS: very dry getting dusty again

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford

**OFFICE USE:**  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Jun 18 / 2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>No</u>	
Windblown Litter:	<u>No</u>	
Leachate Springs:	<u>No</u>	
Animals:	<u>No</u>	
Other:	<u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Windblown litter hidden by long grass

RECYCLING:  
 DATE BINS WERE ORDERED: Jun 18 / 2020 TYPE 1 2 3 4  
Paper - mixed OCC Steel  
 DATES BINS WERE PICKED UP: 1 / 1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Lots of after hour activity stuff brought in and hold out. Two loads miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:30</u>	<u>Matisse</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>Y</u>
<u>3 Loads</u>	<u>Home hardware</u>	<u>Steel Wood Garbage</u>	<u>Full</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 70

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 20 / 2020 TIME: 8:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Some after rain activity lots of brush  
2 loads construction waste

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 122

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Jun 22/2010 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Lots of wind blown litter due to strong winds  
Try to get it picked up this week

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:   /  /    
 DATES BINS WERE PICKED UP:   /  /  

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Some other our activity

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:45</u>	<u>Staden</u>	<u>Garbosa Recycling</u>	<u>Full</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 70

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE: John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Jun 24/2020 TIME: 4:40 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / No	
Leachate Springs:	Yes / No	
Animals:	Yes / No	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
High winds last night and Today for one person it will take days to pick up all the windblown litter

**RECYCLING:** TYPE 1  
 DATE BINS WERE ORDERED: Jun 12/2020 Mixed  
 DATES BINS WERE PICKED UP: Jun 23/2020 Paper and mixed. Compost  
1 2 3

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:45</u>	<u>TLridge</u>	<u>Garbage Recycling</u>	<u>1/2</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 76

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Jun 25/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / No	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Trying to get windblown litter picked up

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Backhoe compacted bins

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:30	Matisse	Garbage Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 79

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Jun 27/2020 TIME: 4:35 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/>	
Windblown Litter:	<input checked="" type="checkbox"/>	
Leachate Springs:	<input checked="" type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**RECYCLING:**

DATE BINS WERE ORDERED: July 1 TYPE \_\_\_\_\_  
 DATES BINS WERE PICKED UP: Jul 26/2020 Steel OCC  
1 2

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Lots of brush 3 loads miscellaneous 2 loads construction waste

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 167

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT:  Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Jun 29/2000 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Picked up wind blown litter

RECYCLING: TYPE 1 2  
 DATE BINS WERE ORDERED: Jun 19/2000 mixed Paper  
 DATES BINS WERE PICKED UP: Jun 24/2000 mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Lots of brush & miscellaneous ~~2~~ construction

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:00	Stancken	Garbage Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 91

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 2/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: July 2/2020 OLL mixed  
 DATES BINS WERE PICKED UP: July 1/2020 Paper mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
lots of after hour activity on days closed. [scribble]

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:45</u>	<u>matisse</u>	<u>garbage Recycling</u>	<u>Full</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 77

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: Jun 30 Compacted garbage and covered

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: July 4/2010 TIME: 4:35 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
2 loads construction waste lots of brush  
& miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 182

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 6/10 TIME: 8:30 STAFF: Rushin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	Yes / <u>No</u>	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>BIRDS</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
Book name  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS:    111   

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

DATE:

DATE: JULY 8/20 TIME: 8:30 STAFF: DUSTIN JAMES

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Hot 34°

RECYCLING: TYPE  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 89

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/> Lansdowne
<input type="checkbox"/> Lyndhurst
<input type="checkbox"/> Escott

DATE: 07, 09, 2010 TIME: 10:38 STAFF: Rebecca Cross

**DEFICIENCIES OBSERVED:**

Description / Location

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Birds

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**RECYCLING:**

TYPE

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 52

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: Rebecca Cross

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: July 11 TIME: 8:30 STAFF: Lyke Tracy

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / No \_\_\_\_\_ Description / Location \_\_\_\_\_

Windblown Litter: Yes / No \_\_\_\_\_

Leachate Springs: Yes / No \_\_\_\_\_

Animals: Yes / No \_\_\_\_\_

Other: Yes / No \_\_\_\_\_

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_

\_\_\_\_\_

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
		landfill
		landfill
		landfill

**OTHER COMMENTS / OBSERVATIONS**

2 loads of construction waste

Bottles being taken out of Lions bin

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
				0
			85	0
			85	0
			85	0

**TOTAL COUNT OF HOUSEHOLD USERS:** 176

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / No

DETAILS: Picked some garbage

**APPLICATION OF DUST SUPPRESSANT:** Yes / No

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** [Signature] **Print Staff Name:** \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: JULY 13/20 TIME: 8:30 STAFF: DUSTIN JACKSON

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>B/T/S</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**RECYCLING:**

DATE BINS WERE ORDERED: 07/13/20 TYPE: Plastic, cardboard

DATES BINS WERE PICKED UP: 1/1

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

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**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 96

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 15/20 TIME: 8:30 STAFF: RUSTEN TACHSEN

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Bourgeois</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>BISS</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
Cleaned up next bins  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
COVID 19  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:**    97   

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / No  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Print Staff Name:** \_\_\_\_\_

**OFFICE USE:**  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: July 16/20 TIME: 8:30 STAFF: Dustin JAYASON

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	_____
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
Rain  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
Black Dodge truck came in said they paid John but left a big mess

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 83

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / No  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Print Staff Name:** \_\_\_\_\_

**OFFICE USE:**  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: JULY 18/20 TIME: 8:30 STAFF: JUSTIN JACKSON

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	_____
Other:	Yes / <u>No</u>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

DID NOT BRING RAKE IN AND SOMEONE THREW IT UP IN THE TREE AFTER WORK

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 211

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: July 20/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE 2 3 4 5 6  
 DATE BINS WERE ORDERED: July 26/2020 mixed steel paper OCC oil containers  
 DATES BINS WERE PICKED UP: July 20/2020 oil containers

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:15</u>	<u>Unknown</u>	<u>Not from our Township</u>

OTHER COMMENTS / OBSERVATIONS  
Lots of brush 2 loads miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:15</u>	<u>Stonden</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 83

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: July 22/2010 TIME: 8:10 STAFF: John Stubbow

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
I just returned from holidays ~~there~~ lots of windblown litter to be picked up

**RECYCLING:** TYPE \_\_\_\_\_  
DATE BINS WERE ORDERED: 1/1  
DATES BINS WERE PICKED UP: July 22/2010 Steel mixed occ paper Compost

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
9:15	Unknown	NOT FROM OUR TOWNSHIP
10:05	"	"

**OTHER COMMENTS / OBSERVATIONS**  
lots of brush 2 loads construction waste 2 loads miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	Elvidge	Garbage Recycling	1/2	<del>Y</del>

TOTAL COUNT OF HOUSEHOLD USERS: 91

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stubbow Print Staff Name: John Stubbow

OFFICE USE: Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 23/2020 TIME: 8:25 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: Sub 23/2020 mixed

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:35</u>	<u>MATISSE</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 57

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
**OFFICE USE:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_ **File Number:** \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 25/2020 TIME: 4:25 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	_____
Windblown Litter:	<u>Yes / No</u>	_____
Leachate Springs:	<u>Yes / No</u>	_____
Animals:	<u>Yes / No</u>	_____
Other:	<u>Yes / No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
1 construction load & miscellaneous  
lots of brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 159

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford  
OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: July 27/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: July 27/2020 mixed paper  
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
1 load construction & miscellaneous and brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>12:15</u>	<u>Starden</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>X</u>

TOTAL COUNT OF HOUSEHOLD USERS: 88

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 29/2020 TIME: 9:40 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>No</u>	
Windblown Litter:	<u>No</u>	
Leachate Springs:	<u>No</u>	
Animals:	<u>No</u>	
Other:	<u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP: 3 / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:35</u>	<u>unknown</u>	<u>No from this Township</u>

OTHER COMMENTS / OBSERVATIONS  
1 construction 2 miscellaneous and brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:35</u>	<u>EL vidge</u>	<u>Garbage Recycling</u>	<u>3/4</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 60

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: Garbage compacted and covered

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: July 30, 2020 TIME: 8:15 STAFF: John Stalford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: July 30, 2020 mixed OCC  
 DATES BINS WERE PICKED UP: July 30, 2020 paper mixed

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Lots of brush / construction / miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:20</u>	<u>matissa</u>	<u>garbage Recycling</u>	<u>Full</u>	<u>Y</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 77

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stalford **Print Staff Name:** John Stalford  
**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: AUG 1 / 2020 TIME: 4:35 STAFF: John Stafford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
\_\_\_\_\_  
\_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Home hardware Full load OCC and FULL load  
Garbage lots of brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 191

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: AUG 5/20 TIME: 8:30 STAFF: Rustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>BIRDS</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter around bins

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 106

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of  
**Leeds and the**  
**Thousand Islands**

1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 6/20 TIME: 8:30 STAFF: Dustin Tuckase

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>Bombies</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Birds, Cats</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Two loads of 5/8" Stone on job base  
Path put down today

**RECYCLING:**

TYPE

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 103

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes /  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 8/20 TIME: 8:30 AM STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/>	
Windblown Litter:	<input checked="" type="checkbox"/>	<u>Boulders</u>
Leachate Springs:	<input checked="" type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/>	<u>Birds</u>
Other:	<input checked="" type="checkbox"/>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
heavy traffic

RECYCLING: TYPE  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 209

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes /  No  
 DETAILS: Too busy

APPLICATION OF DUST SUPPRESSANT:  Yes /  No  
 DETAILS: DIY

DAILY INSPECTION FORM COMPLETED:  Yes /  No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes /  No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 10/20 TIME: 9:30 STAFF: Dustin Johnson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>BIRDS</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by wood pile and bins for 2 hrs

**RECYCLING:** DATE BINS WERE ORDERED: 08/10/20 TYPE: Plastic, cardboard  
 DATES BINS WERE PICKED UP: 1/1

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 97

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 12/20 TIME: 8:30 STAFF: Pustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds, Raccoons</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up freezer that was left at site brought it by metal bin

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>1:34</u>	<u>Seelets Vert</u>	<u>household</u>	<u>T/C</u>	<u>YES</u>

TOTAL COUNT OF HOUSEHOLD USERS: 102

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Aug 13/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter for the whole morning

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: 08/14/20 Plastic & cardboard

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Hot

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 92

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_  
 OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Apr 15/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Busy all day

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 205

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / No  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_  
 SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Aug 17/2020 TIME: 8:25 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / No	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Picked up garbage along entryway still  
lots more

RECYCLING: TYPE  
DATE BINS WERE ORDERED: Aug 17/2020 mixed  
DATES BINS WERE PICKED UP: Aug 17/2020 steel/mixed/paper

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>12:20</u>	<u>Stonden</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 87

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 19/2020 TIME: 8:10 STAFF: John Stoffer

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: Aug 19/2020 Compost

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 85

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No X  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / No X  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / No X  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No X  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No X  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** [Signature] **Print Staff Name:** John Stoffer  
**OFFICE USE:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_ **File Number:** \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 20/2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:**

DATE BINS WERE ORDERED:	TYPE
<u>Aug 20/2020</u>	<u>paper mixed O.C.C</u>
<u>Aug 26/2020</u>	<u>mixed</u>

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:00</u>	<u>Matissc</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>X</u>

**TOTAL COUNT OF HOUSEHOLD USERS:** 79

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
**OFFICE USE:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_ **File Number:** \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: August 10, 2000 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes</u>	
Windblown Litter:	<u>Yes</u>	
Leachate Springs:	<u>Yes</u>	
Animals:	<u>Yes</u>	
Other:	<u>Yes</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

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**RECYCLING:** TYPE \_\_\_\_\_

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
1 construction 3 miscellaneous loads

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 187

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Aug 24/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / No	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	<del>Yes</del> / No	
Animals:	<del>Yes</del> / No	
Other:	<del>Yes</del> / No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up garbage along entranceway still  
lot more to pick up

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:25</u>	<u>ST Anderson</u>	<u>Garbage Recycling</u>	<u>Full</u>	<u>✓</u>

TOTAL COUNT OF HOUSEHOLD USERS: 69

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: ~~Yes~~ / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: Aug 26 / 2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:00	FLVDE	Garbage Recycling	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 83

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Aug 27 / 2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP: Aug/27/2020 paper mixed OCC

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Heavy rain today

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:40	MOTISSE	Garbage Recycling	Full	Y

TOTAL COUNT OF HOUSEHOLD USERS: 58

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Aug 29/2020 TIME: 8:20 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<u>Due To heavy rain</u>
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

1 construction waste and 7 miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 177

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes /  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT:  Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes /  No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 31/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

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RECYCLING: TYPE

DATE BINS WERE ORDERED: Aug/31/2020 mixed/Steel

DATES BINS WERE PICKED UP: 1/1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Backhoe pushed garbage up and compacted bins  
4 loads miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
11:00	Standen	Garbage	Full	Y
1:00	"	Recycling	"	"

TOTAL COUNT OF HOUSEHOLD USERS: 99

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: SEP 2 / 2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/>	
Windblown Litter:	<input checked="" type="checkbox"/>	
Leachate Springs:	<input checked="" type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: Sept 2 / 2020 mixed / paper / OCC  
 DATES BINS WERE PICKED UP: Sept 2 / 2020 mixed / steel / composed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

1 construction & miscellaneous Lots of brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:45</u>	<u>FLVidge</u>	<u>Garbage Recycling</u>	<u>3/4</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 97

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT:  Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Sep 3/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter along entrance way.  
Still more to pick up

**RECYCLING:** TYPE \_\_\_\_\_  
DATE BINS WERE ORDERED:  / /  
DATES BINS WERE PICKED UP:  / /

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
4 miscellaneous lots of brush

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:55	matisse	Garbage Recycling	Full	Y

TOTAL COUNT OF HOUSEHOLD USERS: 76  
*dust suppressant needed*

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Sep 5 / 2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>ORD</u>	<u>ORR</u>	

OTHER COMMENTS / OBSERVATIONS  
1 Load construction waste ~~8~~ miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 204

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Sept 4/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Cleaned up steel bin

RECYCLING: TYPE  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 136

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_  
 OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: Sept 10/20 TIME: 8:30AM STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>gates</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Dogs</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

cleaned up by handies. still garbage at front gate

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

very slow day

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 64

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: Damp

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: SEPT 14 TIME: 8am STAFF: LATIMER

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	Yes / <u>No</u>	_____
Other:	Yes / No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
PICKED LITTER FROM SHACK TO GATE. PACKED STEEL BIN. PUSHED GARBAGE BACK w/ BACKHOE.

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

\_\_\_\_\_

\_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>1155</u>	<u>JOHN STAWDEN</u>	<u>HOUSEHOLD WASTE</u>	<u>FULL</u>	<u>YES</u>

TOTAL COUNT OF HOUSEHOLD USERS: 75

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: PICKED 1 BAG FROM SHACK TO GATE

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: LATIMER

OFFICE USE: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Sept 16/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<u>boundaries</u>
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<u>Birds</u>
Other:	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by boundaries, Picked up steel off ground, cleaned electronics bin

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 68

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes /  No

DETAILS: Picked up 6 bags of litter

APPLICATION OF DUST SUPPRESSANT:  Yes /  No

DETAILS: Very windy

DAILY INSPECTION FORM COMPLETED:  Yes /  No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Sept 17 12 TIME: 8:30 STAFF: Dustin Trueman

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / <u>No</u>	<u>Bounded</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>BINDS</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Cleared up metal and cleared up the front gate because people dumped the right

**RECYCLING:** before TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>4:20</u>	<u>922 Kenrick &amp; Co</u>	<u>Amnest 7</u>	<u>T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 74

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: Windy

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: SEPT 19/20 TIME: 8 AM STAFF: LATIMER

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING:	TYPE
DATE BINS WERE ORDERED: <u>   /   /   </u>	_____
DATES BINS WERE PICKED UP: <u>   /   /   </u>	_____

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 188

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: ~~Yes~~ / No

If Yes, complaint file number(s) and topic: NUMEROUS COMPLAINTS RE HABBITED LEFT A HOLE

SIGNATURE [Signature] Print Staff Name: LATIMER

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

DATE: Sept 21/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: SEP 21/2020 mixed and esc and mixed  
 DATES BINS WERE PICKED UP: / / \_\_\_\_\_

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>9:25</u>	<u>UNKNOWN</u>	<u>NOT FROM THIS TOWNSHIP</u>

OTHER COMMENTS / OBSERVATIONS  
1 miscellaneous 10 brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>12:10</u>	<u>STANDEN</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 67

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / ~~No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds** and the **Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Sep 23 / 2016 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Windblown Litter:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Leachate Springs:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Animals:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
Other:	<input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1 / 1  
 DATES BINS WERE PICKED UP: Sep 22 / 2016 mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
11 loads brush & miscellaneous

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:45	ELvidga	Garbage Recycling	3/4	Y

TOTAL COUNT OF HOUSEHOLD USERS: 73

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes /  No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes /  No  
 DETAILS: compacted and covered garbage

APPLICATION OF DUST SUPPRESSANT:  Yes /  No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes /  No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes /  No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Sep 24/2010 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<del>Yes</del> / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / <del>No</del>	_____
Leachate Springs:	<del>Yes</del> / <del>No</del>	_____
Animals:	<del>Yes</del> / <del>No</del>	_____
Other:	<del>Yes</del> / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
lots of brush

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 58

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / ~~No~~

IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / ~~No~~

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford

**OFFICE USE:** \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Sep 26 / 2020 TIME: 4:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1 / 1  
 DATES BINS WERE PICKED UP: Sep/25/2020 mixed and OCC

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>12:30</u>	<u>Unknown</u>	<u>not from our Township</u>

OTHER COMMENTS / OBSERVATIONS  
3 construction loads 6 miscellaneous  
11 brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 158

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_



Lynhurst  
 Escott

DATE: Sept 28/10 TIME: 8:30 AM STAFF: Justin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Ponded</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>BIRD</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Cleared up by bins

RECYCLING: TYPE  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 58

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_  
 SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Sep 30 / 2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	Yes / <del>No</del>	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Not been picking garbage up due to hernia will resume after operation

**RECYCLING:** TYPE  
DATE BINS WERE ORDERED: 1 / 1  
DATES BINS WERE PICKED UP: Sep/29/2020 mixed and paper/Compost

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELvidge	Garbage Recycling	1/2	Y
11:05	Stander	Miscellaneous	FULL	Y

TOTAL COUNT OF HOUSEHOLD USERS: 65 base

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~  
DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 1 / 2020 TIME: 9:15 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<u>Yes</u>	
Windblown Litter:	<u>Yes</u>	
Leachate Springs:	<u>Yes</u>	
Animals:	<u>Yes</u>	
Other:	<u>Yes</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

**RECYCLING:**

DATE BINS WERE ORDERED: Oct 1 / 2020 TYPE: mixed / OCC / Steel  
 DATES BINS WERE PICKED UP: 1 / 1

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

1/2 load construction & brush & miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:40</u>	<u>MATISSE</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 72

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE: John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of  
**Leeds** and the  
**Thousand Islands**

1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Oct 3 / 2020 TIME: 4:40 STAFF: John Stafford

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="checkbox"/>	
Windblown Litter:	<input checked="" type="checkbox"/>	
Leachate Springs:	<input checked="" type="checkbox"/>	
Animals:	<input checked="" type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

3 construction 3 miscellaneous and brush

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 155

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes /  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE: \_\_\_\_\_

Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 5 / 2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
1 construction / miscellaneous

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
12:10	STANDEN	Garbage Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 76

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No

IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~

DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No

DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~

If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 7/2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1 / 1  
 DATES BINS WERE PICKED UP: Oct 6 / 2020 Steel

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

1 construction 2 loads miscellaneous 6 brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:00	FLVidge	Garbage Recycling	3/4	Y

TOTAL COUNT OF HOUSEHOLD USERS: 52

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Oct 8 / 2020 TIME: 8:30 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	_____
Windblown Litter:	<u>Yes / No</u>	_____
Leachate Springs:	<u>Yes / No</u>	_____
Animals:	<u>Yes / No</u>	_____
Other:	<u>Yes / No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: Oct 8 / 2020 mixed / paper  
 DATES BINS WERE PICKED UP: Oct 8 / 2020 mixed / occ

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
1 miscellaneous & brush

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:30</u>	<u>MATISSE</u>	<u>Garbage Recycling</u>	<u>FULL</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 62

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: Oct 14<sup>th</sup>/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>by boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Cleaned up by bins

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>11:00</u>	<u>?</u>	<u>from Atlas</u>

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 96

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: Pump

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Oct 15/10 TIME: 8:30 STAFF: RUSTIA JALAN

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>B.Y. boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>BIRDS</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
picked up litter by bin

RECYCLING: TYPE  
 DATE BINS WERE ORDERED:  / /  
 DATES BINS WERE PICKED UP:  / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Rainy, windy day

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 67

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 17/20 TIME: 8:30 STAFF: Rustin Tuckler

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>by boundaries</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>BIRDS</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

VERY BUSY

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 177

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: Wet

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Oct 11/20 TIME: 8:30 STAFF: RUSKIN JACKSON

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>BY boundaries</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>BIRDS</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

slow today lots of rain

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /    TYPE: HOUSEHOLD  
 DATES BINS WERE PICKED UP:    /   /    TYPE: HOUSEHOLD

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 52

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes /  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 21/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Bananas</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
NO because Tim on light duties with a cracked rib

RECYCLING: TYPE  
 DATE BINS WERE ORDERED: 10/2/20 Plastic, cardboard, metal  
 DATES BINS WERE PICKED UP: 1/1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Rain all day very slow

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 45

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: Rain

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: Rain

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Oct 03/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>BY boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
Put down 4 loads of 2 inch bf road  
Rained all day pretty slow for Thursday

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:22</u>	<u>5731 Hwt 15</u>	<u>Amnesty</u>	<u>7/4</u>	<u>YES</u>

TOTAL COUNT OF HOUSEHOLD USERS: 54

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: Rain

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: wet

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Oct 24/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>by hand</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
Very busy today no rain

RECYCLING: TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>3:10</u>	<u>8008 bus lane</u>	<u>household</u>	<u>T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 191

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Oct 26/20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Bandier</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>BIRDS</u>
Other:	Yes / <u>No</u>	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Very slow rain all day

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 37

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: Rain

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: Rain

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 28/20 TIME: 8:30 AM STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Description / Location

- Ponded Water: Yes /  No
- Windblown Litter:  Yes / No BY boundaries
- Leachate Springs: Yes /  No
- Animals:  Yes / No Birds
- Other: Yes /  No

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Cleaned up by front gate

**RECYCLING:**

TYPE

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Windy

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 71

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes / No

DETAILS: BY front gate

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: DAMP wet

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 29/20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / **No**  
 Windblown Litter: **Yes** / No  
 Leachate Springs: Yes / **No**  
 Animals: **Yes** / No  
 Other: Yes / **No**

**Description / Location**

BY bins, bundles  
Birds

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by bins

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 85

AREA OF WASTE DISPOSAL: All waste sent to active face: **Yes** / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: **Yes** / No

DETAILS: Picked up litter by bins

APPLICATION OF DUST SUPPRESSANT: Yes / **No**

DETAILS: Damp, wet

DAILY INSPECTION FORM COMPLETED: **Yes** / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / **No**

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

DAILY ...

DATE: Oct 31/20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Bills</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Too Busy

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

cold -5 and wet busy

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 204

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: None

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Nov 2 / 20 TIME: 9:30 STAFF: Dustin Turker

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Bundles</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up garbage at front gate and  
put metal in metal bin

**RECYCLING:**

DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:30</u>	<u>50 Leeds Island</u>	<u>Annex 1</u>	<u>T/K</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 55

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 4<sup>th</sup> / 20 TIME: 8:30 STAFF: DUSTIN JUCKSON

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>BANDAGES, bins</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>BIRDS</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by paper and plastic bin and put all loose metal in bin

**RECYCLING:**

DATE BINS WERE ORDERED: 11/07/20 TYPE: Plastic, paper, cardboard  
 DATES BINS WERE PICKED UP: 1/1

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

lots of leeches

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 58

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 5/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up cardboard and metal for  
half the day

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: 11/05/20 Plastic, Paper, Cardboard

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
lots of construction loads

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 59

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / No  
 DETAILS: by bins

**APPLICATION OF DUST SUPPRESSANT:** Yes / No  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Print Staff Name:** \_\_\_\_\_

**OFFICE USE:**  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 7/20 TIME: 8:30 STAFF: Rustin Jacobson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / <u>No</u>	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>BIRDS</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

closed w/ paper bin

**RECYCLING:** TYPE

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

lots of leaves today

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 178

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: for an hour

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 9/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / <u>No</u>	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up garbage by boundaries all day had 8 bags full

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
had a burn for the brush had to be put out for smoke

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>3:30</u>	<u>1025 Leffler Inc</u>	<u>AM waste</u>	<u>7/2</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 69

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 12/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>BINS</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up metal, and litter by bin

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 98

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Nov 14/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>boundries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter while I could around boundries

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 177

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: NOV 16/20 TIME: 8:30 AM STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / <u>No</u>	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>BIRDS</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter by employees

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: 11/16/20 Plastic, Paper, cardboard, metal  
 DATES BINS WERE PICKED UP: 11/18/20 11 11

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

lots of big private loads

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 43

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Nov 19/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Banquettes</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Cleaned up by fence and metal bin

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: 1 / 1  
 DATES BINS WERE PICKED UP: 11/19/20 Plastic, metal, paper, cardboard

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>3:02</u>	<u>6697 HWY 15</u>	<u>Armexity</u>	<u>T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 62

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: By fence and metal bin

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 19/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boundries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds, cats</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter by fence

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

lots of garbage

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 76

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Nov 21/20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / **No**  
 Windblown Litter: **Yes** / No  
 Leachate Springs: Yes / **No**  
 Animals: **Yes** / No  
 Other: Yes / **No**

**Description / Location**

Boundaries  
Birds

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by bins when it  
 wasn't busy

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

lots of half trailer loads of garbage

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:30</u>	<u>Robert Faston</u>	<u>Armes+Y card</u>	<u>T/c</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 171

AREA OF WASTE DISPOSAL: All waste sent to active face: **Yes** / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: **Yes** / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / **No**

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: **Yes** / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / **No**

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Nov 23/20 TIME: 8:30 STAFF: Austin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water: Yes / No  
 Windblown Litter: Yes / No  
 Leachate Springs: Yes / No  
 Animals: Yes / No  
 Other: Yes / No

**Description / Location**

Barriers  
Birds

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up metal that was outside metal bin and litter that was by barriers

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 47

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: NOV 25/20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by LIS

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Snow and wet

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 46

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Nov 26/00 TIME: 8:30 AM STAFF: Dustin Toccison

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	Yes / <u>No</u>	<u>Boundries</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	Yes / <u>No</u>	<u>BINS</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up e waste that was around the bin and sorted the metal

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 51

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: e waste, metal

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

**OFFICE USE:**

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: November 28 2010 TIME: 8:30 STAFF: Chris Kirkland

**DEFICIENCIES OBSERVED:**

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>rain fall for 2 hrs in an</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Leachate Springs:	<input type="radio"/> Yes / <input type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Sasquatch, cat, Bird's,</u>
Other:	<input type="radio"/> Yes / <input type="radio"/> No	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_

DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>12:30</u>		<u>Used oil</u>

**OTHER COMMENTS / OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 188

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes /  No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes /  No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT:  Yes /  No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED:  Yes /  No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED:  Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: Chris Kirkland

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Nov 30/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / No	<u>Bounties</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>Birds</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Picked up metal and placed in bin  
1 truck load of brush was removed.

RECYCLING: TYPE

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Rain from 10:30 - 4:45 slow dr

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 35

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: 76.5

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 2/20 TIME: 8:30 STAFF: Rustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	Yes / <u>No</u>	<u>Boulders</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	Yes / <u>No</u>	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up metal and e-waste

**RECYCLING:** TYPE  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: 12/02/20 Plastic, Metal, Paper

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>3:30</u>	<u>T</u>	<u>Propane tanks</u>

**OTHER COMMENTS / OBSERVATIONS**  
Snow and rain all day.

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>2:25</u>	<u>468 12/15</u>	<u>Demolition</u>	<u>T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 42

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of  
**Leeds and the  
Thousand Islands**

1233 Prince Street, P.O. Box 280  
Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
DAILY INSPECTION FORM**

DATE: Dec 3<sup>rd</sup> / 20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	<u>Bundries</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Birds</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

Description / Location

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter by bundries

**RECYCLING:**

TYPE

DATE BINS WERE ORDERED:    /   /   

DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 53

AREA OF WASTE DISPOSAL: All waste sent to active face:  Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL:  Yes / No

DETAILS: Bundries

APPLICATION OF DUST SUPPRESSANT: Yes /  No

DETAILS: Winter

DAILY INSPECTION FORM COMPLETED:  Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes /  No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Dec 5<sup>th</sup> / 00 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Bandies</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Bills</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

None Busy all day

**RECYCLING:**

**TYPE**

DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION
<u>4:30</u>	<u>7</u>	<u>gasoline</u>

**OTHER COMMENTS / OBSERVATIONS**

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>1:22</u>	<u>205 Ellsworth</u>	<u>Arrest 7</u>	<u>T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 153

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No

IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Dec 7/20 TIME: 8:30 STAFF: Dustin Jackson

**DEFICIENCIES OBSERVED:**

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Boundaries</u>
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**

Picked up litter around the waste site

**RECYCLING:**

DATE BINS WERE ORDERED: 12/16/20 TYPE: Plastic cardboard  
 DATES BINS WERE PICKED UP: / /

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Busy for Monday

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 83

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No

DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 4/00 TIME: 8:30 STAFF: Austin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Boulders</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter by Shoen

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
Very wet sloppy snow

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 61

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: NO SMO

SIGNATURE \_\_\_\_\_ Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 10/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>Bananas</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds</u>
Other:	Yes / <u>No</u>	

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
Picked up litter by bins

**RECYCLING:** TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**

Fence company was here to work on fence  
Andy Cross came and fixed the heater in the  
Shack

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

TOTAL COUNT OF HOUSEHOLD USERS: 51

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: \_\_\_\_\_

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 14/2020 TIME: 9:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING:  
 DATE BINS WERE ORDERED: Dec 14/2020 TYPE: occ / mixed / paper / mixed / Ewas  
 DATES BINS WERE PICKED UP:  / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:00</u>	<u>Stander</u>	<u>Garbage Recycling</u>	<u>3/4</u>	<u>✓</u>

TOTAL COUNT OF HOUSEHOLD USERS: 74

AREA OF WASTE DISPOSAL: All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE [Signature] Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott



DATE: Dec 16 / 2020 TIME: \_\_\_\_\_ STAFF: \_\_\_\_\_

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes / No</u>	_____
Windblown Litter:	<u>Yes / No</u>	_____
Leachate Springs:	<u>Yes / No</u>	_____
Animals:	<u>Yes / No</u>	_____
Other:	<u>Yes / No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1 / 1  
 DATES BINS WERE PICKED UP: Dec 16 / 2020 paper / mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>EL vidge</u>	<u>Garbage Recycling</u>	<u>1/4</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 51

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / No  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / No  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / No  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Township of **Leeds and the Thousand Islands**  
 1233 Prince Street, P.O. Box 280  
 Lansdowne, ON K0E 1L0

Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 17 / 2020 TIME: 2:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /    \_\_\_\_\_  
 DATES BINS WERE PICKED UP:    /   /    \_\_\_\_\_

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:05	MaTisse	Garbage- Recycling	FULL	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 61

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
**OFFICE USE:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_ **File Number:** \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Dec 19/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: Dec 18/2020 occ / mixed

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)

**TOTAL COUNT OF HOUSEHOLD USERS:** 171

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
**OFFICE USE:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_ **File Number:** \_\_\_\_\_



<input type="checkbox"/>	Lansdowne
<input checked="" type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 2/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:**  
 DATE BINS WERE ORDERED: Dec 21/2020 TYPE: mixed/paper/OCC/mixed  
 DATES BINS WERE PICKED UP: 1/1

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:15</u>	<u>Standen</u>	<u>Garbage Reelbag</u>	<u>3/4</u>	<u>Y</u>

TOTAL COUNT OF HOUSEHOLD USERS: 79

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE: John Stafford Print Staff Name: John Stafford  
 OFFICE USE: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

DATE: Dec 23/2020 TIME: 8:20 STAFF: John Stafford

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP: Dec/23/2020 Organic

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	ELVida	Garbage	Full	<del>X</del>
3:00	H/H	Garbage	Full	<del>X</del>

**TOTAL COUNT OF HOUSEHOLD USERS:** 105

**AREA OF WASTE DISPOSAL:** All waste sent to active face: Yes / ~~No~~  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
**OFFICE USE:** \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_



Lansdowne  
 Lyndhurst  
 Escott

**WASTE DISPOSAL SITE  
 DAILY INSPECTION FORM**

DATE: Dec 28/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	_____
Windblown Litter:	<del>Yes</del> / No	_____
Leachate Springs:	Yes / <del>No</del>	_____
Animals:	Yes / <del>No</del>	_____
Other:	Yes / <del>No</del>	_____

**RECOMMENDED ACTIONS / ACTIONS TAKEN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECYCLING:** \_\_\_\_\_ **TYPE** \_\_\_\_\_  
 DATE BINS WERE ORDERED:    /   /     
 DATES BINS WERE PICKED UP:    /   /   

**REJECTED LOADS:**

TIME	HAULER NAME	REASON FOR REJECTION

**OTHER COMMENTS / OBSERVATIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMERCIAL HAULER OR LARGE LOADS**

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:50	Stander	Garbage Recycling	1/2	Y

**TOTAL COUNT OF HOUSEHOLD USERS:** 75

**AREA OF WASTE DISPOSAL:** All waste sent to active face: ~~Yes~~ / No  
 IF NO: Waste Sent To: \_\_\_\_\_

**LITTER CONTROL:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**APPLICATION OF DUST SUPPRESSANT:** Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

**DAILY INSPECTION FORM COMPLETED:** ~~Yes~~ / No  
 DETAILS: \_\_\_\_\_

**COMPLAINTS RECEIVED:** Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

**SIGNATURE** John Stafford **Print Staff Name:** John Stafford  
**OFFICE USE:** \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_





Lansdowne  
 Lyndhurst  
 Escott

DATE: Dec 30/2020 TIME: 8:15 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <del>No</del>	
Windblown Litter:	<del>Yes</del> / No	
Leachate Springs:	Yes / <del>No</del>	
Animals:	Yes / <del>No</del>	
Other:	Yes / <del>No</del>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:  
 \_\_\_\_\_  
 \_\_\_\_\_

RECYCLING: \_\_\_\_\_ TYPE \_\_\_\_\_  
 DATE BINS WERE ORDERED: 1/1  
 DATES BINS WERE PICKED UP: Dec 22/2020 paper/mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:45	ELvidge	Carbon Recycling	3/4	X
1:10	"	"	1/4	X

TOTAL COUNT OF HOUSEHOLD USERS: 136

AREA OF WASTE DISPOSAL: All waste sent to active face: Yes / No  
 IF NO: Waste Sent To: \_\_\_\_\_

LITTER CONTROL: Yes / ~~No~~  
 DETAILS: more personnel was hired windblown litter is being picked up today

APPLICATION OF DUST SUPPRESSANT: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

DAILY INSPECTION FORM COMPLETED: Yes / ~~No~~  
 DETAILS: \_\_\_\_\_

COMPLAINTS RECEIVED: Yes / ~~No~~  
 If Yes, complaint file number(s) and topic: \_\_\_\_\_

SIGNATURE John Stafford Print Staff Name: John Stafford

OFFICE USE:  
 Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_ File Number: \_\_\_\_\_

**Appendix G**  
**Malroz Site Inspection**

Briar Hill Site Inspection

Date: Oct. 19/20

Time: 08:20

Inspected by: MW

Weather Conditions: Sunny (100%)

Inspection Item	condition	notes
Signage is displayed per section 2 (2), (3), and (4) of the ECA.	Good	
Was a site attendant present?	Yes	
Were any hazardous or liquid wastes observed being disposed of at the site?	NO	
Are recycling materials being placed in the appropriate bins?	Yes	
Were vermin, vectors, dust or litter present?	Yes	lots of Sea gulls
Is litter present at the site? Has a schedule been set for removal if present.	Yes	lots along north entrance fence line. Yes attendants believe its scheduled for cleanup next 2 weeks.
Are brush and clean wood segregated from other wastes?	Yes	
Are wastes burned at the site?	NO	
Is interim cover being applied to the site?	Every two weeks (Yes)	
Is the property locked outside of posted hours?	Yes	
Drainage conditions (e.g. ponded water).	Yes	ponded water near the brush pile due to rutting in the area
Are surfacewater features obstructed?	NO	
Are there seeps present?	NO	
What is the location of the active fill area?	SW of the Attendants Sheet	As marked on the 2019 map.

Was waste observed outside of the approved fill area?	NO	
Condition of the waste cap (Erosion, repairs needed?)	Good	
Were any unapproved wastes observed at the site?	NO	
Are on-site structures in good condition?	Yes	
Were buildings on site monitored for methane gas, as per B(1) of the ECA?	Yes	Attendant Shed Vapour Monitoring: Hex: 70 ppm ME: - PID: nr

General Comments

M. Wright  
Signature

Brier Hill Site Inspection

Date: Apr. 29 2020

Inspected by: *mwj*

Weather Conditions: *Cloudy (15°C)*

Time: 12:30

Inspection Item	condition	notes
Signage is displayed per section 2 (2), (3), and (4) of the ECA.	Good	
Was a site attendant present?	Yes	
Were any hazardous or liquid wastes observed being disposed of at the site?	No	
Are recycling materials being placed in the appropriate bins?	Yes	
Were vermin, vectors, dust or litter present?	Some dust and litter	
Is litter present at the site? Has a schedule been set for removal if present.	-Yes North east of Active fill and mineral	-Attendant asks James every Spring. We would need to check w him. -Attendant has cleaned along roadway which is visible.
Are brush and clean wood segregated from other wastes?	Yes	
Are wastes burned at the site?	No	Just brush. is burned.
Is interim cover being applied to the site?	Yes	big weekly Tuesday
Is the property locked outside of posted hours?	Yes	
Drainage conditions (e.g. ponded water).	-> NO ponded water visible	
Are surfacewater features obstructed?	No	
Are there seeps present?	No	
What is the location of the active fill area?	As marked on Figure 2	

Was waste observed outside of the approved fill area?	no	
Condition of the waste cap (Erosion, repairs needed?)	Good	
Were any unapproved wastes observed at the site?	no	
Are on-site structures in good condition?	yes	
Were buildings on site monitored for methane gas, as per 8(1) of the ECA?	yes	Hex-nr ME-- IRL-nr

General Comments

  
 \_\_\_\_\_  
 Signature

**Appendix H**  
**Groundwater and Surface Water**  
**Monitoring and Sampling Program**

## 1036 Briar Hill

### Monitoring Tasks:

GPS Wells and SW stations  
 Photos of Wells and SW Stations  
 Site inspection  
 Gas monitoring around buildings or structures at the site  
 Measure DTW and DTB in monitoring wells

### Sampling Tasks:

#### Groundwater:

BW1, BW2(s/d), L10, L11, L2, OW1, OW6R1, OW7R1, OW15(s/d), OW17  
 OW18, OW19, OW20, OW21, OW22, OW23, OW24, OW25  
 Pump required for BW1 and BW2d

**Total** 20  
 Lab criteria: ODWS

#### Surface Water:

**Total** SW1, SW4 & SW5  
 Lab criteria: 3  
 PWQO

Parameters	Groundwater		Surface Water	
<b>Lab</b>	Alkalinity	Arsenic	Alkalinity	Arsenic
	Ammonia	Barium	Ammonia	Barium
	BOD	Boron	Ammonia (UI)(N)	Boron
	COD	Cadmium	BOD	Cadmium
	DOC	Chromium	COD	Chromium
	Conductivity	Calcium	DOC	Calcium
	Hardness	Cobalt	Conductivity	Cobalt
	pH	Copper	Hardness	Copper
	Phenols	Iron	pH	Iron
	Phosphorous, total	Lead	Phenols	Lead
	TDS	Magnesium	Phosphorous, total	Magnesium
	TSS	Manganese	Phosphorous, total dissolved	Manganese
	Total Kjeldahl - N	Potassium	TDS	Nickel
	Chloride	Silver	TSS	Potassium
	Nitrate	Sodium	Total Kjeldahl - N	Silver
	Nitrite	Strontium	Chloride	Sodium
	Sulphate	Uranium	Nitrate	Strontium
	Mercury	Vanadium	Nitrite	Vanadium
	Aluminum	Zinc	Sulphate	Zinc
	Acetone	Ethylbenzene	Aluminum, dissolved	
	Benzene	Hexachlorobutadiene	Mercury, dissolved	
	Bromobenzene	Hexane		
	Bromodichloromethane	Isopropylbenzene		
	Bromoform	4-Isopropyltoluene		
	Bromomethane	Methyl Butyl Ketone		
	Carbon Tetrachloride	Methyl Ethyl Ketone		
	Chloroethane	Methyl Isobutyl Ketone		
	Chloroform	Methyl tert-butyl ether		
	Chloromethane	Chlorobenzene		
	2-Chlorotoluene	Naphthalene		
	4-Chlorotoluene	n-Butylbenzene		
	1,2-Dibromo-3-Chloropropane	n-Propylbenzene		
	Dibromochloromethane	sec-Butylbenzene		
	1,2-Dibromoethane	Styrene		
	Dibromomethane	tert-Butylbenzene		
	1,2-Dichlorobenzene	1,1,1,2-Tetrachloroethane		
	1,3-Dichlorobenzene	1,1,2,2-Tetrachloroethane		
	1,4-Dichlorobenzene	Tetrachloroethylene		
	Dichlorodifluoromethane	Toluene		
	1,1-Dichloroethane	1,2,3-Trichlorobenzene		
	1,2-Dichloroethane	1,2,4-Trichlorobenzene		
	1,1-Dichloroethylene	1,1,1-Trichloroethane		
	cis-1,2-Dichloroethylene	1,1,2-Trichloroethane		
	trans-1,2-Dichloroethylene	Trichloroethylene		
	Methylene Chloride	Trichlorofluoromethane		
	1,2-Dichloropropane	1,2,3-Trichloropropane		
	1,3-Dichloropropane	1,2,4-Trimethylbenzene		
	2,2-Dichloropropane	1,3,5-Trimethylbenzene		
	cis-1,3-Dichloropropene	Vinyl Chloride		
	trans-1,3-Dichloropropene	m/p-Xylene		
	1,3-Dichloropropene, total	o-Xylene		
	1,1-Dichloropropene	Xylenes, total		



**Appendix I**  
**Site Photographs**



Photo 1: surface water location SW1 (October 2020)



Photo 2: surface water location SW4 (October 2020)



Photo 3: surface water location SW5 (October 2020)



Photo 4: monitoring well BW1 (April 2020)



Photo 5: monitoring well BW2 (s/d) (October 2020)



Photo 6: monitoring well OW1 (October 2020)



Photo 7: monitoring well L10 and L11 (April 2020)



Photo 8: monitoring well L2 (April 2020)

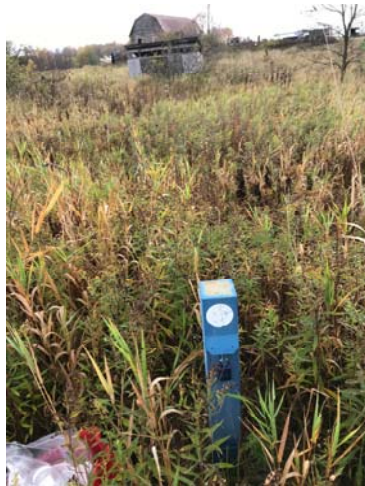


Photo 9: monitoring well OW6R1  
(October 2020)



Photo 10: monitoring well OW7R1  
(October 2020)



Photo 11: monitoring well OW15d  
(April 2020)



Photo 12: monitoring well OW15s  
(April 2020)



Photo 13: monitoring well OW17  
(October 2020)



Photo 14: monitoring well OW18  
(October 2020)



Photo 15: monitoring Well OW19  
and OW22 (October 2020)



Photo 16: monitoring well OW20  
(October 2020)



Photo 17: monitoring well OW23 (October 2020)



Photo 18: monitoring well OW24  
(October 2020)



Photo 19: monitoring well OW25 (October 2020)



Photo 20: front entrance signage (October 2020)



Photo 21: cardboard and paper bins, and the attendant shed (October 2020)



Photo 22: view of organic bins and pile of tires (October 2020)



Photo 23: organic bins and plastic bins (April 2020)



Photo 24: scrap metal bin, organics bins and pile of tires (October 2020)



Photo 25: active waste filling area (October 2020)



**Appendix J**  
**Laboratory Certificates of Analyses**

C.O.C.: G93069

REPORT No. B20-11251

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 08-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W001	20-W002	20-W016
<b>Sample I.D.</b>	B20-11251-1	B20-11251-2	B20-11251-3
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	01-May-20/O	209	211	201	
pH @25°C	pH Units		SM 4500H	01-May-20/O	8.43	8.39	8.33	
Conductivity @25°C	µmho/cm	1	SM 2510B	01-May-20/O	465	472	443	
Chloride	mg/L	0.5	SM4110C	06-May-20/O	9.3	9.5	6.7	
Nitrite (N)	mg/L	0.05	SM4110C	06-May-20/O	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	06-May-20/O	0.96	1.06	1.02	
Sulphate	mg/L	1	SM4110C	06-May-20/O	16	16	15	
BOD(5 day)	mg/L	3	SM 5210B	30-Apr-20/K	< 3	< 3	< 3	
Total Suspended Solids	mg/L	3	SM2540D	30-Apr-20/K	13	4	9	
o-Phosphate (P)	mg/L	0.002	PE4500-S	01-May-20/K	0.007	0.006	0.009	
Phosphorus-Total	mg/L	0.01	E3199A.1	05-May-20/K	0.04	0.03	0.02	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	05-May-20/K	0.6	0.5	0.4	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	01-May-20/K	0.10	0.12	0.04	
Ammonia (N)-unionized	mg/L	0.01	CALC	01-May-20/K	< 0.01	< 0.01	< 0.01	
Total Dissolved Solids	mg/L	3	SM 2540D	06-May-20/O	240	244	229	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	04-May-20/O	4.8	5.2	4.6	
Phenolics	mg/L	0.001	MOEE 3179	04-May-20/K	< 0.001	0.002	< 0.001	
COD	mg/L	5	SM 5220D	04-May-20/O	11	16	16	
Hardness (as CaCO3)	mg/L	1	SM 3120	05-May-20/O	273	278	265	
Aluminum	mg/L	0.01	SM 3120	05-May-20/O	0.03	0.04	0.03	
Arsenic	mg/L	0.0001	EPA 200.8	05-May-20/O	0.0002	0.0002	0.0002	
Barium	mg/L	0.001	SM 3120	05-May-20/O	0.133	0.126	0.126	
Boron	mg/L	0.005	SM 3120	05-May-20/O	0.026	0.023	0.015	
Cadmium	mg/L	0.000015	EPA 200.8	05-May-20/O	< 0.000015	< 0.000015	< 0.000015	
Calcium	mg/L	0.02	SM 3120	05-May-20/O	61.9	58.4	58.5	
Chromium	mg/L	0.001	EPA 200.8	05-May-20/O	< 0.001	< 0.001	< 0.001	
Cobalt	mg/L	0.0001	EPA 200.8	05-May-20/O	0.0003	0.0003	0.0002	



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

Michelle Dubien  
 Lab 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.

C.O.C.: G93069

REPORT No. B20-11251

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 08-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W001	20-W002	20-W016
<b>Sample I.D.</b>	B20-11251-1	B20-11251-2	B20-11251-3
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Copper	mg/L	0.0001	EPA 200.8	05-May-20/O	0.0008	0.0007	0.0007
Iron	mg/L	0.005	SM 3120	05-May-20/O	0.444	0.444	0.435
Lead	mg/L	0.00002	EPA 200.8	05-May-20/O	0.00012	0.00012	0.00010
Magnesium	mg/L	0.02	SM 3120	05-May-20/O	21.9	20.5	21.7
Manganese	mg/L	0.001	SM 3120	05-May-20/O	0.067	0.073	0.053
Mercury	mg/L	0.00002	SM 3112 B	04-May-20/O	< 0.00002	< 0.00002	< 0.00002
Nickel	mg/L	0.01	SM 3120	05-May-20/O	< 0.01	< 0.01	< 0.01
Potassium	mg/L	0.1	SM 3120	05-May-20/O	1.5	1.4	1.1
Silver	mg/L	0.0001	EPA 200.8	05-May-20/O	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	05-May-20/O	7.2	6.8	5.6
Strontium	mg/L	0.001	SM 3120	05-May-20/O	0.226	0.210	0.214
Vanadium	mg/L	0.0001	EPA 200.8	05-May-20/O	0.0013	0.0013	0.0013
Zinc	mg/L	0.005	SM 3120	05-May-20/O	0.009	0.007	0.009



Michelle Dubien  
 Lab Manager

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

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C.O.C.: G93066

REPORT No. B20-11252 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W003	20-W004	20-W005	20-W006
			Reference Method	Date/Site Analyzed	B20-11252-1	B20-11252-2	B20-11252-3	B20-11252-4
			Date Collected		29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	04-May-20/O	235	532	457	191
pH @25°C	pH Units		SM 4500H	04-May-20/O	7.97	7.69	7.54	8.00
Conductivity @25°C	µmho/cm	1	SM 2510B	04-May-20/O	564	1270	1140	465
Chloride	mg/L	0.5	SM4110C	06-May-20/O	9.1	73.6	68.5	5.8
Nitrite (N)	mg/L	0.05	SM4110C	06-May-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	06-May-20/O	0.20	0.07	0.07	0.15
Sulphate	mg/L	1	SM4110C	06-May-20/O	44	44	47	37
BOD(5 day)	mg/L	3	SM 5210B	30-Apr-20/K	4	4	< 3	4
Total Suspended Solids	mg/L	3	SM2540D	30-Apr-20/K	4200	36200	8400	3700
Phosphorus-Total	mg/L	0.01	E3199A.1	05-May-20/K	1.65	33.8	3.91	1.05
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	05-May-20/K	0.8	2.2	1.3	0.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	01-May-20/K	0.19	0.05	1.02	0.09
Total Dissolved Solids	mg/L	3	SM 2540D	06-May-20/O	292	685	614	240
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	04-May-20/O	3.3	4.4	4.9	2.5
Phenolics	mg/L	0.002	MOEE 3179	05-May-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	04-May-20/O	58	550	43	< 5
Hardness (as CaCO3)	mg/L	1	SM 3120	05-May-20/O	246	668	581	253
Aluminum	mg/L	0.01	SM 3120	05-May-20/O	0.03	0.08	0.08	0.03
Arsenic	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0010	0.0021	0.0008	0.0006
Barium	mg/L	0.001	SM 3120	05-May-20/O	0.138	0.434	0.462	0.138
Boron	mg/L	0.005	SM 3120	05-May-20/O	0.049	0.249	0.247	0.062
Cadmium	mg/L	0.000015	EPA 200.8	06-May-20/O	< 0.000015	< 0.000015	< 0.000015	< 0.000015
Calcium	mg/L	0.02	SM 3120	05-May-20/O	60.6	150	151	56.1
Chromium	mg/L	0.001	EPA 200.8	06-May-20/O	0.002	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0003	0.0002	0.0005	< 0.0001
Copper	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0001	< 0.0001	< 0.0001	0.0002
Iron	mg/L	0.005	SM 3120	05-May-20/O	0.372	2.18	1.92	0.122



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Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W003	20-W004	20-W005	20-W006
Lead	mg/L	0.00002	EPA 200.8	06-May-20/O	< 0.00002	< 0.00004	0.00005	0.00002
Magnesium	mg/L	0.02	SM 3120	05-May-20/O	23.0	71.2	49.4	27.5
Manganese	mg/L	0.001	SM 3120	05-May-20/O	0.136	0.045	0.178	0.013
Mercury	mg/L	0.00002	SM 3112 B	04-May-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	05-May-20/O	1.5	3.4	9.4	1.7
Silver	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	05-May-20/O	43.8	41.9	42.6	7.0
Strontium	mg/L	0.001	SM 3120	05-May-20/O	0.437	0.788	0.524	0.477
Uranium	mg/L	0.00005	EPA 200.8	06-May-20/O	0.00160	0.00008	0.00249	0.00035
Vanadium	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0005	< 0.0001	< 0.0001	< 0.0001
Zinc	mg/L	0.005	SM 3120	05-May-20/O	< 0.005	< 0.005	< 0.005	< 0.005



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 Lab Manager

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JOB/PROJECT NO.: Briar Hill

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P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W007	20-W008	20-W009	20-W010
			Reference Method	Date/Site Analyzed	B20-11252-5	B20-11252-6	B20-11252-7	B20-11252-8
			Date Collected		29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	04-May-20/O	188	256	224	244
pH @25°C	pH Units		SM 4500H	04-May-20/O	7.97	7.93	8.04	7.76
Conductivity @25°C	µmho/cm	1	SM 2510B	04-May-20/O	512	510	576	694
Chloride	mg/L	0.5	SM4110C	06-May-20/O	9.1	0.9	1.5	37.9
Nitrite (N)	mg/L	0.05	SM4110C	06-May-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	06-May-20/O	11.3	0.43	0.08	0.24
Sulphate	mg/L	1	SM4110C	06-May-20/O	16	4	27	48
BOD(5 day)	mg/L	3	SM 5210B	30-Apr-20/K	< 3	< 3	5	< 3
Total Suspended Solids	mg/L	3	SM2540D	30-Apr-20/K	11100	146	95200	230
Phosphorus-Total	mg/L	0.01	E3199A.1	05-May-20/K	0.15	0.06	82.0	0.09
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	05-May-20/K	0.1	< 0.1	4.0	1.7
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	01-May-20/K	< 0.01	< 0.01	0.03	1.48
Total Dissolved Solids	mg/L	3	SM 2540D	06-May-20/O	265	264	246	361
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	04-May-20/O	1.4	1.9	1.7	4.5
Phenolics	mg/L	0.002	MOEE 3179	05-May-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	04-May-20/O	9	5	800	18
Hardness (as CaCO3)	mg/L	1	SM 3120	05-May-20/O	284	312	277	297
Aluminum	mg/L	0.01	SM 3120	05-May-20/O	0.04	0.05	0.04	0.06
Arsenic	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	< 0.0001	0.0007	0.0001
Barium	mg/L	0.001	SM 3120	05-May-20/O	0.304	0.598	0.182	0.236
Boron	mg/L	0.005	SM 3120	05-May-20/O	0.021	0.013	0.007	0.138
Cadmium	mg/L	0.000015	EPA 200.8	06-May-20/O	< 0.000015	< 0.000015	< 0.000015	0.000025
Calcium	mg/L	0.02	SM 3120	05-May-20/O	70.3	81.7	62.2	87.4
Chromium	mg/L	0.001	EPA 200.8	06-May-20/O	< 0.001	0.002	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	0.0001	0.0002	0.0035
Copper	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0028	0.0003	0.0033	0.0019
Iron	mg/L	0.005	SM 3120	05-May-20/O	0.013	< 0.005	0.018	0.218



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Michelle Dubien  
Lab Manager

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REPORT No. B20-11252 (i)

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**Attention:** Mallory Wright

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 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W007	20-W008	20-W009	20-W010
					Sample I.D.	20-W007	20-W008	20-W009	20-W010
Lead	mg/L	0.00002	EPA 200.8	06-May-20/O	B20-11252-5	0.00007	< 0.00002	0.00009	< 0.00002
Magnesium	mg/L	0.02	SM 3120	05-May-20/O	B20-11252-6	26.3	26.2	29.6	19.2
Manganese	mg/L	0.001	SM 3120	05-May-20/O	B20-11252-7	< 0.001	< 0.001	0.007	0.321
Mercury	mg/L	0.00002	SM 3112 B	04-May-20/O	B20-11252-8	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	05-May-20/O	29-Apr-20	1.2	1.2	1.7	12.2
Silver	mg/L	0.0001	EPA 200.8	06-May-20/O	29-Apr-20	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	05-May-20/O	29-Apr-20	4.0	1.7	5.2	36.9
Strontium	mg/L	0.001	SM 3120	05-May-20/O	29-Apr-20	0.129	0.088	0.138	0.243
Uranium	mg/L	0.00005	EPA 200.8	06-May-20/O	29-Apr-20	0.00075	0.00037	0.00113	0.00035
Vanadium	mg/L	0.0001	EPA 200.8	06-May-20/O	29-Apr-20	0.0005	< 0.0001	0.0003	< 0.0001
Zinc	mg/L	0.005	SM 3120	05-May-20/O	29-Apr-20	< 0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

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DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W011	20-W012	20-W013	20-W014
					Sample I.D.	B20-11252-9	B20-11252-10	B20-11252-11	B20-11252-12
Date Collected					29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	04-May-20/O		419	433	584	614
pH @25°C	pH Units		SM 4500H	04-May-20/O		7.68	7.70	7.73	7.83
Conductivity @25°C	µmho/cm	1	SM 2510B	04-May-20/O		1300	1070	1390	1620
Chloride	mg/L	0.5	SM4110C	06-May-20/O		155	54.8	95.7	107
Nitrite (N)	mg/L	0.05	SM4110C	06-May-20/O		< 0.05	< 0.05	< 0.05	0.07
Nitrate (N)	mg/L	0.05	SM4110C	06-May-20/O		1.20	0.08	0.09	9.83
Sulphate	mg/L	1	SM4110C	06-May-20/O		21	52	7	53
BOD(5 day)	mg/L	3	SM 5210B	30-Apr-20/K		< 3	< 3		
Total Suspended Solids	mg/L	3	SM2540D	30-Apr-20/K		11600	4	120	102
Phosphorus-Total	mg/L	0.01	E3199A.1	05-May-20/K		8.12	0.06	0.99	0.28
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	05-May-20/K		1.0	1.6	15.3	3.8
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	01-May-20/K		0.03	1.30	9.77	1.23
Total Dissolved Solids	mg/L	3	SM 2540D	06-May-20/O		703	571	757	888
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	04-May-20/O		2.4	7.3	16.6	7.9
Phenolics	mg/L	0.002	MOEE 3179	05-May-20/K		< 0.002	< 0.002	0.003	0.004
COD	mg/L	5	SM 5220D	04-May-20/O		48	17	118	56
Hardness (as CaCO3)	mg/L	1	SM 3120	05-May-20/O		539	536	535	647
Aluminum	mg/L	0.01	SM 3120	05-May-20/O		0.09	0.09	0.09	0.11
Arsenic	mg/L	0.0001	EPA 200.8	06-May-20/O		< 0.0001	0.0001	0.0010	0.0003
Barium	mg/L	0.001	SM 3120	05-May-20/O		0.946	0.188	0.369	0.154
Boron	mg/L	0.005	SM 3120	05-May-20/O		0.078	0.774	0.320	0.299
Cadmium	mg/L	0.00015	EPA 200.8	06-May-20/O		< 0.00015	< 0.00015	< 0.00015	0.00022
Calcium	mg/L	0.02	SM 3120	05-May-20/O		153	145	146	205
Chromium	mg/L	0.001	EPA 200.8	06-May-20/O		0.003	< 0.001	0.006	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	06-May-20/O		0.0003	0.0003	0.0007	0.0016
Copper	mg/L	0.0001	EPA 200.8	06-May-20/O		0.0008	< 0.0001	< 0.0001	0.0062



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Michelle Dubien  
Lab Manager

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DATE RECEIVED: 29-Apr-20  
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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W011	20-W012	20-W013	20-W014
<b>Sample I.D.</b>	B20-11252-9	B20-11252-10	B20-11252-11	B20-11252-12
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	mg/L	0.005	SM 3120	05-May-20/O	< 0.005	1.14	26.8	0.236
Lead	mg/L	0.00002	EPA 200.8	06-May-20/O	< 0.00004	< 0.00004	0.00005	0.00015
Magnesium	mg/L	0.02	SM 3120	05-May-20/O	38.0	42.2	41.3	32.7
Manganese	mg/L	0.001	SM 3120	05-May-20/O	0.002	0.192	1.54	0.576
Mercury	mg/L	0.00002	SM 3112 B	04-May-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	05-May-20/O	2.8	5.6	48.3	29.9
Silver	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	05-May-20/O	89.9	45.2	80.0	141
Strontium	mg/L	0.001	SM 3120	05-May-20/O	0.313	3.62	0.677	0.426
Uranium	mg/L	0.00005	EPA 200.8	06-May-20/O	0.00053	0.00124	< 0.00005	0.00067
Vanadium	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0003	< 0.0001	0.0009	< 0.0001
Zinc	mg/L	0.005	SM 3120	05-May-20/O	< 0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

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JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W015	20-W018	20-W019	20-W020
<b>Sample I.D.</b>	B20-11252-13	B20-11252-14	B20-11252-15	B20-11252-16
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	04-May-20/O	450	757	336	245
pH @25°C	pH Units		SM 4500H	04-May-20/O	7.65	7.50	7.80	7.95
Conductivity @25°C	µmho/cm	1	SM 2510B	04-May-20/O	930	1800	865	966
Chloride	mg/L	0.5	SM4110C	06-May-20/O	13.1	116	71.4	82.5
Nitrite (N)	mg/L	0.05	SM4110C	06-May-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	06-May-20/O	3.20	0.08	0.20	10.1
Sulphate	mg/L	1	SM4110C	06-May-20/O	16	67	4	90
BOD(5 day)	mg/L	3	SM 5210B	30-Apr-20/K	< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	30-Apr-20/K	590	40	810	235
Phosphorus-Total	mg/L	0.01	E3199A.1	05-May-20/K	0.31	0.05	0.16	0.20
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	05-May-20/K	0.7	14.2	0.3	0.3
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	01-May-20/K	0.01	11.7	0.08	0.02
Total Dissolved Solids	mg/L	3	SM 2540D	06-May-20/O	494	986	457	514
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	04-May-20/O	5.6	12.4	2.4	2.6
Phenolics	mg/L	0.002	MOEE 3179	05-May-20/K	0.004	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	04-May-20/O	32	75	12	8
Hardness (as CaCO3)	mg/L	1	SM 3120	05-May-20/O	546	817	422	312
Aluminum	mg/L	0.01	SM 3120	05-May-20/O	0.09	0.10	0.08	0.07
Arsenic	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	0.0002	< 0.0001	0.0005
Barium	mg/L	0.001	SM 3120	05-May-20/O	0.532	0.129	0.412	0.029
Boron	mg/L	0.005	SM 3120	05-May-20/O	0.065	1.19	0.013	0.019
Cadmium	mg/L	0.00015	EPA 200.8	06-May-20/O	0.000047	< 0.000015	< 0.000015	0.000043
Calcium	mg/L	0.02	SM 3120	05-May-20/O	163	214	123	81.7
Chromium	mg/L	0.001	EPA 200.8	06-May-20/O	< 0.001	0.002	< 0.001	0.056
Cobalt	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0017	0.0007	0.0002	0.0002
Copper	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0022	< 0.0001	0.0024	0.0009



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W015	20-W018	20-W019	20-W020
<b>Sample I.D.</b>	B20-11252-13	B20-11252-14	B20-11252-15	B20-11252-16
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	mg/L	0.005	SM 3120	05-May-20/O	< 0.005	8.53	0.019	0.026
Lead	mg/L	0.00002	EPA 200.8	06-May-20/O	0.00003	< 0.00004	0.00006	0.00004
Magnesium	mg/L	0.02	SM 3120	05-May-20/O	33.8	68.7	27.8	26.2
Manganese	mg/L	0.001	SM 3120	05-May-20/O	0.006	0.064	0.001	0.001
Mercury	mg/L	0.00002	SM 3112 B	04-May-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	05-May-20/O	6.3	39.1	1.3	3.5
Silver	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	05-May-20/O	10.4	95.6	38.5	111
Strontium	mg/L	0.001	SM 3120	05-May-20/O	0.289	0.899	0.161	0.223
Uranium	mg/L	0.00005	EPA 200.8	06-May-20/O	0.00066	0.00043	0.00016	0.00913
Vanadium	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0002	0.0007	0.0002	0.0003
Zinc	mg/L	0.005	SM 3120	05-May-20/O	< 0.005	< 0.005	< 0.005	0.006



Michelle Dubien  
 Lab Manager

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REPORT No. B20-11252 (i)

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**Attention:** Mallory Wright

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 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W021	20-W022	20-W023	20-W017
					Sample I.D.	B20-11252-17	B20-11252-18	B20-11252-19	B20-11252-20
Date Collected					29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	04-May-20/O		194	301	299	345
pH @25°C	pH Units		SM 4500H	04-May-20/O		7.96	7.95	7.91	7.85
Conductivity @25°C	µmho/cm	1	SM 2510B	04-May-20/O		504	701	723	1480
Chloride	mg/L	0.5	SM4110C	06-May-20/O		31.3	18.1	17.7	271
Nitrite (N)	mg/L	0.05	SM4110C	06-May-20/O		< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	06-May-20/O		0.33	0.07	1.60	1.87
Sulphate	mg/L	1	SM4110C	06-May-20/O		15	48	52	16
BOD(5 day)	mg/L	3	SM 5210B	30-Apr-20/K		< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	30-Apr-20/K		< 3	5700	83400	110
Phosphorus-Total	mg/L	0.01	E3199A.1	05-May-20/K		< 0.01	8.30	7.52	0.30
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	05-May-20/K		< 0.1	0.9	0.5	0.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	01-May-20/K		0.02	0.04	0.02	0.02
Total Dissolved Solids	mg/L	3	SM 2540D	06-May-20/O		260	364	377	807
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	04-May-20/O		1.3	2.2	4.8	1.7
Phenolics	mg/L	0.002	MOEE 3179	05-May-20/K		< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	04-May-20/O		12	116	86	6
Hardness (as CaCO3)	mg/L	1	SM 3120	05-May-20/O		273	411	410	601
Aluminum	mg/L	0.01	SM 3120	05-May-20/O		0.04	0.07	0.06	0.09
Arsenic	mg/L	0.0001	EPA 200.8	06-May-20/O		0.0001	0.0001	0.0002	0.0001
Barium	mg/L	0.001	SM 3120	05-May-20/O		0.153	0.316	0.215	0.711
Boron	mg/L	0.005	SM 3120	05-May-20/O		0.008	0.029	0.029	0.035
Cadmium	mg/L	0.00015	EPA 200.8	06-May-20/O		< 0.000015	0.000021	< 0.000015	< 0.000015
Calcium	mg/L	0.02	SM 3120	05-May-20/O		71.1	99.3	102	168
Chromium	mg/L	0.001	EPA 200.8	06-May-20/O		< 0.001	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	06-May-20/O		0.0001	0.0003	0.0003	0.0002
Copper	mg/L	0.0001	EPA 200.8	06-May-20/O		< 0.0001	0.0005	0.0029	0.0025



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (i)

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**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W021	20-W022	20-W023	20-W017
<b>Sample I.D.</b>	B20-11252-17	B20-11252-18	B20-11252-19	B20-11252-20
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	mg/L	0.005	SM 3120	05-May-20/O	0.023	0.070	0.017	0.013
Lead	mg/L	0.00002	EPA 200.8	06-May-20/O	< 0.00002	0.00005	0.00006	0.00011
Magnesium	mg/L	0.02	SM 3120	05-May-20/O	23.1	39.5	37.7	44.0
Manganese	mg/L	0.001	SM 3120	05-May-20/O	0.009	0.093	0.006	0.001
Mercury	mg/L	0.00002	SM 3112 B	04-May-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	05-May-20/O	1.6	1.9	16.2	4.8
Silver	mg/L	0.0001	EPA 200.8	06-May-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	05-May-20/O	9.3	9.1	8.5	115
Strontium	mg/L	0.001	SM 3120	05-May-20/O	0.140	0.349	0.207	0.269
Uranium	mg/L	0.00005	EPA 200.8	06-May-20/O	0.00075	0.00061	0.00338	0.00084
Vanadium	mg/L	0.0001	EPA 200.8	06-May-20/O	0.0005	0.0003	0.0005	< 0.0001
Zinc	mg/L	0.005	SM 3120	05-May-20/O	< 0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (ii)

**Report To:**

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

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DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W003	20-W004	20-W005	20-W006
Sample I.D.	B20-11252-1	B20-11252-2	B20-11252-3	B20-11252-4
Date Collected	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	01-May-20/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	01-May-20/R	< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Chlorotoluene,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (ii)

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DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W003	20-W004	20-W005	20-W006
			Reference Method	Date/Site Analyzed	B20-11252-1	B20-11252-2	B20-11252-3	B20-11252-4
			Date Collected		29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane, 1,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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Michelle Dubien  
 Lab Manager

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DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

Client I.D.	20-W003	20-W004	20-W005	20-W006
Sample I.D.	B20-11252-1	B20-11252-2	B20-11252-3	B20-11252-4
Date Collected	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
			EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	01-May-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	01-May-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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

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C.O.C.: G93066

REPORT No. B20-11252 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W007	20-W008	20-W009	20-W010
Sample I.D.	B20-11252-5	B20-11252-6	B20-11252-7	B20-11252-8
Date Collected	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	01-May-20/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	01-May-20/R	< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Chlorotoluene,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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**C.O.C.: G93066**

**REPORT No. B20-11252 (ii)**

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W007	20-W008	20-W009	20-W010
			Reference Method	Date/Site Analyzed	B20-11252-5	B20-11252-6	B20-11252-7	B20-11252-8
			Date Collected		29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane, 1,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**  
 285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W007	20-W008	20-W009	20-W010
<b>Sample I.D.</b>	B20-11252-5	B20-11252-6	B20-11252-7	B20-11252-8
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	01-May-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	01-May-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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

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 Tel: 613-544-2001  
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DATE RECEIVED: 29-Apr-20  
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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W011	20-W012	20-W013	20-W014
<b>Sample I.D.</b>	B20-11252-9	B20-11252-10	B20-11252-11	B20-11252-12
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	01-May-20/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	01-May-20/R	< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Chlorotoluene, 2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene, 4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dibromoethane, 1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene, 1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene, 1,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	1.0	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dichloroethane, 1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	0.6	< 0.5
Dichloroethane, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene, 1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	20-W011	20-W012	20-W013	20-W014
<b>Sample I.D.</b>	B20-11252-9	B20-11252-10	B20-11252-11	B20-11252-12
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W011	20-W012	20-W013	20-W014
<b>Sample I.D.</b>	B20-11252-9	B20-11252-10	B20-11252-11	B20-11252-12
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethane,1,1,2,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Trichloropropane,1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene,1,2,4-	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene,1,3,5-	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	01-May-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	01-May-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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DATE RECEIVED: 29-Apr-20  
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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W015	20-W018	20-W019	20-W020
<b>Sample I.D.</b>	B20-11252-13	B20-11252-14	B20-11252-15	B20-11252-16
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	01-May-20/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	01-May-20/R	< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Chlorotoluene, 2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene, 4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dibromoethane, 1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene, 1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene, 1,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2
Dichloroethane, 1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	0.7	< 0.5	< 0.5
Dichloroethane, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	1.1	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene, 1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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Michelle Dubien  
 Lab Manager

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**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

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 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20

JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

			Client I.D.	20-W015	20-W018	20-W019	20-W020
			Sample I.D.	B20-11252-13	B20-11252-14	B20-11252-15	B20-11252-16
			Date Collected	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1



R.L. = Reporting Limit

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

Michelle Dubien  
 Lab Manager

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C.O.C.: G93066

REPORT No. B20-11252 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W015	20-W018	20-W019	20-W020
<b>Sample I.D.</b>	B20-11252-13	B20-11252-14	B20-11252-15	B20-11252-16
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethane,1,1,2,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Trichloropropane,1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene,1,2,4-	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene,1,3,5-	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	01-May-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	01-May-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
P.O. NUMBER: 1036  
WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W021	20-W022	20-W023	20-W017
					Sample I.D.	B20-11252-17	B20-11252-18	B20-11252-19	B20-11252-20
Date Collected					29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Acetone	µg/L	30	EPA 8260	01-May-20/R	< 30	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	01-May-20/R	< 3	< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2	< 2
Chlorotoluene, 2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene, 4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2	< 2
Dibromoethane, 1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene, 1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene, 1,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2	< 2	< 2
Dichloroethane, 1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane, 1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene, 1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5



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JOB/PROJECT NO.: Briar Hill

DATE REPORTED: 12-May-20

P.O. NUMBER: 1036

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

			Client I.D.	20-W021	20-W022	20-W023	20-W017
			Sample I.D.	B20-11252-17	B20-11252-18	B20-11252-19	B20-11252-20
			Date Collected	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20
Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	01-May-20/R	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	01-May-20/R	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	01-May-20/R	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	01-May-20/R	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1



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

Michelle Dubien  
Lab 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.

C.O.C.: G93066

REPORT No. B20-11252 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 29-Apr-20  
 DATE REPORTED: 12-May-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Briar Hill  
 P.O. NUMBER: 1036  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W021	20-W022	20-W023	20-W017
<b>Sample I.D.</b>	B20-11252-17	B20-11252-18	B20-11252-19	B20-11252-20
<b>Date Collected</b>	29-Apr-20	29-Apr-20	29-Apr-20	29-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethane,1,1,2,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene,1,2,4-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,1-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane,1,1,2-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	01-May-20/R	< 5	< 5	< 5	< 5
Trichloropropane,1,2,3-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene,1,2,4-	µg/L	1	EPA 8260	01-May-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene,1,3,5-	µg/L	0.1	EPA 8260	01-May-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	01-May-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	01-May-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	01-May-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	01-May-20/R	< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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.

C.O.C.: G89868

REPORT No. B20-31937

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 23-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W028	20-W030	20-W031	
<b>Sample I.D.</b>	B20-31937-1	B20-31937-2	B20-31937-3	
<b>Date Collected</b>	13-Oct-20	13-Oct-20	13-Oct-20	

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	233	234	210	
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	8.14	8.10	8.07	
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	523	521	459	
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	15.8	14.3	9.2	
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O	0.28	0.36	0.49	
Sulphate	mg/L	1	SM4110C	19-Oct-20/O	20	20	18	
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K	< 3	< 3	< 3	
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K	3	4	3	
o-Phosphate (P)	mg/L	0.002	PE4500-S	16-Oct-20/K	0.031	0.035	0.048	
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K	0.03	0.05	0.05	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K	0.4	0.5	0.6	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	16-Oct-20/K	0.02	0.04	0.06	
Ammonia (N)-unionized	mg/L	0.01	CALC	16-Oct-20/K	< 0.01	< 0.01	< 0.01	
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O	271	270	237	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O	1.2	8.9	9.1	
Phenolics	mg/L	0.001	MOEE 3179	15-Oct-20/K	< 0.001	< 0.001	0.003	
COD	mg/L	5	SM5220C	15-Oct-20/K	21	20	19	
Hardness (as CaCO3)	mg/L	1	SM 3120	16-Oct-20/O	265	261	247	
Aluminum	mg/L	0.01	SM 3120	16-Oct-20/O	0.05	0.04	0.04	
Arsenic	mg/L	0.0001	EPA 200.8	16-Oct-20/O	0.0002	0.0003	0.0003	
Barium	mg/L	0.001	SM 3120	16-Oct-20/O	0.218	0.214	0.190	
Boron	mg/L	0.005	SM 3120	16-Oct-20/O	0.039	0.037	0.015	
Cadmium	mg/L	0.000015	EPA 200.8	16-Oct-20/O	< 0.000015	< 0.000015	< 0.000015	
Calcium	mg/L	0.02	SM 3120	16-Oct-20/O	69.5	67.8	61.8	
Chromium	mg/L	0.001	EPA 200.8	16-Oct-20/O	< 0.001	< 0.001	< 0.001	
Cobalt	mg/L	0.0001	EPA 200.8	16-Oct-20/O	0.0002	0.0003	< 0.0001	



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

Michelle Dubien  
 Lab 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.

C.O.C.: G89868

REPORT No. B20-31937

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 23-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W028	20-W030	20-W031
<b>Sample I.D.</b>	B20-31937-1	B20-31937-2	B20-31937-3
<b>Date Collected</b>	13-Oct-20	13-Oct-20	13-Oct-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Copper	mg/L	0.0001	EPA 200.8	16-Oct-20/O	0.0004	0.0004	0.0003
Iron	mg/L	0.005	SM 3120	16-Oct-20/O	0.210	0.280	0.282
Lead	mg/L	0.00002	EPA 200.8	16-Oct-20/O	0.00005	0.00006	0.00005
Magnesium	mg/L	0.02	SM 3120	16-Oct-20/O	22.1	22.2	22.6
Manganese	mg/L	0.001	SM 3120	16-Oct-20/O	0.036	0.060	0.051
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	< 0.00002	< 0.00002	< 0.00002
Nickel	mg/L	0.01	SM 3120	16-Oct-20/O	< 0.01	< 0.01	< 0.01
Potassium	mg/L	0.1	SM 3120	16-Oct-20/O	3.7	3.7	2.4
Silver	mg/L	0.0001	EPA 200.8	16-Oct-20/O	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	16-Oct-20/O	8.8	8.8	5.7
Strontium	mg/L	0.001	SM 3120	16-Oct-20/O	0.215	0.209	0.180
Vanadium	mg/L	0.0001	EPA 200.8	16-Oct-20/O	0.0006	0.0005	0.0006
Zinc	mg/L	0.005	SM 3120	16-Oct-20/O	< 0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

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

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C.O.C.: G89870

REPORT No. B20-31924 (i)

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
DATE REPORTED: 27-Oct-20  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W024	20-W025	20-W026	20-W027
					Sample I.D.	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	B20-31924-1	390	395	403	744
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	B20-31924-2	7.86	7.84	7.72	7.42
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	B20-31924-3	1410	834	830	1790
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	B20-31924-4	198	27.3	14.7	111
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O		< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O		5.38	0.79	1.11	0.05
Sulphate	mg/L	1	SM4110C	19-Oct-20/O		35	5	11	67
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K		< 3	5	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K		356	656	268	40
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K		0.32	1.04	0.17	0.09
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K		0.4	0.5	0.4	13.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	21-Oct-20/K		0.17	0.18	0.06	12.5
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O		769	439	437	982
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O		1.4	5.6	1.8	8.9
Phenolics	mg/L	0.002	MOEE 3179	15-Oct-20/K		< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	15-Oct-20/K		28	228	12	67
Hardness (as CaCO3)	mg/L	1	SM 3120	16-Oct-20/O		571	403	427	712
Aluminum	mg/L	0.01	SM 3120	16-Oct-20/O		0.08	0.08	0.08	0.10
Arsenic	mg/L	0.0001	EPA 200.8	20-Oct-20/O		< 0.0001	0.0006	< 0.0001	0.0002
Barium	mg/L	0.001	SM 3120	16-Oct-20/O		0.695	0.612	0.389	0.122
Boron	mg/L	0.005	SM 3120	16-Oct-20/O		0.034	0.014	0.027	1.06
Cadmium	mg/L	0.000015	EPA 200.8	20-Oct-20/O		< 0.000015	0.000040	0.000033	< 0.000015
Calcium	mg/L	0.02	SM 3120	16-Oct-20/O		160	119	129	199
Chromium	mg/L	0.001	EPA 200.8	20-Oct-20/O		< 0.001	0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	20-Oct-20/O		0.0001	0.0016	0.0004	0.0006
Copper	mg/L	0.0001	EPA 200.8	20-Oct-20/O		0.0048	0.0039	0.0019	0.0003
Iron	mg/L	0.005	SM 3120	16-Oct-20/O		0.025	< 0.005	< 0.005	7.07



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

Michelle Dubien  
Lab 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.

C.O.C.: G89870

REPORT No. B20-31924 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W024	20-W025	20-W026	20-W027
					Sample I.D.	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Lead	mg/L	0.00002	EPA 200.8	20-Oct-20/O	B20-31924-1	0.00015	0.00115	0.00005	0.00004
Magnesium	mg/L	0.02	SM 3120	16-Oct-20/O	B20-31924-2	41.5	25.7	25.4	52.1
Manganese	mg/L	0.001	SM 3120	16-Oct-20/O	B20-31924-3	0.002	< 0.001	0.001	0.062
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	B20-31924-4	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	16-Oct-20/O		4.1	1.3	3.3	36.1
Silver	mg/L	0.0001	EPA 200.8	20-Oct-20/O		< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	16-Oct-20/O		76.9	20.7	11.4	84.8
Strontium	mg/L	0.001	SM 3120	16-Oct-20/O		0.255	0.137	0.204	0.750
Uranium	mg/L	0.00005	EPA 200.8	20-Oct-20/O		0.00105	0.00031	0.00051	0.00043
Vanadium	mg/L	0.0001	EPA 200.8	20-Oct-20/O		< 0.0001	0.0020	0.0002	0.0008
Zinc	mg/L	0.005	SM 3120	16-Oct-20/O		0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

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.



C.O.C.: G89870

REPORT No. B20-31924 (i)

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W029	20-W032	20-W033	20-W034
			Reference Method	Date/Site Analyzed	B20-31924-5	B20-31924-6	B20-31924-7	B20-31924-8
			Date Collected		13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	248	396	559	296
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	8.03	7.73	7.45	7.95
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	575	1190	1300	698
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	8.9	135	65.6	21.4
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O	0.07	0.90	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	19-Oct-20/O	43	20	56	49
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K	< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K	7500	6400	305	74600
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K	3.57	2.29	0.13	30.3
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K	1.3	0.3	2.3	1.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	21-Oct-20/K	0.26	0.11	1.76	0.20
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O	298	639	706	363
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O	3.3	1.3	5.7	< 0.2
Phenolics	mg/L	0.002	MOEE 3179	15-Oct-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	15-Oct-20/K	224	45	19	269
Hardness (as CaCO3)	mg/L	1	SM 3120	16-Oct-20/O	265	457	567	366
Aluminum	mg/L	0.01	SM 3120	16-Oct-20/O	0.07	0.08	0.09	0.06
Arsenic	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0011	< 0.0001	0.0002	0.0002
Barium	mg/L	0.001	SM 3120	16-Oct-20/O	0.178	0.846	0.535	0.236
Boron	mg/L	0.005	SM 3120	16-Oct-20/O	0.051	0.072	0.350	0.016
Cadmium	mg/L	0.000015	EPA 200.8	20-Oct-20/O	< 0.000015	< 0.000015	0.000051	< 0.000015
Calcium	mg/L	0.02	SM 3120	16-Oct-20/O	69.5	135	172	88.9
Chromium	mg/L	0.001	EPA 200.8	20-Oct-20/O	< 0.001	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0002	0.0002	0.0114	0.0005
Copper	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0007	0.0012	0.0062	0.0005
Iron	mg/L	0.005	SM 3120	16-Oct-20/O	0.435	0.019	1.38	< 0.005



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

Michelle Dubien  
Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W029	20-W032	20-W033	20-W034
<b>Sample I.D.</b>	B20-31924-5	B20-31924-6	B20-31924-7	B20-31924-8
<b>Date Collected</b>	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	mg/L	0.00002	EPA 200.8	20-Oct-20/O	0.00010	0.00004	0.00015	< 0.00002
Magnesium	mg/L	0.02	SM 3120	16-Oct-20/O	22.3	29.1	33.4	34.9
Manganese	mg/L	0.001	SM 3120	16-Oct-20/O	0.069	0.002	0.654	0.017
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	16-Oct-20/O	1.7	2.9	18.2	2.1
Silver	mg/L	0.0001	EPA 200.8	20-Oct-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	16-Oct-20/O	20.0	75.6	59.2	7.3
Strontium	mg/L	0.001	SM 3120	16-Oct-20/O	0.492	0.285	0.495	0.151
Uranium	mg/L	0.00005	EPA 200.8	20-Oct-20/O	0.00115	0.00052	0.00071	0.00219
Vanadium	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0010	0.0003	< 0.0001	0.0003
Zinc	mg/L	0.005	SM 3120	16-Oct-20/O	< 0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

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285 Dalton Ave  
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 Tel: 613-544-2001  
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DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	20-W035		
<b>Sample I.D.</b>	B20-31924-9		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	323		
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	7.85		
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	979		
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	108		
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O	0.64		
Sulphate	mg/L	1	SM4110C	19-Oct-20/O	27		
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K	< 3		
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K	6000		
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K	1.11		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K	0.4		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	21-Oct-20/K	0.08		
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O	522		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O	2.0		
Phenolics	mg/L	0.002	MOEE 3179	15-Oct-20/K	< 0.002		
COD	mg/L	5	SM5220C	15-Oct-20/K	41		
Hardness (as CaCO3)	mg/L	1	SM 3120	16-Oct-20/O	392		
Aluminum	mg/L	0.01	SM 3120	16-Oct-20/O	0.06		
Arsenic	mg/L	0.0001	EPA 200.8	20-Oct-20/O	< 0.0001		
Barium	mg/L	0.001	SM 3120	16-Oct-20/O	0.375		
Boron	mg/L	0.005	SM 3120	16-Oct-20/O	0.085		
Cadmium	mg/L	0.00015	EPA 200.8	20-Oct-20/O	< 0.00015		
Calcium	mg/L	0.02	SM 3120	16-Oct-20/O	99.2		
Chromium	mg/L	0.001	EPA 200.8	20-Oct-20/O	< 0.001		
Cobalt	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0003		
Copper	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0006		
Iron	mg/L	0.005	SM 3120	16-Oct-20/O	0.030		



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Michelle Dubien  
 Lab Manager

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REPORT No. B20-31924 (i)

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W035			
<b>Sample I.D.</b>	B20-31924-9			
<b>Date Collected</b>	13-Oct-20			

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Lead	mg/L	0.00002	EPA 200.8	20-Oct-20/O	0.00002		
Magnesium	mg/L	0.02	SM 3120	16-Oct-20/O	35.0		
Manganese	mg/L	0.001	SM 3120	16-Oct-20/O	0.108		
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	< 0.00002		
Potassium	mg/L	0.1	SM 3120	16-Oct-20/O	2.3		
Silver	mg/L	0.0001	EPA 200.8	20-Oct-20/O	< 0.0001		
Sodium	mg/L	0.2	SM 3120	16-Oct-20/O	46.5		
Strontium	mg/L	0.001	SM 3120	16-Oct-20/O	0.333		
Uranium	mg/L	0.00005	EPA 200.8	20-Oct-20/O	0.00055		
Vanadium	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0002		
Zinc	mg/L	0.005	SM 3120	16-Oct-20/O	< 0.005		



Michelle Dubien  
 Lab Manager

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

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W024	20-W025	20-W026	20-W027
					Sample I.D.	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Acetone	µg/L	30	EPA 8260	20-Oct-20/R	B20-31924-1	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	20-Oct-20/R	B20-31924-2	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	20-Oct-20/R	B20-31924-3	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	20-Oct-20/R	B20-31924-4	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	20-Oct-20/R		< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	20-Oct-20/R		< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	20-Oct-20/R		< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	20-Oct-20/R		< 2	< 2	< 2	< 2
Chlorotoluene,2-	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	20-Oct-20/R		< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	20-Oct-20/R		< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	20-Oct-20/R		< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	20-Oct-20/R		< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5



R.L. = Reporting Limit

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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W024	20-W025	20-W026	20-W027
					Sample I.D.	Sample I.D.	Sample I.D.	Sample I.D.
					Date Collected	Date Collected	Date Collected	Date Collected
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	20-Oct-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	20-Oct-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	20-Oct-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	20-Oct-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane, 1,1,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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Michelle Dubien  
 Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

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308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
DATE REPORTED: 27-Oct-20  
SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
P.O. NUMBER:  
WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W024	20-W025	20-W026	20-W027
					Sample I.D.	B20-31924-1	B20-31924-2	B20-31924-3	B20-31924-4
Date Collected					13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5	< 5
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	20-Oct-20/R	< 1	< 1	< 1	< 1	< 1
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	20-Oct-20/R	< 1.0	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	20-Oct-20/R	< 1.1	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5	< 0.5



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Michelle Dubien  
Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W029	20-W032	20-W033	20-W034
					Sample I.D.	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Acetone	µg/L	30	EPA 8260	20-Oct-20/R	B20-31924-5	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	20-Oct-20/R	B20-31924-6	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	20-Oct-20/R	B20-31924-7	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	20-Oct-20/R	B20-31924-8	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	20-Oct-20/R		< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	20-Oct-20/R		< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	20-Oct-20/R		< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	20-Oct-20/R		< 2	< 2	< 2	< 2
Chlorotoluene,2-	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	20-Oct-20/R		< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	20-Oct-20/R		< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	20-Oct-20/R		< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	20-Oct-20/R		< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W029	20-W032	20-W033	20-W034
					Sample I.D.	Sample I.D.	Sample I.D.	Sample I.D.
					Date Collected	Date Collected	Date Collected	Date Collected
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	20-Oct-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	20-Oct-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	20-Oct-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	20-Oct-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	20-Oct-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W029	20-W032	20-W033	20-W034
					Sample I.D.	13-Oct-20	13-Oct-20	13-Oct-20	13-Oct-20
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	B20-31924-5	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	20-Oct-20/R	B20-31924-6	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	20-Oct-20/R	B20-31924-7	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	B20-31924-8	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	20-Oct-20/R		< 5	< 5	< 5	< 5
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	20-Oct-20/R		< 1	< 1	< 1	< 1
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	20-Oct-20/R		< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	20-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	20-Oct-20/R		< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	20-Oct-20/R		< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	20-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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

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**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W035		
<b>Sample I.D.</b>	B20-31924-9		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Acetone	µg/L	30	EPA 8260	20-Oct-20/R	< 30		
Benzene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Bromobenzene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4		
Bromodichloromethane	µg/L	2	EPA 8260	20-Oct-20/R	< 2		
Bromoform	µg/L	5	EPA 8260	20-Oct-20/R	< 5		
Bromomethane	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Carbon Tetrachloride	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Chloroethane	µg/L	3	EPA 8260	20-Oct-20/R	< 3		
Chloroform	µg/L	1	EPA 8260	20-Oct-20/R	< 1		
Chloromethane	µg/L	2	EPA 8260	20-Oct-20/R	< 2		
Chlorotoluene,2-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Chlorotoluene,4-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	20-Oct-20/R	< 0.6		
Dibromochloromethane	µg/L	2	EPA 8260	20-Oct-20/R	< 2		
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Dibromomethane	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1		
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichlorodifluoromethane	µg/L	2	EPA 8260	20-Oct-20/R	< 2		
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W035		
<b>Sample I.D.</b>	B20-31924-9		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	20-Oct-20/R	< 5		
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Ethylbenzene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Hexachlorobutadiene	µg/L	0.6	EPA 8260	20-Oct-20/R	< 0.6		
Hexane	µg/L	5	EPA 8260	20-Oct-20/R	< 5		
Isopropylbenzene	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Methyl Butyl Ketone	µg/L	5	EPA 8260	20-Oct-20/R	< 5		
Methyl Ethyl Ketone	µg/L	20	EPA 8260	20-Oct-20/R	< 20		
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	20-Oct-20/R	< 20		
Methyl-t-butyl Ether	µg/L	2	EPA 8260	20-Oct-20/R	< 2		
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Naphthalene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4		
n-Butylbenzene	µg/L	0.4	EPA 8260	20-Oct-20/R	< 0.4		
n-Propylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1		
sec-Butylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1		
Styrene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
tert-Butylbenzene	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1		
Tetrachloroethane, 1,1,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89870

REPORT No. B20-31924 (ii)

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 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W035		
<b>Sample I.D.</b>	B20-31924-9		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Tetrachloroethylene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Toluene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trichloroethylene	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trichlorofluoromethane	µg/L	5	EPA 8260	20-Oct-20/R	< 5		
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	20-Oct-20/R	< 1		
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	20-Oct-20/R	< 0.1		
Vinyl Chloride	µg/L	0.2	EPA 8260	20-Oct-20/R	< 0.2		
Xylene, m,p-	µg/L	1.0	EPA 8260	20-Oct-20/R	< 1.0		
Xylene, m,p,o-	µg/L	1.1	EPA 8260	20-Oct-20/R	< 1.1		
Xylene, o-	µg/L	0.5	EPA 8260	20-Oct-20/R	< 0.5		



Michelle Dubien  
 Lab Manager

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

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C.O.C.: ---

REPORT No. B20-31941 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 30-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Raw Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W036		
<b>Sample I.D.</b>	B20-31941-1		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	227		
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	8.04		
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	568		
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	13.7		
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05		
Sulphate	mg/L	1	SM4110C	19-Oct-20/O	54		
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K	< 3		
Total Suspended Solids	mg/L	3	SM2540D	20-Oct-20/K	3		
Phosphorus-Total	mg/L	0.01	E3199A.1	16-Oct-20/K	< 0.01		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	16-Oct-20/K	< 0.1		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	16-Oct-20/K	0.04		
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O	294		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O	8.1		
Phenolics	mg/L	0.002	MOEE 3179	15-Oct-20/K	< 0.002		
COD	mg/L	5	SM5220C	15-Oct-20/K	< 5		
Hardness (as CaCO3)	mg/L	1	SM 3120	16-Oct-20/O	286		
Aluminum	mg/L	0.01	SM 3120	16-Oct-20/O	0.05		
Arsenic	mg/L	0.0001	EPA 200.8	20-Oct-20/O	< 0.0001		
Barium	mg/L	0.001	SM 3120	16-Oct-20/O	0.088		
Boron	mg/L	0.005	SM 3120	16-Oct-20/O	0.010		
Cadmium	mg/L	0.000015	EPA 200.8	20-Oct-20/O	< 0.000015		
Calcium	mg/L	0.02	SM 3120	16-Oct-20/O	71.5		
Chromium	mg/L	0.001	EPA 200.8	20-Oct-20/O	< 0.001		
Cobalt	mg/L	0.0001	EPA 200.8	20-Oct-20/O	< 0.0001		
Copper	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0024		
Iron	mg/L	0.005	SM 3120	16-Oct-20/O	0.083		



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

Michelle Dubien  
 Lab Manager

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C.O.C.: ---

REPORT No. B20-31941 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 30-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Raw Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W036			
<b>Sample I.D.</b>	B20-31941-1			
<b>Date Collected</b>	13-Oct-20			

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Lead	mg/L	0.00002	EPA 200.8	20-Oct-20/O	< 0.00002		
Magnesium	mg/L	0.02	SM 3120	16-Oct-20/O	26.1		
Manganese	mg/L	0.001	SM 3120	16-Oct-20/O	0.012		
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	< 0.00002		
Potassium	mg/L	0.1	SM 3120	16-Oct-20/O	1.2		
Silver	mg/L	0.0001	EPA 200.8	20-Oct-20/O	< 0.0001		
Sodium	mg/L	0.2	SM 3120	16-Oct-20/O	6.1		
Strontium	mg/L	0.001	SM 3120	16-Oct-20/O	0.090		
Uranium	mg/L	0.00005	EPA 200.8	20-Oct-20/O	0.00011		
Vanadium	mg/L	0.0001	EPA 200.8	20-Oct-20/O	0.0001		
Zinc	mg/L	0.005	SM 3120	16-Oct-20/O	0.056		



Michelle Dubien  
 Lab Manager

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

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C.O.C.: ---

REPORT No. B20-31941 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 30-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Raw Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W036		
<b>Sample I.D.</b>	B20-31941-1		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Acetone	µg/L	30	EPA 8260	21-Oct-20/R	< 30		
Benzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Bromobenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4		
Bromodichloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Bromoform	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Bromomethane	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Carbon Tetrachloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Chloroethane	µg/L	3	EPA 8260	21-Oct-20/R	< 3		
Chloroform	µg/L	1	EPA 8260	21-Oct-20/R	< 1		
Chloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Chlorotoluene,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Chlorotoluene,4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6		
Dibromochloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dibromomethane	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichlorodifluoromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		



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Michelle Dubien  
 Lab Manager

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REPORT No. B20-31941 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 30-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Raw Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W036		
<b>Sample I.D.</b>	B20-31941-1		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Ethylbenzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Hexachlorobutadiene	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6		
Hexane	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Isopropylbenzene	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Methyl Butyl Ketone	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Methyl Ethyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20		
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20		
Methyl-t-butyl Ether	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Naphthalene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4		
n-Butylbenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4		
n-Propylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
sec-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Styrene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
tert-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Tetrachloroethane, 1,1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		



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Michelle Dubien  
 Lab Manager

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C.O.C.: ---

REPORT No. B20-31941 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 13-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 30-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Raw Water

WATERWORKS NO.

<b>Client I.D.</b>	20-W036		
<b>Sample I.D.</b>	B20-31941-1		
<b>Date Collected</b>	13-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Tetrachloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Toluene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichlorofluoromethane	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	21-Oct-20/R	< 1		
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Vinyl Chloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Xylene, m,p-	µg/L	1.0	EPA 8260	21-Oct-20/R	< 1.0		
Xylene, m,p,o-	µg/L	1.1	EPA 8260	21-Oct-20/R	< 1.1		
Xylene, o-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89869

REPORT No. B20-32009 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W037	20-W038	20-W039	20-W040
					Sample I.D.	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	B20-32009-1	207	246	202	204
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	B20-32009-2	7.98	8.09	8.06	8.11
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	B20-32009-3	398	454	487	470
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	B20-32009-4	1.1	1.9	7.7	5.7
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O		< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O		0.30	< 0.05	7.16	0.08
Sulphate	mg/L	1	SM4110C	19-Oct-20/O		3	21	16	38
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K		< 3	< 3	< 3	3
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K		108	8500	620	1180
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K		0.06	5.70	1.02	0.74
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K		< 0.1	0.3	0.2	0.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	22-Oct-20/K		0.02	0.07	0.03	0.11
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O		205	235	262	243
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O		1.6	1.4	1.5	1.5
Phenolics	mg/L	0.002	MOEE 3179	16-Oct-20/K		< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	16-Oct-20/K		< 5	142	73	45
Hardness (as CaCO3)	mg/L	1	SM 3120	19-Oct-20/O		221	241	251	239
Aluminum	mg/L	0.01	SM 3120	19-Oct-20/O		0.05	0.04	0.04	0.05
Arsenic	mg/L	0.0001	EPA 200.8	21-Oct-20/O		< 0.0001	0.0003	< 0.0001	0.0006
Barium	mg/L	0.001	SM 3120	19-Oct-20/O		0.443	0.178	0.298	0.137
Boron	mg/L	0.005	SM 3120	19-Oct-20/O		0.012	0.006	0.021	0.061
Cadmium	mg/L	0.000015	EPA 200.8	21-Oct-20/O		< 0.000015	< 0.000015	< 0.000015	< 0.000015
Calcium	mg/L	0.02	SM 3120	19-Oct-20/O		59.0	55.7	64.9	55.0
Chromium	mg/L	0.001	EPA 200.8	21-Oct-20/O		0.005	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	21-Oct-20/O		< 0.0001	0.0002	< 0.0001	< 0.0001
Copper	mg/L	0.0001	EPA 200.8	21-Oct-20/O		0.0004	0.0026	0.0009	0.0009
Iron	mg/L	0.005	SM 3120	19-Oct-20/O		< 0.005	0.012	< 0.005	0.098



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89869

REPORT No. B20-32009 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W037	20-W038	20-W039	20-W040
					Sample I.D.	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20
Lead	mg/L	0.00002	EPA 200.8	21-Oct-20/O	B20-32009-1	< 0.00002	0.00003	< 0.00002	0.00003
Magnesium	mg/L	0.02	SM 3120	20-Oct-20/O	B20-32009-2	20.5	27.9	25.2	28.5
Manganese	mg/L	0.001	SM 3120	19-Oct-20/O	B20-32009-3	< 0.001	0.016	< 0.001	0.013
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	B20-32009-4	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	19-Oct-20/O		1.1	1.6	1.4	2.1
Silver	mg/L	0.0001	EPA 200.8	21-Oct-20/O		< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	19-Oct-20/O		1.1	4.3	3.6	6.5
Strontium	mg/L	0.001	SM 3120	19-Oct-20/O		0.064	0.129	0.119	0.473
Uranium	mg/L	0.00005	EPA 200.8	21-Oct-20/O		0.00036	0.00075	0.00065	0.00029
Vanadium	mg/L	0.0001	EPA 200.8	21-Oct-20/O		< 0.0001	0.0001	0.0006	0.0001
Zinc	mg/L	0.005	SM 3120	19-Oct-20/O		< 0.005	0.005	< 0.005	< 0.005



Michelle Dubien  
 Lab Manager

R.L. = Reporting Limit

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

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**Attention:** Mallory Wright

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 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W041	20-W042	20-W043	20-W044
					Sample I.D.	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	B20-32009-5	546	476	279	224
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	B20-32009-6	7.83	7.67	8.01	8.03
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	B20-32009-7	1230	1130	952	616
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	B20-32009-8	71.2	66.9	77.8	40.8
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O		< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O		< 0.05	< 0.05	8.47	4.63
Sulphate	mg/L	1	SM4110C	19-Oct-20/O		43	47	92	20
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K		< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K		40800	6100	195	12
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K		26.6	0.58	0.19	0.03
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K		1.3	1.4	0.3	0.2
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	22-Oct-20/K		0.06	1.09	0.02	< 0.01
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O		666	610	506	320
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O		3.6	3.0	2.1	2.2
Phenolics	mg/L	0.002	MOEE 3179	16-Oct-20/K		< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	16-Oct-20/K		250	92	8	< 5
Hardness (as CaCO3)	mg/L	1	SM 3120	19-Oct-20/O		566	548	287	281
Aluminum	mg/L	0.01	SM 3120	19-Oct-20/O		0.08	0.08	0.06	0.06
Arsenic	mg/L	0.0001	EPA 200.8	21-Oct-20/O		0.0010	0.0007	0.0006	0.0002
Barium	mg/L	0.001	SM 3120	19-Oct-20/O		0.427	0.455	0.027	0.164
Boron	mg/L	0.005	SM 3120	19-Oct-20/O		0.283	0.232	0.016	0.005
Cadmium	mg/L	0.000015	EPA 200.8	21-Oct-20/O		< 0.000015	< 0.000015	0.000054	< 0.000015
Calcium	mg/L	0.02	SM 3120	19-Oct-20/O		145	147	77.8	76.1
Chromium	mg/L	0.001	EPA 200.8	21-Oct-20/O		< 0.001	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	21-Oct-20/O		0.0001	0.0005	< 0.0001	0.0001
Copper	mg/L	0.0001	EPA 200.8	21-Oct-20/O		0.0004	0.0010	0.0011	0.0002
Iron	mg/L	0.005	SM 3120	19-Oct-20/O		1.97	1.74	< 0.005	0.061



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89869

REPORT No. B20-32009 (i)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W041	20-W042	20-W043	20-W044
					Sample I.D.	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20
Lead	mg/L	0.00002	EPA 200.8	21-Oct-20/O	B20-32009-5	< 0.00004	0.00006	< 0.00002	< 0.00002
Magnesium	mg/L	0.02	SM 3120	20-Oct-20/O	B20-32009-6	70.6	49.4	25.5	28.8
Manganese	mg/L	0.001	SM 3120	19-Oct-20/O	B20-32009-7	0.043	0.197	< 0.001	0.036
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	B20-32009-8	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	19-Oct-20/O		4.1	10.0	3.4	1.6
Silver	mg/L	0.0001	EPA 200.8	21-Oct-20/O		< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	19-Oct-20/O		38.2	36.6	94.6	13.7
Strontium	mg/L	0.001	SM 3120	19-Oct-20/O		0.754	0.499	0.210	0.159
Uranium	mg/L	0.00005	EPA 200.8	21-Oct-20/O		0.00007	0.00232	0.00805	0.00141
Vanadium	mg/L	0.0001	EPA 200.8	21-Oct-20/O		0.0002	< 0.0001	0.0004	0.0007
Zinc	mg/L	0.005	SM 3120	19-Oct-20/O		< 0.005	< 0.005	0.006	0.007



Michelle Dubien  
 Lab Manager

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285 Dalton Ave  
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 Tel: 613-544-2001  
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DATE RECEIVED: 14-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	20-W045		
<b>Sample I.D.</b>	B20-32009-9		
<b>Date Collected</b>	14-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	16-Oct-20/O	277		
pH @25°C	pH Units		SM 4500H	16-Oct-20/O	7.97		
Conductivity @25°C	µmho/cm	1	SM 2510B	16-Oct-20/O	728		
Chloride	mg/L	0.5	SM4110C	19-Oct-20/O	42.9		
Nitrite (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	19-Oct-20/O	< 0.05		
Sulphate	mg/L	1	SM4110C	19-Oct-20/O	40		
BOD(5 day)	mg/L	3	SM 5210B	15-Oct-20/K	< 3		
Total Suspended Solids	mg/L	3	SM2540D	15-Oct-20/K	16		
Phosphorus-Total	mg/L	0.01	E3199A.1	21-Oct-20/K	0.03		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	21-Oct-20/K	1.3		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	22-Oct-20/K	1.00		
Total Dissolved Solids	mg/L	3	SM 2540D	19-Oct-20/O	379		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	16-Oct-20/O	4.2		
Phenolics	mg/L	0.002	MOEE 3179	16-Oct-20/K	< 0.002		
COD	mg/L	5	SM5220C	16-Oct-20/K	10		
Hardness (as CaCO3)	mg/L	1	SM 3120	19-Oct-20/O	296		
Aluminum	mg/L	0.01	SM 3120	19-Oct-20/O	0.06		
Arsenic	mg/L	0.0001	EPA 200.8	21-Oct-20/O	0.0002		
Barium	mg/L	0.001	SM 3120	19-Oct-20/O	0.109		
Boron	mg/L	0.005	SM 3120	19-Oct-20/O	0.711		
Cadmium	mg/L	0.000015	EPA 200.8	21-Oct-20/O	< 0.000015		
Calcium	mg/L	0.02	SM 3120	19-Oct-20/O	85.3		
Chromium	mg/L	0.001	EPA 200.8	21-Oct-20/O	< 0.001		
Cobalt	mg/L	0.0001	EPA 200.8	21-Oct-20/O	0.0001		
Copper	mg/L	0.0001	EPA 200.8	21-Oct-20/O	0.0004		
Iron	mg/L	0.005	SM 3120	19-Oct-20/O	0.617		



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Michelle Dubien  
 Lab Manager

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**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W045			
<b>Sample I.D.</b>	B20-32009-9			
<b>Date Collected</b>	14-Oct-20			

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	mg/L	0.00002	EPA 200.8	21-Oct-20/O	< 0.00002			
Magnesium	mg/L	0.02	SM 3120	20-Oct-20/O	25.4			
Manganese	mg/L	0.001	SM 3120	19-Oct-20/O	0.110			
Mercury	mg/L	0.00002	SM 3112 B	19-Oct-20/O	< 0.00002			
Potassium	mg/L	0.1	SM 3120	19-Oct-20/O	4.6			
Silver	mg/L	0.0001	EPA 200.8	21-Oct-20/O	< 0.0001			
Sodium	mg/L	0.2	SM 3120	19-Oct-20/O	31.4			
Strontium	mg/L	0.001	SM 3120	19-Oct-20/O	2.20			
Uranium	mg/L	0.00005	EPA 200.8	21-Oct-20/O	0.00093			
Vanadium	mg/L	0.0001	EPA 200.8	21-Oct-20/O	< 0.0001			
Zinc	mg/L	0.005	SM 3120	19-Oct-20/O	< 0.005			



Michelle Dubien  
 Lab Manager

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

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C.O.C.: G89869

REPORT No. B20-32009 (ii)

**Report To:**

**Malroz Engineering Inc.**  
308 Wellington Street, 2nd Floor  
Kingston ON K7K 7A8 Canada

**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
Kingston Ontario K7K 6Z1  
Tel: 613-544-2001  
Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W037	20-W038	20-W039	20-W040
					Sample I.D.	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20
Acetone	µg/L	30	EPA 8260	21-Oct-20/R	B20-32009-1	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	21-Oct-20/R	B20-32009-2	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	B20-32009-3	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	21-Oct-20/R	B20-32009-4	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	21-Oct-20/R		< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	21-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	21-Oct-20/R		< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	21-Oct-20/R		< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	21-Oct-20/R		< 2	< 2	< 2	< 2
Chlorotoluene,2-	µg/L	0.2	EPA 8260	21-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	21-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	21-Oct-20/R		< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	21-Oct-20/R		< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	21-Oct-20/R		< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	21-Oct-20/R		< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	21-Oct-20/R		< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R		< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
Lab Manager

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C.O.C.: G89869

REPORT No. B20-32009 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W037	20-W038	20-W039	20-W040
					Sample I.D.	Sample I.D.	Sample I.D.	Sample I.D.
					Date Collected	Date Collected	Date Collected	Date Collected
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	21-Oct-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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Michelle Dubien  
 Lab Manager

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REPORT No. B20-32009 (ii)

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**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
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 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W037	20-W038	20-W039	20-W040
<b>Sample I.D.</b>	B20-32009-1	B20-32009-2	B20-32009-3	B20-32009-4
<b>Date Collected</b>	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	21-Oct-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	21-Oct-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	21-Oct-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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

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C.O.C.: G89869

REPORT No. B20-32009 (ii)

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Client I.D.	20-W041	20-W042	20-W043	20-W044
Sample I.D.	B20-32009-5	B20-32009-6	B20-32009-7	B20-32009-8
Date Collected	14-Oct-20	14-Oct-20	14-Oct-20	14-Oct-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Acetone	µg/L	30	EPA 8260	21-Oct-20/R	< 30	< 30	< 30	< 30
Benzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Bromobenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
Bromodichloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2	< 2	< 2	< 2
Bromoform	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Bromomethane	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Carbon Tetrachloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chloroethane	µg/L	3	EPA 8260	21-Oct-20/R	< 3	< 3	< 3	< 3
Chloroform	µg/L	1	EPA 8260	21-Oct-20/R	< 1	< 1	< 1	< 1
Chloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2	< 2	< 2	< 2
Chlorotoluene,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Chlorotoluene,4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Dibromochloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2	< 2	< 2	< 2
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dibromomethane	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichlorodifluoromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2	< 2	< 2	< 2
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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**C.O.C.: G89869**

**REPORT No. B20-32009 (ii)**

**Report To:**

**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W041	20-W042	20-W043	20-W044
					Sample I.D.	Sample I.D.	Sample I.D.	Sample I.D.
					Date Collected	Date Collected	Date Collected	Date Collected
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Dichloropropane,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropane,1,3-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropane,2,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Dichloropropene,1,1-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Ethylbenzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Hexachlorobutadiene	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6	< 0.6	< 0.6	< 0.6
Hexane	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Isopropylbenzene	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Isopropyltoluene,4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Methyl Butyl Ketone	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Methyl Ethyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20	< 20	< 20	< 20
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20	< 20	< 20	< 20
Methyl-t-butyl Ether	µg/L	2	EPA 8260	21-Oct-20/R	< 2	< 2	< 2	< 2
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Naphthalene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Butylbenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4	< 0.4	< 0.4	< 0.4
n-Propylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
sec-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Styrene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
tert-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Tetrachloroethane,1,1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



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

Michelle Dubien  
 Lab Manager

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C.O.C.: G89869

REPORT No. B20-32009 (ii)

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**Malroz Engineering Inc.**  
 308 Wellington Street, 2nd Floor  
 Kingston ON K7K 7A8 Canada  
**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20  
 DATE REPORTED: 27-Oct-20  
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W041	20-W042	20-W043	20-W044
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Tetrachloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Toluene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trichlorofluoromethane	µg/L	5	EPA 8260	21-Oct-20/R	< 5	< 5	< 5	< 5
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	21-Oct-20/R	< 1	< 1	< 1	< 1
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1	< 0.1	< 0.1	< 0.1
Vinyl Chloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2	< 0.2	< 0.2	< 0.2
Xylene, m,p-	µg/L	1.0	EPA 8260	21-Oct-20/R	< 1.0	< 1.0	< 1.0	< 1.0
Xylene, m,p,o-	µg/L	1.1	EPA 8260	21-Oct-20/R	< 1.1	< 1.1	< 1.1	< 1.1
Xylene, o-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5	< 0.5	< 0.5	< 0.5



Michelle Dubien  
 Lab Manager

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

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**Attention:** Mallory Wright

**Caduceon Environmental Laboratories**

285 Dalton Ave  
 Kingston Ontario K7K 6Z1  
 Tel: 613-544-2001  
 Fax: 613-544-2770

DATE RECEIVED: 14-Oct-20

JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	20-W045		
<b>Sample I.D.</b>	B20-32009-9		
<b>Date Collected</b>	14-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Acetone	µg/L	30	EPA 8260	21-Oct-20/R	< 30		
Benzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Bromobenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4		
Bromodichloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Bromoform	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Bromomethane	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Carbon Tetrachloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Chloroethane	µg/L	3	EPA 8260	21-Oct-20/R	< 3		
Chloroform	µg/L	1	EPA 8260	21-Oct-20/R	< 1		
Chloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Chlorotoluene,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Chlorotoluene,4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dibromo-3-Chloropropane, 1,2-	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6		
Dibromochloromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Dibromoethane,1,2- (Ethylene Dibromide)	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dibromomethane	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Dichlorobenzene,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichlorobenzene,1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichlorobenzene,1,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichlorodifluoromethane	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Dichloroethane,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethane,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethene, cis-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethene, trans-1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloroethylene,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		



R.L. = Reporting Limit

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

Michelle Dubien  
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JOB/PROJECT NO.: 1036-Briar Hill

DATE REPORTED: 27-Oct-20

P.O. NUMBER:

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

<b>Client I.D.</b>	20-W045		
<b>Sample I.D.</b>	B20-32009-9		
<b>Date Collected</b>	14-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Dichloromethane (Methylene Chloride)	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Dichloropropane, 1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropane, 1,3-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dichloropropane, 2,2-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Dichloropropene 1,3-cis+trans	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropene, cis-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropene, trans-1,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Dichloropropene, 1,1-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Ethylbenzene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Hexachlorobutadiene	µg/L	0.6	EPA 8260	21-Oct-20/R	< 0.6		
Hexane	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Isopropylbenzene	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Isopropyltoluene, 4-	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Methyl Butyl Ketone	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Methyl Ethyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20		
Methyl Isobutyl Ketone	µg/L	20	EPA 8260	21-Oct-20/R	< 20		
Methyl-t-butyl Ether	µg/L	2	EPA 8260	21-Oct-20/R	< 2		
Monochlorobenzene (Chlorobenzene)	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Naphthalene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4		
n-Butylbenzene	µg/L	0.4	EPA 8260	21-Oct-20/R	< 0.4		
n-Propylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
sec-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Styrene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
tert-Butylbenzene	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Tetrachloroethane, 1,1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		



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Michelle Dubien  
 Lab Manager

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JOB/PROJECT NO.: 1036-Briar Hill  
 P.O. NUMBER:  
 WATERWORKS NO.

<b>Client I.D.</b>	20-W045		
<b>Sample I.D.</b>	B20-32009-9		
<b>Date Collected</b>	14-Oct-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Tetrachloroethane, 1,1,2,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Tetrachloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Toluene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichlorobenzene, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichlorobenzene, 1,2,4-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichloroethane, 1,1,1-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichloroethane, 1,1,2-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichloroethylene	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trichlorofluoromethane	µg/L	5	EPA 8260	21-Oct-20/R	< 5		
Trichloropropane, 1,2,3-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		
Trimethylbenzene, 1,2,4-	µg/L	1	EPA 8260	21-Oct-20/R	< 1		
Trimethylbenzene, 1,3,5-	µg/L	0.1	EPA 8260	21-Oct-20/R	< 0.1		
Vinyl Chloride	µg/L	0.2	EPA 8260	21-Oct-20/R	< 0.2		
Xylene, m,p-	µg/L	1.0	EPA 8260	21-Oct-20/R	< 1.0		
Xylene, m,p,o-	µg/L	1.1	EPA 8260	21-Oct-20/R	< 1.1		
Xylene, o-	µg/L	0.5	EPA 8260	21-Oct-20/R	< 0.5		



Michelle Dubien  
 Lab Manager

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.

**Appendix K**  
**Historical Analytical Results**

Historical Overburden Groundwater Analytical Results

Table with 40 columns: PARAMETERS (Alkalinity, N-Ammonia, BOD, COD, DOC, Conductivity, Hardness, pH, Phenols, Phosphorus (Total), Total Dissolved Solids, Total Suspended Solids, Total Kjeldahl - N, Chloride, N-Nitrate, N-Nitrite, Sulphate, Mercury, Aluminum, Arsenic, Barium, Boron). Rows include Groundwater Sampling Location, Sample ID, Date, Units, and various chemical parameters with numerical values and flags.

Historical Overburden Groundwater Analytical Results

PARAMETERS			Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Potassium	Silver	Sodium	Strontium	Uranium	Vanadium	Zinc	Temperature (Field)	pH (Field)	DO (Field)	Conductivity (Field)	Unfiltered Ammonia (Field)
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	mS/cm	mg/L
			RL	0.00015	0.02	0.001	0.001	0.0001	0.005	0.0002	0.02	0.001	0.1	0.0001	0.001	0.0005	0.001	0.001	0.005	5	15	6.5-8.5	-
			ODWS	CS	CS	AO	AO	CS	AO	CS	AO	AO	AO	AO	AO	AO	CS	CS	CS	CS	CS	CS	CS
L11	11/12/2002		<0.0001	124	<0.005	0.0071	0.0006	0.28	<0.0005	30.8	0.799	3.1	<0.0001	7	0.215	<0.0007	<0.0005	<0.005					
L11	7/12/2003		nd	146					0.005	33.8	0.905	3.3		8.5									
L11	10/1/2003		nd	153	<0.0008			0.2	0.0008	35.1	0.997	3.8		10.3									
L11	5/1/2004		nd	156	0.0132	0.0013		0.05	0.001	32.8	1.1	5.2	nd	9.2	0.334	0.001	nd	0.007					
L11	11/12/2004		nd	121	nd	0.0058	nd	0.15	nd	28	0.757	3.4	nd	7.5	0.231	0.0007	nd	nd					
L11	5/1/2007		<0.00002	182	<0.0002			0.58	<0.0002	38	0.871	3.2		8.9									
L11	8/1/2007		0.00011	158		0.004		0.085	0.0022	32.9	0.459	8.7		9.6									
L11	10/1/2007		<0.00002	161	<0.0002			0.787	<0.0002	40	0.534	9.3		21.3									
L11	6/1/2008		<0.00002	159	0.0054		0.004	0.034	0.00056	30.1	0.561	10.5		8.6									
L11	9/1/2008		<0.00002	161	<0.0002			0.034	0.00033	33.1	0.644	8.6		8.5									
L11	11/1/2008		<0.00002	169	<0.0002			0.466	<0.0002	-	0.709	8.3		9.5									
L11	4/1/2009		<0.00002	185	0.0008			0.088	<0.0002	34.1	0.617	12.2	<0.00002	6.6	0.428	0.00103							
L11	4/1/2009	DUP	<0.00002	184	<0.0002			0.072	<0.0002	34.1	0.561	12.3	<0.00002	6.6	0.422	0.00084							
L11	11/1/2009		<0.00002	184	<0.0002			0.017	<0.0002	31.5	0.561	12.3		7.3									
L11	4/15/2010		0.00006	191	<0.002			0.008	0.00006	35.1	0.662	10.9		8.3									
L11	12/8/2010		<0.00002	138	<0.002			0.072	0.00009	32.5	0.67	6.8		9.1									
L11	6/1/2011		0.00007	173	0.0032			0.051	0.00016	34.5	0.505	11.5		8.6									
L11	11/1/2011		0.0001	138	<0.002			0.034	0.00014	34.8	0.456	7.9		7.8									
L11	5/30/2012		0.00004	148	<0.002			0.096	0.00009	30.9	0.437	5.9		5.1									
L11	7/11/2013		<0.0001	160	0.003			<0.03	<0.001	32	0.35	6		8									
L11	7/11/2013	DUP	<0.0001	160	0.001			<0.03	<0.001	31	0.41	5.5		8									
L11	10/25/2013		<0.00002	157				<0.050	<0.0005	32.8	0.32	5.5		9.36									
L11	6/20/2014		0.000132	207	<0.00050		0.0027	<0.050	<0.00050	36.7	0.139	10.8	<0.00010	9.2									
L11	10/24/2014		0.000092	155	<0.00050		0.0012	<0.050	<0.00050	33.7	0.171	8.4	<0.00010	11.4									
L11	5/29/2015		0.0001	135	0.005	0.001		0.017	0.0001	24.1	0.027	5.34	<0.0001	7.49	0.275	0.0007	0.0089	0.053					
L11	11/7/2015		<0.0001	153	<0.002	0.0023	0.0005	<0.100	<0.0001	34.1	0.146	<0.0001	<0.0001	<20000	0.234	0.0008	0.0098	0.008					
L11	11/30/2016		<0.0001	146	<0.001	0.0031	0.0015	<0.100	<0.0001	33.1	0.125	4.16	<0.0001	10.4	0.242	0.0006	<0.0005	0.008					
L11	11/17/2017		<0.0001	126	<0.0001	0.0029	<0.0005	<0.1	<0.0001	28.6	0.071	4.5	<0.0001	10.4	0.301	0.0007	<0.0005	<0.005					
L11	4/24/2018		0.00008	168	<0.0001	0.0023	0.0013	0.0009	<0.0001	33.8	0.096	6.3	<0.0001	12.4	0.269	0.00068	0.0002	<0.005	11.98	7.56	11.60	0.920	<0.005
L11	11/13/2018		0.00038	119	<0.0001	0.0012	0.0009	0.009	0.00004	29.2	0.004	3.4	<0.0001	7.4	0.209	0.0005	<0.005	0.007					
L11	5/14/2019		0.000058	159	0.002	0.0013	0.0017	<0.005	0.00004	34.0	0.002	6.7	<0.0001	8.5	0.311	0.00061	<0.005	0.013	9.52	6.95	6.51	0.88	<0.005
L11	19-W038	19-W038	0.00043	117	<0.001	0.0008	0.0028	0.041	0.00005	28.5	0.002	3.2	<0.0001	9.2	0.209	0.00047	<0.005	0.006	9.01	5.87	4.46	1.24	<0.005
L11	20-W015	20-W015	4/29/2020	162	<0.001	0.0017	0.0022	0.005	0.00003	30.6	0.06	8.3	<0.0001	10.4	0.289	0.00068	0.0002	<0.005	11.98	7.56	11.60	0.920	<0.005
L11	20-W026	10/13/2020	0.000033	129	<0.001	0.0004	0.0019	<0.005	0.00005	25.4	0.001	3.3	<0.0001	11.4	0.204	0.00051	0.0002	<0.005	8.96	7.83	10.29	0.563	<0.005
L2	11/1/2002		<0.0001	165	<0.005	0.0002	0.0016	<0.03	0.005	47.8	0.009	8.4	<0.0001	15	0.43	0.0009	0.0008	<0.005					
L2	7/12/2003		nd	167			nd	nd	nd	46.9	0.019	7.5		11.4									
L2	10/1/2003		nd	147			nd	nd	nd	48	0.019	6.6		10.8									
L2	5/1/2004		nd	138	nd	0.0001	0.0014	nd	nd	38.9	nd	3.8	nd	8.1	0.292	0.0006	nd	nd					
L2	5/1/2004	DUP	nd	136	nd	0.0001	0.0019	nd	nd	0.009	9	5	nd	8.3	0.284	0.0007	nd	0.0007					
L2	10/1/2004		nd	145	nd	0.0002	0.0007	nd	nd	42.7	0.013	5.6	nd	9.1	0.328	0.0008	0.0007	nd					
L2	5/1/2007		<0.00002	115	<0.0002			<0.005	<0.0002	31.8	0.015	3.1		28.3									
L2	8/1/2007		<0.00002	90.5		0.004		1.32	0.00094	33.7	0.023	3.3		11.7									
L2	10/1/2007		<0.00002	137				<0.005	<0.00002	41.2	<0.001	3.5		13.6									
L2	6/1/2008		<0.00002	91.3	0.0038			<0.005	0.00071	25.9	<0.001	1.9		16.5									
L2	9/1/2008		<0.00002	108	<0.002			<0.005	0.00002	30.8	<0.001	2.9		10.5									
L2	11/1/2008		<0.005					<0.005	<0.00002	-	0.025	2.9		7.2									
L2	11/1/2008	DUP	<0.005					<0.005	<0.00002	-	<0.001	2.9		7.1									
L2	4/1/2009		<0.00002	125	<0.002			<0.002	<0.00002	33.6	0.02	2.2	<0.00002	7.4	0.178	0.00039							
L2	11/1/2009		<0.00002	128	0.004			<0.002	0.00002	39.1	0.001	2.7		11.7									
L2	4/1/2010		<0.00002	127	<0.002			0.024	<0.00002	34.1	0.018	2		8.7									
L2	12/7/2010		0.00003	132	<0.002			0.044	0.00005	40.3	0.001	2.6		5.5									
L2	6/1/2011		<0.00002	117	0.0287			0.174	0.0002	31.4	0.007	2		30.6									
L2	5/30/2012		<0.00002	144	<0.002			0.113	0.0002	34.6	0.008	2.6		7.1									
L2	7/11/2013		<0.0001	126	0.004			<0.03	<0.001	34	<0.01	2		25									
L2	10/25/2013		<0.00002	173				<0.050	<0.00050	46	0.0013	3.1		19.8									
L2	6/20/2014		<0.000090	49.5	<0.00050		<0.0010	<0.050	<0.00050	12.3	<0.0010	1.2	<0.00010	51.3									
L2	10/24/2014		<0.000090	52.4	<0.00050		<0.0010	<0.050	<0.00050	14.8	0.0016	1.4	<0.00010	52.4									
L2	11/7/2015		0.000001	90.4	<0.001	<0.0005	0.0007	<0.100	<0.0001	36.1	<0.0005	<0.0001	<0.0001	51	0.139	0.0003	0.007	<0.005					
L2	11/16/2017		<0.0001	82.3	<0.0001	<0.0005	<0.0005	<0.1	<0.0001	20.3	<0.005	0.916	<0.0001	28.5	0.159	0.0002	<0.0005	<0.005					
L2	4/24/2018		0.00005	123	<0.001	0.0005	0.0018	<0.005	0.00002	29.6	0.001	1.4	<0.0001	12.1	0.153	0.00029	<0.005	<0.005					
L2	11/13/2018		<0.00002	113	<0.0001	<0.0001	0.0004	0.016	<0.00002	26.9	0.001	1.2	<0.0001	29.5	0.178	0.00017	<0.005	<0.005					

Historical Overburden Groundwater Analytical Results

PARAMETERS		Alkalinity	N - Ammonia	BOD	COD	DOC	Conductivity	Hardness	pH	Phenols	Phosphorus (Total)	Total Dissolved Solids	Total Suspended Solids	Total Kjeldahl - N	Chloride	N - Nitrate	N - Nitrite	Sulphate	Mercury	Aluminum	Arsenic	Barium	Boron		
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	mg/L	pH Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L		
			RL	5	0.01	3	5	5	1	80-100	6.5 - 8.5	0.002	0.01	500	3	0.1	250	0.05	0.05	500	0.0002	0.01	0.01	0.001	0.005
			ODWS	30-500	AO	AO	AO	AO	OG	OG	OG	OG	OG	OG	OG	OG	AO	CS	CS	AC	CS	OG	CS	OG	CS
OW20	11/17/2015	(Background)	232	0.09	<2	65	<0.5	460	242	7.8	<0.001	2.76	370	13200	0.3	2	<0.1	<0.05	23	<0.0001	0.001	<0.001	0.168	0.01	
OW20	7/3/2017		237	0.08	28	31	<0.5	476	239	7.9	<0.001	1.95	262	8070	<0.1	2	<0.1	<0.05	22	<0.0001	<0.001	0.175	<0.010		
OW20	12/1/2016		232	0.1	3	72	<0.5	464	206	8	<0.001	2.75	302	8820	0.2	2	<0.1	<0.05	22	<0.0001	0.002	<0.001	0.222	<0.010	
OW20	7/3/2017		251	0.17	8	74	1.3	459	250	7.9	<0.002	45.3	336	120000	2.4	1	<0.1	<0.05	21	<0.0001	0.002	0.002	0.258	<0.010	
OW20	11/16/2017		267	0.17	<60	374	<0.5	482	243	7.8	<0.004	12.3	304	526000	0.8	2	<0.1	<0.05	23	<0.0001	0.007	0.001	0.204	<0.010	
OW20	4/25/2018		226	0.09	3	24	3.1	465	249	8.3	<0.001	10.3	246	233000	0.4	2	0.06	<0.05	19	<0.0002	0.04	0.0017	0.174	0.008	
OW20	4/25/2018	Low Flow	223	0.02	3	<5	2.3	463	253	8.25	<0.001	0.09	245	25	0.1	1	<0.05	<0.05	19	<0.0002	0.04	0.0003	0.154	0.007	
OW20	11/14/2018		230	0.09	5	105	2.3	463	245	7.75	<0.001	4.55	239	37000	0.3	1	<0.05	<0.05	20	<0.0002	0.04	0.0004	0.192	<	
OW20	5/14/2019		227	0.06	7	1600	14.8	464	269	8.08	<0.002	79.0	240	231000	2.7	1	0.06	<0.05	21	<0.0002	0.04	0.0003	0.167	0.007	
19-W009	10/9/2019		226	0.08	3	70	3.2	464	267	8.16	<0.002	56.4	240	189000	1.9	<0.5	<0.05	18	<0.0002	0.04	0.0003	0.185	<0.005		
OW20	4/29/2020		224	0.03	5	800	1.7	576	277	8.04	<0.002	82.0	246	95200	4.0	1.5	0.08	<0.05	27	<0.0002	0.04	0.0007	0.182	0.007	
OW20	10/14/2020		246	0.07	<3	142	1.4	454	241	8.09	<0.002	5.70	235	8500	0.3	1.9	<0.05	<0.05	21	<0.0002	0.04	0.0003	0.178	0.006	
OW21	7/5/2016		219	0.22	51	65	1.0	462	238	7.9	<0.001	3.07	268	5790	0.4	4	<0.1	<0.05	38	<0.0001	<0.001	<0.001	0.113	0.072	
OW21	12/9/2016		231	0.03	<2	39	0.8	512	228	7.9	<0.001	2.25	312	25170	0.5	6	1	<0.05	38	<0.0001	<0.001	<0.001	0.058	0.024	
OW21	7/31/2017		246	0.09	<2	13	<0.5	488	262	7.8	<0.001	0.15	372	568	0.1	7	4.4	<0.05	18	<0.0001	<0.001	<0.001	0.262	0.025	
OW21	11/16/2017		248	0.03	<2	48	2.4	510	269	7.8	<0.001	0.23	336	916	<0.1	8	6	<0.05	20	<0.0001	0.002	<0.001	0.317	0.022	
OW21	4/24/2018		215	0.19	<2	<5	2.0	519	273	8.15	<0.001	2.11	275	2630	0.4	8	10.1	<0.05	17	<0.0002	0.05	<0.0010	0.291	0.02	
OW21	11/14/2018		207	0.02	<1	41	2.3	550	283	8.83	<0.001	1.51	285	2340	0.2	11	12.8	<0.05	16	<0.0002	0.06	<0.0001	0.311	0.022	
OW21	5/14/2019		191	0.04	<3	24	2.6	563	311	8.00	<0.002	0.71	292	670	0.2	12	15.8	<0.05	15	<0.0002	0.06	<0.0001	0.325	0.023	
OW21	19-W029		198	0.04	<3	<5	2.9	521	286	8.09	<0.002	0.17	270	650	0.1	10	11.5	<0.05	15	<0.0002	0.06	<0.0001	0.311	0.022	
OW21	4/29/2020		188	<0.01	<3	9	1.4	512	284	7.97	<0.002	0.15	265	11100	0.1	9	11.3	<0.05	16	<0.0002	0.04	<0.0001	0.304	0.021	
OW21	20-W014		202	0.03	<3	73	1.5	487	281	8.06	<0.002	1.02	262	620	0.2	7.7	7.6	<0.05	16	<0.0002	0.04	<0.0001	0.298	0.021	
OW22	11/17/2015		245	0.06	<2	58	<0.5	507	267	7.8	<0.001	1.48	286	1660	0.4	8	0.9	<0.05	21	<0.0001	<0.001	<0.001	0.268	0.023	
OW22	12/1/2016		227	0.12	<2	41	<0.5	469	205	8	<0.001	2.25	320	5690	0.3	4	<0.1	<0.05	38	<0.0001	<0.001	<0.001	0.123	0.085	
OW22	7/3/2017		245	0.23	N/A	73	9.4	1420	910	7.4	0.006	0.24	302	436	4.4	4.4	<0.05	119	<0.0001	0.01	0.01	0.156	0.266		
OW22	4/25/2018		507	1.8	-	72	-	1430	575	7.85	<0.001	0.24	778	-	2.8	93	1.72	<0.05	114	<0.0002	0.08	0.0006	0.167	0.26	
OW22-D	7/4/2016		540	0.98	<30	137	3.0	1230	579	7.2	0.003	0.97	702	20700	1.3	69	<0.1	<0.05	48	<0.0001	<0.001	<0.001	0.512	0.218	
OW22-S	7/4/2016		627	0.12	<60	326	3.8	1350	666	7.3	<0.010	3.56	546	339000	0.6	72	<0.1	<0.05	44	<0.0001	0.109	<0.001	0.522	0.208	
OW22	12/1/2016		237	0.12	<2	41	2.3	469	283	8.83	<0.001	1.51	285	320	0.3	3	<0.1	<0.05	38	<0.0002	0.05	<0.0001	0.311	0.022	
OW22	7/31/2017		717	4.23	N/A	73	9.4	1420	910	7.4	0.006	0.24	902	436	4.4	4.4	<0.05	119	<0.0001	0.01	0.01	0.156	0.266		
OW22	4/25/2018		507	1.8	0	72	0.0	1430	575	7.85	<0.001	0.24	778	0	2.8	93	1.72	<0.05	114	<0.0002	0.08	0.0006	0.167	0.260	
OW22	5/14/2019	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW22	10/9/2019	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW22	4/29/2020	dry	614	1.23	-	56	7.9	1620	647	7.83	0.004	0.28	888	102	3.8	107	9.83	0.07	53	<0.0002	0.11	0.0003	0.154	0.299	
OW22	10/14/2020	dry	216	0.18	<2	7	<0.5	464	242	7.8	<0.001	3.66	464	5470	0.8	4	<0.1	<0.05	37	<0.0001	<0.001	<0.001	0.103	0.114	
OW23	11/17/2015	DUP	244	0.07	<2	76	<0.5	459	265	7.8	<0.001	3.1	248	2670	0.7	72	<0.1	<0.05	46	<0.0001	<0.001	<0.001	0.501	0.238	
OW23	7/4/2016		246	0.07	<0	73	<0.5	516	268	7.7	<0.001	1.92	392	9470	0.2	6	0.9	<0.05	20	<0.0001	<0.001	<0.001	0.284	0.025	
OW23	7/31/2017		232	0.13	3	31	0.5	467	246	7.9	<0.001	2	380	4820	0.4	5	<0.1	<0.05	38	<0.0001	0.09	<0.001	0.122	0.08	
OW23	11/16/2017		235	0.1	7	24	3.1	452	234	7.9	<0.001	1.9	242	4070	0.4	5	<0.1	<0.05	40	<0.0001	0.09	<0.001	0.14	0.14	
OW23	4/24/2018		211	0.21	3	25	2.1	462	245	8.19	<0.001	5.1	244	18000	0.7	5	0.06	<0.05	36	<0.0002	0.04	0.0005	0.122	0.065	
OW23	10/13/2018		208	0.13	7	87	3.0	470	240	7.92	<0.001	4.33	243	8000	0.7	5	<0.05	<0.05	36	<0.0002	0.03	0.0007	0.132	0.071	
OW23	19-W007		198	0.14	<3	34	2.9	464	256	8.05	<0.002	1.80	240	4700	0.4	5	0.10	<0.05	35	<0.0002	0.04	0.0005	0.140	0.068	
OW23	19-W025		192	0.19	<3	70	4.8	468	283	8.05	<0.002	2.03	283	21000	0.5	6	<0.05	<0.05	36	<0.0002	0.05	<0.0002	0.159	0.073	
OW23	20-W006		191	0.09	4	<5	2.5	465	253	8.0	<0.002	1.05	240	3700	0.2	5.8	0.15	<0.05	37	<0.0002	0.03	0.0006	0.138	0.062	
OW23	20-W040		204	0.11	3	45	1.5	470	239	8.11	<0.002	0.74	243	1180	0.2	5.7	0.08	<0.05	38	<0.0002	0.05	0.0006	0.137	0.061	
OW24	11/17/																								

Historical Overburden Groundwater Analytical Results

PARAMETERS			Calcium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Potassium	Silver	Sodium	Strontium	Vanadium	Zinc	Temperature (field)	pH (Field)	DO (Field)	Conductivity (Field)	Un-ionized Ammonia (Field)	
Groundwater Sampling Location	Sample ID	Date	Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	µS/cm	mg/L	
RL			0.00015	0.02	0.001	0.0001	0.0001	0.005	0.0002	0.02	0.001	0.1	0.0001	0.001	0.001	0.001	0.005	15	6.5-8.5		1000	0.01	
ODWS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	CS	AO	AO	AO	AO	AO	
OW20	11/17/2015	Background	<0.0001	51.7	<0.001	<0.0005	<0.0005	<0.100	<0.0001	27.3	0.048	<10000	<0.0001	<20000	0.133	0.0012	0.003	<0.005	-	-	-	-	
OW20	7/5/2016		<0.0001	51.7	<0.001	<0.0005	<0.0005	<0.100	<0.0001	28.6	0.023	1.67	<0.0001	5.24	0.129	0.0012	<0.005	<0.005	-	-	-	-	
OW20	12/1/2016		<0.0001	43.5	<0.001	<0.0005	<0.0005	<0.100	<0.0001	23.8	0.035	1.48	<0.0001	4.03	0.139	0.0002	<0.005	<0.005	-	-	-	-	
OW20	7/31/2017		<0.0001	51.6	<0.001	<0.0005	<0.0005	<0.1	<0.0001	29.4	0.015	1.78	<0.0001	4.67	0.128	0.0012	<0.005	<0.005	-	-	-	-	
OW20	11/16/2017		<0.0001	53.7	<0.001	<0.0005	<0.0005	<0.1	<0.0001	26.5	0.028	1.52	<0.0001	4.83	0.137	0.0017	<0.005	<0.005	-	-	-	-	
OW20	4/25/2018	Low Flow	<0.00015	54.6	<0.001	0.0006	0.0005	0.012	0.00005	27.4	0.016	1.7	<0.00002	5.4	0.134	0.0016	<0.005	<0.005	-	-	-	-	
OW20	4/25/2018		<0.00015	55.6	<0.001	0.0006	0.0006	0.009	0.00008	27.7	0.015	1.6	<0.00002	5.4	0.134	0.00133	<0.005	<0.005	-	-	-	-	
OW20	11/14/2018		<0.00002	53.1	<0.0001	0.0002	<0.0001	0.087	<0.00002	27.3	0.015	1.6	<0.0001	4.8	0.136	0.00054	<0.005	<0.005	-	-	-	-	
OW20	5/14/2019		<0.00015	58.8	<0.001	<0.0001	<0.0001	0.036	<0.00002	29.7	0.017	1.6	<0.0001	4.8	0.141	0.00100	<0.005	<0.005	8.22	7.85	2.83	0.47	
OW20	19-W030	10/9/2019	<0.00015	58.5	<0.001	0.0003	<0.0001	0.048	<0.00002	28.4	0.017	1.6	<0.0001	4.8	0.142	0.00101	<0.005	<0.005	9.95	6.53	8.81	0.828	
OW20	20-W009	4/29/2020	<0.00015	62.2	<0.001	0.0002	0.0033	0.018	0.00009	29.6	0.007	1.7	<0.0001	5.2	0.138	0.00113	<0.005	<0.005	7.87	7.86	6.33	0.527	
OW20	20-W038	10/14/2020	<0.00015	55.7	<0.001	0.0002	0.0026	0.012	0.00003	27.9	0.016	1.6	<0.0001	4.3	0.129	0.00075	<0.005	<0.005	7.63	7.98	7.26	0.308	
OW21	7/5/2016		<0.0001	51.8	<0.001	<0.0005	<0.0005	0.247	<0.0001	26.4	0.013	1.56	<0.0001	6.46	0.452	0.0002	<0.005	<0.005	-	-	-	-	
OW21	12/1/2016		<0.00015	54.9	<0.001	<0.0005	<0.0005	<0.100	<0.0001	22.1	<0.0005	22.1	<0.0001	3.31	0.128	0.0009	<0.005	<0.005	-	-	-	-	
OW21	7/31/2017		<0.0001	62.7	0.001	<0.0005	<0.0005	<0.1	<0.0001	25.7	<0.005	1.26	<0.0001	3.7	0.12	0.0009	0.0022	<0.005	-	-	-	-	
OW21	11/16/2017		<0.0001	66.7	<0.001	<0.0005	<0.0005	<0.1	<0.0001	24.9	<0.005	1.3	<0.0001	6.43	0.134	0.0008	0.0007	<0.005	-	-	-	-	
OW21	4/24/2018		<0.00015	66.4	<0.001	<0.0001	<0.0001	<0.005	<0.00002	26	<0.001	1.2	<0.0001	4.2	0.13	0.00062	<0.005	<0.005	-	-	-	-	
OW21	19-W008	11/14/2018	<0.00002	68.3	<0.001	<0.0001	0.0005	<0.005	<0.00002	27	<0.001	1.4	<0.0001	4.1	0.137	0.0006	<0.005	<0.005	-	-	-	-	
OW21	5/14/2019		<0.00015	75.7	0.002	<0.0001	0.0002	<0.005	<0.00002	29.6	<0.001	1.4	<0.0001	3.9	0.148	0.00071	<0.005	<0.005	8.00	7.73	4.35	0.58	
OW21	19-W029	10/9/2019	<0.00015	74.4	<0.001	0.0002	0.0013	0.020	0.00003	26.7	<0.001	1.4	<0.0001	4.1	0.14	0.00084	<0.005	<0.005	10.76	6.48	9.38	0.918	
OW21	20-W014	4/29/2020	<0.00015	70.3	<0.001	<0.0001	0.0028	0.013	0.00007	26.3	<0.001	1.27	<0.0001	4.0	0.129	0.00075	<0.005	<0.005	8.75	7.61	13.07	0.558	
OW21	20-W039	10/16/2020	<0.00015	60.9	<0.001	<0.0001	0.0009	<0.005	<0.00002	25.2	<0.001	1.4	<0.0001	3.6	0.119	0.00065	<0.005	<0.005	9.16	8.09	9.87	0.332	
OW22	11/17/2015		<0.0001	65.6	<0.001	<0.0005	<0.0005	<0.100	<0.0001	25	<0.005	<10000	<0.0001	<20000	0.117	0.0007	0.0037	<0.005	-	-	-	-	
OW22	12/1/2016		<0.0001	44.9	<0.001	<0.0005	<0.0005	<0.100	<0.0001	22.6	0.014	1.72	<0.0001	6.12	0.445	0.0002	<0.005	<0.005	-	-	-	-	
OW22	7/31/2017		<0.00015	292	0.002	0.0061	<0.0005	1.97	<0.00002	43.8	2.38	21.3	<0.0001	64.2	0.477	0.0009	<0.005	<0.005	-	-	-	-	
OW22	4/25/2018		0.000054	161	<0.001	0.0088	0.0028	<0.005	0.0006	42	0.002	25.5	<0.00002	81.3	0.497	0.00165	0.017	<0.005	-	-	-	-	
OW22-D	7/4/2016		<0.0001	145	<0.001	<0.0005	<0.0005	2.11	<0.0001	52.9	0.109	8.18	<0.0001	39.2	0.507	0.0022	<0.005	<0.005	-	-	-	-	
OW22-S	7/4/2016		<0.0001	141	<0.001	<0.0005	<0.0005	1.14	0.0002	76	0.065	374	<0.0001	38.6	0.767	0.0004	0.0011	<0.005	-	-	-	-	
OW22	12/1/2016		<0.1	4480	<0.001	<0.0001	<0.0001	<0.5	<0.00001	22600	14	<0.0001	6120	0.12	0.0008	<0.005	<0.005	-	-	-	-		
OW22	7/31/2017		<0.1	29200	0.002	0.0061	<0.5	1970	<0.0001	43800	2.35	<0.0001	64.2	477	0.0011	5.1	<0.005	-	-	-	-	-	
OW22	4/25/2018		0.054	161000	<0.001	0.0088	0.0028	<0.005	0.0006	42000	2	<0.00002	81.3	497	0.00165	17	<0.005	-	-	-	-	-	
OW22	5/14/2019	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW22	10/9/2019	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW22	20-W014	4/29/2020	0.000022	205	<0.001	0.0016	0.0062	0.236	0.00015	37.5	0.576	29.9	<0.0001	141	0.426	0.00067	<0.0001	<0.005	-	-	-	-	
OW22	10/14/2020	dry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OW23	11/17/2015		<0.0001	15.4	<0.001	<0.0005	<0.0005	<0.100	<0.0001	27.5	0.012	<10000	<0.0001	<20000	0.516	0.0001	0.0026	<0.005	-	-	-	-	
OW23	11/17/2015	DUP	<0.0001	158	<0.001	<0.0005	<0.0005	2.36	<0.0001	53.2	0.978	<10000	<0.0001	41.3	0.872	0.002	0.0092	<0.005	-	-	-	-	
OW23	7/4/2016		<0.0001	65.8	<0.001	<0.0005	<0.0005	<0.100	<0.0001	25.1	0.005	1.2	<0.0001	3.36	0.119	0.0008	<0.005	<0.005	-	-	-	-	
OW23	7/31/2017		<0.0001	52.7	<0.001	<0.0005	<0.0005	0.256	<0.0001	27.7	0.021	1.72	<0.0001	6.44	0.407	0.0004	0.0014	<0.005	-	-	-	-	
OW23	11/16/2017		<0.00015	52.6	<0.001	<0.0005	<0.0005	0.106	<0.0001	25	0.015	1.64	<0.0001	5.2	0.117	0.0005	<0.005	<0.005	-	-	-	-	
OW23	4/24/2018		<0.00015	54.1	<0.001	<0.0001	0.0001	0.107	0.00002	26.7	0.013	1.7	<0.0001	6.9	0.441	0.00045	<0.005	<0.005	-	-	-	-	
OW23	11/14/2018		<0.00002	53.1	<0.001	<0.0001	0.0002	0.169	<0.00002	26.2	0.014	1.8	<0.0001	6.8	0.463	0.00032	<0.005	<0.005	-	-	-	-	
OW23	19-W007	5/14/2019	<0.00015	56.2	<0.001	<0.0001	0.0002	0.077	0.00004	28.1	0.013	1.8	<0.0001	6.6	0.478	0.00035	<0.005	<0.005	7.33	7.88	2.42	0.47	
OW23	19-W028	10/9/2019	<0.00015	54	<0.001	<0.0001	0.0001	0.106	<0.00002	27.8	0.016	1.6	<0.0001	6.7	0.454	0.00034	<0.005	<0.005	10.24	6.57	4.69	0.852	
OW23	20-W006	4/29/2020	<0.00015	56.1	<0.001	<0.0001	0.0002	0.122	0.00002	27.5	0.013	1.7	<0.0001	7.0	0.477	0.00035	<0.0001	<0.005	<0.005	7.75	7.57	3.77	0.508
OW23	20-W040	10/14/2020	&																				



Historical Bedrock Groundwater Analytical Results

Table with columns: PARAMETERS, Groundwater Sampling Location, Sample ID, Date, Units, and various chemical parameters (Cadmium, Calcium, Chromium, Cobalt, Copper, Iron, Lead, Magnesium, Manganese, Potassium, Silver, Sodium, Strontium, Uranium, Vanadium, Zinc, Temperature (field), pH (Field), DO (Field), Conductivity (Field), Un-ionized Ammonia (Fug)).

Notes: "RL" denotes reporting limit  
"RL" denotes results below reporting limit  
"BW##" denote groundwater monitoring well ID  
"LF" denotes low flow sampling method used  
groundwater samples analyzed for metals were field filtered using 0.45 micron filters  
the local medical health officer should be notified when the sodium concentration exceeds 20 mg/L  
denotes concentration exceeds the Ontario Drinking Water Standards  
[1] Un-ionized Ammonia calculated using field parameters for pH and temperature  
Maroz was not able to independently validate historic chemistry and exceedances, provided by the Township of Leeds and the Thousand Islands

Data Input: MW  
Data Check: JMP







Historical Groundwater VOC Analyses

Table with columns for Monitoring Location, Date, Sample ID, Parameter, and 38 VOC compounds (e.g., 1,4-Dioxane, Ethyl Benzene, Heptachlorobenzene, etc.). Rows include locations like 151 Fortune, 122 Turk Rock Rd, L10, L11, L2, and OW1 across various dates from 2013 to 2020. Data values are in micrograms per liter (µg/L) or parts per billion (ppb), with many showing concentrations below detection limits (<LOD).



Historical Surface Water Analytical Results

Surface Water Sampling Location	Date Sampled	Sample ID	Units																								
			Alkalinity (N)	Ammonia (N)	Ammonia(U) (N)(lab)	BOD	COD	DOC	Conductivity (µmho/cm)	Hardness (mg/L)	pH	Phenols (mg/L)	Phosphorus (total) (mg/L)	Phosphorus, total dissolved (mg/L)	TDS (mg/L)	TSS (mg/L)	N - Total Kjeldahl (mg/L)	Chloride (mg/L)	N - Nitrate (mg/L)	N - Nitrite (mg/L)	Sulphate (mg/L)	Aluminum - Dissolved (mg/L)	Mercury (mg/L)	Arsenic (mg/L)	Barium (mg/L)	Boron (mg/L)	
			5	0.01	0.01	3	5	0.2	1	1	0.001	0.01	0.002	3	3	0.1	0.5	0.05	0.05	1	0.01	0.00002	0.0001	0.001	0.005		
			RL																								
			0.02								6.5-8.5	0.001	0.02								0.075 <sup>[M]</sup>	0.0002	0.005		0.2		
			Table A: Aquatic Protection Value								6.0 - 9.0	0.04 <sup>[M]</sup>															
			Table B: Canadian Water Quality Guideline								0.004 <sup>[M]</sup>														1.5		
SW1	02/Aug/01		233	0.21	<0.005	1.4	39	11.3	450	244	7.72	-	0.48	-	27.4	12	1.04	6.1	0.2	<0.2	3.4	-	-	<0.002	0.127	0.014	
SW1	02/Nov/01		182	0.24	<0.005	0.9	22	7.7	434	223	7.94	-	0.044	-	146	8	0.77	7.6	0.4	<0.2	34.5	-	-	<0.002	0.095	0.014	
SW1	03/Jul/01		206	0.1	0.01	1.9	-	8.7	442	230	7.94	-	0.163	-	260	-	0.71	5.8	0.2	-	20.8	-	-	nd	0.15	0.02	
SW1	04/Nov/01		227	0.06	nd	1.7	-	4.6	493	273	7.89	-	0.125	-	270	-	0.6	11.1	nd	-	37.2	-	-	nd	0.168	0.022	
SW1	03/Oct/01		185	nd	nd	0.7	-	10.2	462	247	7.92	-	0.075	-	302	-	0.92	6.9	3.3	-	52.4	-	-	nd	0.129	0.013	
SW1	04/May/01		133	0.06	nd	1.1	-	7.9	282	170	7.98	-	0.105	-	200	9	87	4.6	1.6	-	16.8	-	-	nd	0.086	0.011	
SW1	04/May/01		135	0.07	nd	0.9	-	8.3	276	172	7.93	-	0.105	-	202	9	82.2	4.6	1.7	-	15.7	-	-	nd	0.088	0.04	
SW1	04/Aug/01		216	0.04	nd	1.1	-	8.5	465	308	7.7	-	0.08	-	274	6	0.7	7.3	nd	-	20.3	-	-	nd	0.165	0.024	
SW1	04/Nov/01		198	0.03	nd	0.8	-	8.1	430	229	8.1	-	0.04	-	240	-	0.88	6.5	1.8	-	20.5	-	-	nd	0.104	0.012	
SW1	04/Nov/01		200	0.03	nd	0.8	-	8.1	430	236	8.19	-	0.048	-	262	-	0.66	7	1.9	-	21	-	-	nd	0.097	0.009	
SW1	07/May/01		228	<0.05	<0.05	<2	-	7.1	479	244	7.66	-	<0.01	-	316	-	0.7	6.3	0.3	-	16	-	<0.00003	<0.0005	0.155	0.022	
SW1	07/Aug/01		212	<0.05	<0.05	<2	-	3.1	516	238	7.8	-	0.03	-	341	-	0.5	9	0.2	-	19	-	0.00006	0.0009	0.183	0.018	
SW1	07/Oct/01		204	<0.05	<0.05	<2	-	7.7	455	237	7.22	-	0.09	-	300	-	0.6	12	0.2	-	22	-	<0.00003	<0.0005	0.163	0.014	
SW1	08/Jun/01		196	<0.05	<0.05	3	30	10.8	412	214	8.04	-	<0.01	-	227	16	1.3	5	0.2	-	11	-	-	<0.0005	0.12	0.016	
SW1	08/Sep/01		214	<0.05	<0.05	<2	12	9.1	470	245	7.32	-	0.04	-	258	<2	0.5	8	0.4	-	18	-	-	<0.0005	0.152	0.019	
SW1	08/Nov/01		203	0.08	<0.05	<2	-	9.1	443	228	7.98	-	<0.01	-	244	-	0.8	6	0.9	<0.1	22	-	-	<0.03	0.102	0.006	
SW1	08/Nov/01		202	<0.05	<0.05	<2	-	9.2	445	233	8.05	-	0.05	-	245	-	0.9	6	0.9	<0.1	23	-	-	<0.03	0.104	0.006	
SW1	09/Apr/09		154	<0.05	<0.05	<2	<5	7.6	343	176	7.9	<0.001	0.08	-	189	4	0.2	5	0.8	<0.1	12	-	<0.00002	0.002	0.087	<0.005	
SW1	09/Jul/01		228	<0.05	<0.05	<2	23	7.6	472	257	7.82	-	0.001	0.05	-	260	10	0.6	7	0.3	<0.1	17	-	<0.00002	<0.0005	0.164	0.015
SW1	09/Nov/16		210	<0.05	<0.05	<2	17	7.5	476	237	7.67	<0.001	0.04	-	262	20	0.4	7	0.6	<0.1	26	-	0.00003	<0.0005	0.124	<0.005	
SW1	10/Jun/01		208	0.05	-	<2	-	9.9	461	232	8.21	<0.001	0.06	-	254	8	0.8	4.6	0.6	<0.1	13	0.01	<0.00002	0.0006	0.105	0.015	
SW1	10/Aug/17		237	<0.05	<0.05	<2	21	4.6	545	276	8.25	<0.001	0.07	-	300	22	0.5	10	0.4	<0.1	27	0.16	<0.00002	0.0007	0.215	0.023	
SW1	10/Nov/11		193	0.08	<0.01	<2	21	8.5	424	238	8.14	<0.001	0.02	-	233	16	1.7	6	0.4	<0.1	19	0.03	<0.00002	<0.0005	0.113	0.009	
SW1	10/Nov/11		193	0.07	<0.01	<2	25	8.5	420	239	8.13	<0.001	0.02	-	231	16	1	6	0.4	<0.1	19	0.03	<0.00002	<0.0005	0.114	0.011	
SW1	11/Jun/01		232	0.1	<0.05	<2	28	6.3	500	263	7.98	<0.001	0.04	-	275	24	0.8	<1	0.5	0.2	14	0.03	<0.00002	0.0005	0.171	0.03	
SW1	11/Jun/01		232	0.1	<0.05	<2	26	6.1	499	259	7.98	<0.001	0.02	-	274	26	0.7	<1	0.5	0.2	14	0.03	<0.00002	0.0006	0.171	0.03	
SW1	11/Aug/19		234	0.01	<0.01	<2	12	4.8	515	278	8.21	<0.001	0.04	-	283	7	0.1	10	0.4	<0.1	20	0.03	<0.00002	0.0006	0.239	0.018	
SW1	11/Nov/22		211	0.08	<0.01	2	10	6.7	476	240	8.18	<0.001	0.08	-	262	8	0.5	8	0.7	<0.1	29	0.02	<0.00002	0.0002	0.133	<0.005	
SW1	12/May/24		200	0.03	<0.005	6	50	6.6	423	224	8.2	<0.001	0.06	-	233	30	0.7	5.3	0.4	<0.1	15	0.02	<0.00002	0.006	0.117	0.015	
SW1	12/May/24		200	0.049	<0.005	5	68	6.7	423	223	8.19	<0.001	0.06	-	233	26	1	5.2	0.6	<0.1	15	0.02	<0.00002	0.0006	0.101	0.013	
SW1	12/Aug/07		203	0.047	<0.005	3	12	6.7	474	273	8.34	<0.001	0.06	-	261	4	0.7	8.7	0.8	<0.1	30	0.03	0.00003	0.001	0.213	0.017	
SW1	12/Aug/07		<3	0.027	<0.005	<2	12	0.5	1	<1	5.86	<0.001	<0.01	-	<3	<2	<0.1	<0.5	0.1	<0.1	<1	<0.01	<0.00002	<0.0001	<0.001	<0.005	
SW1	12/Oct/31		220	0.057	<0.005	3	47	4.8	519	280	8.02	<0.001	0.14	-	285	22	0.5	9.4	0.3	<0.1	34	0.04	<0.00002	0.0004	0.192	<0.005	
SW1	12/Oct/31		221	0.064	<0.005	4	55	5.4	520	279	8.02	<0.001	0.13	-	286	20	0.5	9.3	0.5	<0.1	34	0.04	<0.00002	0.0004	0.195	<0.005	
SW1	12/Oct/31		<3	0.018	<0.005	<2	29	1.3	1	<1	5.89	<0.001	0.06	-	<3	<2	0.1	<0.5	<0.1	<0.1	<1	0.02	<0.00002	<0.0001	<0.001	<0.005	
SW1	13/Jul/12		230	0.04	<0.02	<1	23	-	463	-	8.2	<0.001	0.07	-	301	4	0.65	7	0.26	<0.10	14	-	<0.0001	<0.001	0.12	0.01	
SW1	13/Oct/28		220	0.084	0.00157	<2.0	25	7.6	466	233	8.23	<0.0010	0.036	-	265	20.4	0.54	7.3	0.58	<0.10	19	-	<0.00010	<0.0010	0.101	0.011	
SW1	14/Jun/12		116	0.07	0.00102	<2.0	47	12.1	260	141	7.92	0.0016	0.124	-	186	16.4	0.85	6.4	1.2	<0.10	5.7	-	<0.00010	<0.0010	0.079	0.017	
SW1	14/Oct/23		213	<0.050	<0.0028	<2.0	56	8.1	441	236	8.2	<0.0010	0.094	-	244	11.8	0.73	7.8	0.68	<0.10	17.3	-	<0.00010	<0.0010	0.153	0.014	
SW1	15/May/28		234	0.24	0.02	<2	36	11.1	503	-	8.3	<0.002	0.14	0.01	276	22	0.8	8	0.3	0.08	16	0.009	<0.0001	<0.001	0.152	0.024	
SW1	15/Dec/03		230	0.04	2.48	<2	22	5.7	499	-	8.1	<0.001	0.06	0.03	290	89	0.5	7	1.7	<0.05	34	0.06	<0.0001	<0.001	0.111	0.018	
SW1	16/Jul/04		237	0.08	0.005	4	13	3.2	524	-	7.9	0.002	0.06	0.02	306	11	0.4	11	0.3	<0.05	25	<0.001	<0.0001	<0.001	0.171	0.025	
SW1	16/Dec/01		103	0.05	0.001	2	55	11.4	317	171	7.7	0.002	0.1														

Historical Surface Water Analytical Results

Surface Water Sampling Location	Date Sampled	Sample ID	Alkalinity	Ammonia (N)	Ammonia(U) (N)(lab)	BOD	COD	DOC	Conductivity	Hardness	pH	Pheols	Phosphorus (total)	Phosphorus, total dissolved	TDS	TSS	N - Total Kjeldahl	Chloride	N - Nitrate	N - Nitrite	Sulphate	Aluminum - Dissolved	Mercury	Arsenic	Barium	Boron	
																											Units
			RL	5	0.01	0.01	3	5	0.2	1	1	0.001	0.01	0.002	3	3	0.1	0.5	0.05	0.05	1	0.01	0.00002	0.0001	0.001	0.005	
			PWQO (note a)		0.02						6.5-8.5	0.001	0.02									0.075 <sup>[1]</sup>	0.0002	0.005		0.2	
			Table A: Aquatic Protection Value			0.1						6.0 - 9.0	0.04 <sup>[2]</sup>					180			100			0.15	2.3	3.55	
			Table B: Canadian Water Quality Guideline									0.004 <sup>[3]</sup>					128	2.9	0.06						1.5		
SW3	03/Aug/01		292	0.47	0.008	2.8	-	5.8	641	270	7.82	-	0.425	-	368	-	0.97	25.2	0.9	-	35.5	-	-	nd	0.382	0.073	
SW3	03/Oct/01		203	nd	nd	0.9	-	10.4	504	268	7.82	-	0.099	-	320	-	1.02	10.5	3	-	51.2	-	-	nd	0.172	0.027	
SW3	04/May/01		138	0.09	nd	1.1	-	7.5	0.281	174	7.93	-	0.107	-	178	13	0.88	4.4	1.6	-	16.3	-	-	nd	0.1	0.015	
SW3	04/Aug/01		244	0.15	0.005	1.6	-	4.9	499	322	7.96	-	0.042	-	318	10	0.77	11.4	0.2	-	19.2	-	-	nd	0.202	0.04	
SW3	04/Nov/01		208	0.1	nd	0.8	-	8.9	452	242	7.98	-	0.047	-	272	-	0.76	8.3	1.9	-	20.9	-	-	nd	0.119	0.017	
SW3	07/May/01		244	0.24	<0.05	<2	-	7	503	260	7.68	-	<0.01	-	332	-	0.8	8.6	0.3	-	17	-	<0.00003	<0.0005	0.177	0.03	
SW3	07/Aug/01		248	0.2	<0.05	<2	-	4	558	267	7.8	-	0.03	-	368	-	0.6	13	0.4	-	22	-	0.00005	0.0013	0.243	0.043	
SW3	07/Oct/01		244	0.15	<0.05	<2	-	5.9	536	266	7.2	-	0.05	-	354	-	0.7	16	0.4	-	22	-	<0.00003	<0.0005	0.21	0.036	
SW3	08/Sep/01		252	0.07	<0.05	<2	14	8.8	543	273	7.51	-	0.05	-	299	2	0.7	12	0.5	-	21	-	-	<0.0005	0.197	0.031	
SW3	08/Nov/01		213	0.1	<0.05	<2	-	9.2	466	241	8.06	-	0.07	-	256	-	1	7	0.9	-	1	-	-	7	0.13	0.013	
SW3	09/Apr/09		154	<0.05	<0.05	<2	-5	7.5	362	182	7.8	<0.001	0.06	-	199	6	0.5	6	0.7	-	<0.1	13	-	<0.00002	0.0019	0.093	<0.005
SW3	09/Jul/01		232	<0.05	<0.05	<2	24	7.4	518	268	7.85	<0.001	0.07	-	285	10	0.5	10	0.4	-	<0.1	18	-	<0.00002	<0.0005	0.179	0.025
SW3	09/Nov/16		236	0.1	<0.05	<2	33	7.5	513	250	7.63	<0.001	0.04	-	282	22	0.5	10	0.6	-	<0.1	27	-	0.00005	<0.0005	0.154	0.014
SW3	10/Jun/01		215	0.1	-	<2	-	9.8	488	241	8	8.1	0.04	-	268	8	0.7	5.9	0.6	-	<0.1	14	0.01	<0.00002	0.0005	0.12	0.02
SW3	10/Aug/17		269	0.16	<0.05	<2	29	4.9	627	307	8.12	<0.001	0.05	-	345	6	0.7	18	0.5	0.2	28	0.13	<0.00002	0.0005	0.267	0.053	
SW3	10/Nov/11		200	0.13	<0.01	<2	31	8.5	445	247	8.14	<0.001	0.02	-	245	16	0.7	8	0.4	-	<0.1	19	0.03	<0.00002	<0.0005	0.128	0.018
SW3	11/Jun/01		248	0.2	<0.05	<2	<5	5.9	540	254	7.98	<0.001	0.03	-	297	16	0.8	<1	0.5	0.2	16	0.03	<0.00002	0.0005	0.178	0.036	
SW3	11/Aug/19		270	0.17	<0.01	<2	12	5	612	331	8.05	0.002	0.02	-	337	4	0.6	19	0.5	0.2	24	0.04	<0.00002	0.0005	0.309	0.059	
SW3	11/Aug/19		268	0.18	<0.01	<2	5	5.1	612	329	8.05	<0.001	0.04	-	337	4	0.6	19	0.5	0.3	24	0.04	<0.00002	0.0005	0.306	0.058	
SW3	11/Nov/11		236	0.3	<0.01	<2	12	6.6	540	261	7.82	<0.001	0.02	-	297	8	0.7	12	0.7	-	<0.1	30	0.02	<0.00002	0.0003	0.17	<0.005
SW3	12/May/29		236	0.144	0.011	7	45	6.6	515	260	8.16	<0.001	0.06	-	283	60	0.5	11.7	0.9	-	<0.1	20	0.2	<0.00002	0.0007	0.166	0.052
SW3	12/May/29		234	0.12	0.009	8	35	6.3	517	260	8.15	<0.001	<0.01	-	284	42	<0.1	11.5	0.7	-	<0.1	20	0.01	<0.00002	0.0007	0.166	0.049
SW3	12/Oct/31		289	0.052	<0.005	6	63	10.2	1250	796	7.54	<0.001	0.19	-	686	8	0.6	35.6	<0.1	<0.1	351	0.06	<0.00002	0.0007	0.298	0.211	
SW4	08/Jun/01		214	<0.05	<0.05	3	28	10	440	225	8.07	-	<0.01	-	242	6	1.3	6	0.2	-	12	-	-	<0.0005	0.138	0.02	
SW4	08/Nov/01		211	0.1	<0.05	<2	-	9.1	469	240	8.05	-	0.05	-	258	-	1	7	0.9	-	<0.1	23	-	-	<0.03	0.118	0.013
SW4	09/Apr/09		158	<0.05	<0.05	<2	<5	7.5	365	186	7.91	<0.001	0.07	-	201	8	0.5	6	0.8	-	<0.1	13	-	<0.00002	0.003	0.095	<0.005
SW4	09/Jul/01		240	<0.05	<0.05	<2	21	7.4	516	270	8	<0.001	0.08	-	284	8	0.6	10	0.4	-	<0.1	17	-	<0.00002	<0.0005	0.179	0.025
SW4	09/Nov/16		234	0.11	<0.05	<2	17	7.3	514	249	7.72	<0.001	0.04	-	283	6	0.5	10	0.6	-	<0.1	27	-	0.00004	<0.0005	0.146	0.014
SW4	09/Nov/16		228	0.11	<0.05	<2	23	7.6	515	252	7.68	<0.001	0.04	-	283	4	0.5	10	0.6	-	<0.1	27	-	0.00004	<0.0005	0.147	0.014
SW4	10/Jun/01		215	0.09	-	14	-	9.9	488	243	8.14	<0.001	0.03	-	268	10	0.8	5.9	0.6	-	<0.1	14	<0.01	<0.00002	<0.0005	0.12	0.021
SW4	10/Aug/17		266	0.09	<0.05	<2	5	4.9	610	303	8.23	<0.001	0.4	-	336	6	2.1	18	0.5	0.2	27	0.09	<0.00002	0.0007	0.251	0.052	
SW4	10/Aug/17		265	0.1	<0.05	<2	14	4.8	619	307	8.24	0.003	0.2	-	340	18	1.1	18	0.6	0.2	27	0.09	<0.00002	0.0007	0.255	0.053	
SW4	10/Nov/11		199	0.13	<0.01	<2	23	8.5	445	248	8.14	<0.001	0.02	-	245	10	0.6	8	0.5	-	<0.1	20	0.03	<0.00002	<0.0005	0.126	0.02
SW4	11/Jun/01		249	0.17	<0.05	<2	22	6.1	537	268	8.14	<0.001	0.02	-	295	8	0.7	<1	0.5	0.2	16	0.03	<0.00002	0.0006	0.175	0.039	
SW4	11/Aug/19		268	0.09	<0.01	<2	15	4.9	609	302	8.19	<0.001	0.1	-	335	8	0.9	19	0.6	0.2	24	0.03	<0.00002	0.0004	0.302	0.054	
SW4	11/Nov/11		237	0.26	<0.01	4	11	6.5	541	264	7.84	<0.001	0.01	-	298	36	0.6	12	0.7	0.2	31	0.19	<0.00002	0.0003	0.184	<0.005	
SW4	12/May/29		237	0.163	0.011	6	27	6.5	516	260	8.19	<0.001	0.04	-	284	10	0.5	11.5	0.6	-	<0.1	19	0.02	<0.00002	0.0007	0.172	0.053
SW4	12/May/29		<3	0.022	<0.005	<2	6	0.2	1	<1	5.74	<0.001	<0.01	-	<3	<2	0.1	<0.5	<0.1	<0.1	<1	<0.01	<0.00002	<0.0001	<0.001	<0.005	
SW4	12/Oct/31		258	0.021	<0.005	4	58	10.6	1410	866	7.76	<0.001	0.09	-	778	44	0.6	48.4	<0.1	<0.1	486	0.11	<0.00002	0.0007	0.269	0.096	
SW4	13/Jul/12		240	0.1	<0.02	3	20	-	483	-	8.21	<0.001	0.11	-	314	8	0.8	10	0.15	-	<0.10	11	-	<0.0001	<0.001	0.11	0.03
SW4	13/Oct/28		247	0.152	0.00096	<2.0	27	9	541	270	8.09	<0.0010	<0.030	-	309	<2.0	0.66	12.1	0.38	-	<0.10	27.8	-	<0.00010	<0.0010	0.125	0.024
SW4	14/Jun/12		127	0.259	0.00281	<2.0	45	12.7	266	132	7.93</																

Historical Surface Water Analytical Results

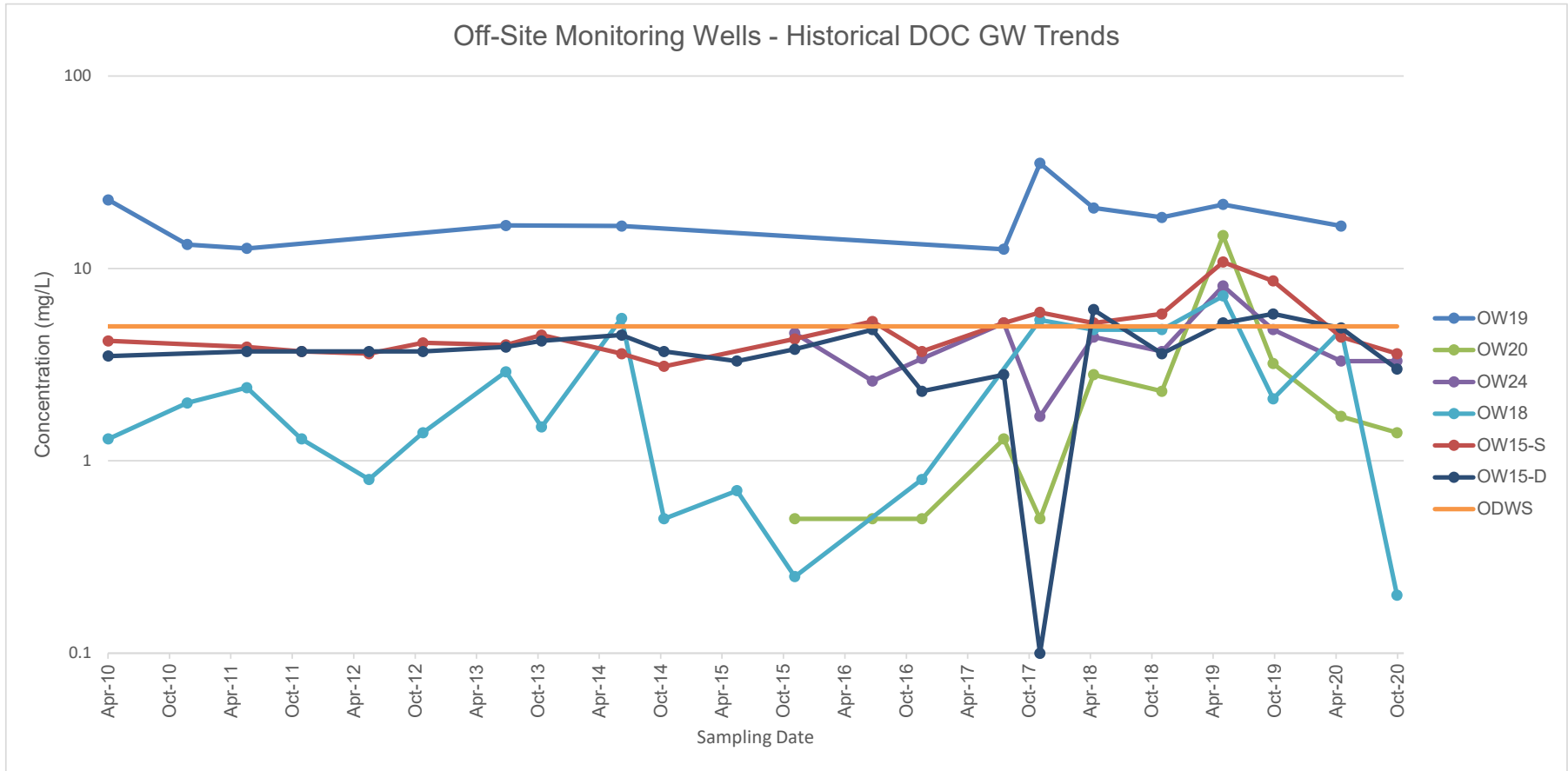
Surface Water Sampling Location	Date Sampled	Sample ID	Units	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	mS/cm	mg/L																					
																								Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Nickel	Potassium	Silver	Sodium	Strontium	Vanadium	Zinc	Temperature (field)	pH (field)	DO (field)	Conductivity (field)	Ammonia, un-ionized (field)
																								RL	0.00015	0.02	0.001	0.0001	0.0001	0.01	0.0002	0.02	0.001	0.01	0.1	0.0001	0.2	0.001	0.0001	0.005			(note g)	
PWQO				0.0005 <sup>[5]</sup>		(note d)	0.0009	0.005 <sup>[6]</sup>	0.3	0.005 <sup>[7]</sup>			0.025	0.0001		0.006	0.02							0.02																				
Table A: Aquatic Protection Value				0.00021		0.064		0.0069	1	0.002														0.089																				
Table B: Canadian Water Quality Guideline				0.000017																				0.1																				
Table B: Canadian Water Quality Guideline				0.000017																				0.03																				

Historical Surface Water Analytical Results

Surface Water Sampling Location	Date Sampled	Sample ID	Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Nickel	Potassium	Silver	Sodium	Strontium	Vanadium	Zinc	Temperature (field)	pH (field)	DO (field)	Conductivity (field)	Ammonia, un-ionized (field)
Units			mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	°C	pH Units	mg/L	mS/cm	mg/L
RL			0.000015	0.02	0.001	0.0001	0.0001	0.001	0.0002	0.02	0.001	0.01	0.1	0.0001	0.2	0.001	0.0001	0.005					0.001
PWQO			0.0005 <sup>[c]</sup>	(note d)	0.009	0.005 <sup>[d]</sup>	0.3	0.005 <sup>[f]</sup>			0.025		0.0001				0.006	0.02			(note g)		0.02
Table A: Aquatic Protection Value			0.00021		0.064		0.0069	1	0.002														0.089
Table B: Canadian Water Quality Guideline			0.000017																				0.1
SW3	03/Aug/01		nd	80.3	nd	0.0038	0.0021	2.55	0.0012	28.4	1.39	0.004	4.2	nd	13.3	-	-	0.01	-	-	-	-	
SW3	03/Oct/01		nd	88.4	nd	0.0009	0.0024	0.089	nd	23.1	0.194	0.002	2.6	nd	7.4	-	-	0.007	-	-	-	-	
SW3	04/May/01		nd	43.7	nd	0.0005	0.0031	1.02	0.0006	14.7	0.074	0.001	1.4	nd	3.9	0.147	0.0052	0.018	-	-	-	-	
SW3	04/Aug/01		nd	66.5	nd	0.0005	0.0007	0.28	nd	24.9	0.122	0.001	2.4	nd	8.3	0.254	0.0009	nd	-	-	-	-	
SW3	04/Nov/01		nd	58.7	nd	0.0004	0.0013	0.55	nd	20.8	0.081	nd	2.1	nd	5.9	0.223	0.0021	nd	-	-	-	-	
SW3	07/May/01		<0.0001	66.5	-	<0.0005	0.0016	0.528	<0.0001	22.8	0.141	<0.01	1.8	<0.005	6.1	-	-	<0.005	-	-	-	-	
SW3	07/Aug/01		<0.0001	64.8	<0.002	<0.005	<0.002	0.45	<0.0001	25.6	0.159	<0.01	<0.01	<0.0001	9.1	-	-	<0.005	-	-	-	-	
SW3	07/Oct/01		<0.005	67.6	<0.002	<0.005	<0.002	0.358	<0.01	23.6	0.102	<0.01	4.2	<0.005	8.5	-	-	<0.005	-	-	-	-	
SW3	08/Sep/01		<0.0001	69.3	<0.002	<0.0005	<0.002	0.456	<0.0001	24.3	0.144	<0.01	2.7	<0.0001	7.6	-	-	<0.005	-	-	-	-	
SW3	08/Nov/01		<0.005	62.2	<0.002	<0.005	0.002	0.42	<0.001	20.9	0.072	<0.01	1.5	<0.005	5.5	-	-	<0.005	-	-	-	-	
SW3	09/Apr/09		0.00010	45.7	0.006	0.0058	<0.002	0.527	<0.0001	16.4	0.053	<0.01	1.5	0.0005	5	0.16	-	<0.005	-	-	-	-	
SW3	09/Jul/01		<0.0001	66.6	0.006	<0.0005	<0.002	0.63	<0.0001	24.7	0.146	<0.01	1.7	<0.0001	6.9	0.256	-	<0.005	-	-	-	-	
SW3	09/Nov/16		<0.0001	63.5	<0.002	<0.0005	0.0019	0.572	<0.0001	22.3	0.163	<0.01	2.1	<0.0001	6.4	0.215	-	<0.005	-	-	-	-	
SW3	10/Jun/01		<0.0001	61.7	<0.002	-	<0.002	0.417	0.0004	21.2	0.078	<0.01	1.2	-	5.7	-	-	<0.005	-	-	-	-	
SW3	10/Aug/17		<0.0001	79	<0.001	0.0007	<0.002	0.629	0.0002	26.7	0.229	<0.01	3.4	<0.0001	10.4	0.29	<0.005	<0.005	-	-	-	-	
SW3	10/Nov/11		<0.0001	62.4	<0.002	<0.0005	0.0029	0.745	0.0006	22.1	0.09	<0.01	1.7	<0.0001	6	0.224	<0.005	<0.005	-	-	-	-	
SW3	11/Jun/01		0.00002	65.2	0.004	0.0006	<0.002	0.749	0.00039	22.2	0.161	<0.01	2.1	<0.00002	6.5	0.24	<0.005	<0.005	-	-	-	-	
SW3	11/Aug/19		<0.00002	83.3	0.0004	0.001	<0.002	0.592	<0.00002	29.9	0.184	<0.01	3.8	<0.00002	12.5	0.284	<0.005	0.008	-	-	-	-	
SW3	11/Aug/19		0.00011	82.8	0.0012	0.0011	<0.002	0.593	0.0026	29.6	0.182	<0.01	3.7	<0.00002	12.4	0.282	<0.005	<0.005	-	-	-	-	
SW3	11/Nov/11		<0.00002	66.5	0.012	0.0006	<0.002	0.547	0.00011	23.0	0.107	<0.01	2.2	<0.00002	8.2	0.221	-	<0.005	-	-	-	-	
SW3	12/May/29		<0.00002	66.2	<0.002	-	0.0009	0.77	<0.00002	23.8	0.233	<0.01	2.4	<0.00002	8.4	-	-	-	-	-	-	-	
SW3	12/May/29		0.00002	64.8	<0.002	-	0.001	0.797	0.00002	23.3	0.276	<0.01	2.3	<0.00002	8.1	-	-	<0.005	-	-	-	-	
SW3	12/Oct/31		<0.00002	217	0.00355	0.0021	0.0015	16.1	<0.00002	61.5	3.32	0.58	4.7	<0.00002	18.7	0.529	0.006	<0.005	-	-	-	-	
SW4	08/Jun/01		<0.0001	57	<0.001	<0.0005	<0.002	0.628	<0.0001	20.0	0.117	<0.01	1	-	5.4	-	-	<0.005	-	-	-	-	
SW4	08/Nov/01		<0.005	61.7	<0.002	<0.005	<0.002	0.406	<0.02	20.9	0.07	<0.01	1.5	<0.005	5.5	-	-	<0.005	-	-	-	-	
SW4	09/Apr/09		<0.0001	46.8	0.005	0.0047	<0.002	0.555	<0.0001	16.7	0.057	<0.01	1.6	0.0004	5.2	0.163	-	<0.005	-	-	-	-	
SW4	09/Jul/01		<0.0001	67.1	0.007	<0.0005	<0.002	0.594	<0.0001	24.9	0.15	<0.01	1.8	<0.0001	7.2	0.258	-	0.007	-	-	-	-	
SW4	09/Nov/16		<0.0001	63	<0.002	<0.0005	0.0017	0.289	<0.0001	22.3	0.112	<0.01	2.1	<0.0001	6.5	0.214	-	<0.005	-	-	-	-	
SW4	09/Nov/16		<0.0001	63.8	<0.002	0.0146	0.01	0.257	<0.0001	22.5	0.112	<0.01	2.1	<0.0001	6.5	0.216	-	<0.005	-	-	-	-	
SW4	10/Jun/01		<0.0001	62.1	<0.002	-	<0.002	0.396	0.0002	21.3	0.075	<0.01	1.2	-	5.7	-	-	<0.005	-	-	-	-	
SW4	10/Aug/17		<0.0001	77.8	0.003	<0.0005	<0.002	0.396	0.0001	26.3	0.151	<0.01	3.3	<0.0001	10.1	0.284	<0.005	<0.005	-	-	-	-	
SW4	10/Aug/17		<0.0001	78.7	<0.001	<0.0005	<0.002	0.422	0.0002	26.7	0.159	<0.01	3.4	<0.0001	10.2	0.288	<0.005	<0.005	-	-	-	-	
SW4	10/Nov/11		<0.0001	62.7	<0.002	<0.0005	0.016	0.607	0.0003	22.1	0.09	<0.01	1.7	<0.0001	6.2	0.224	<0.005	<0.005	-	-	-	-	
SW4	11/Jun/01		<0.00002	68.7	<0.002	0.0005	<0.002	0.604	0.00026	23.3	0.13	<0.01	2.2	<0.00002	6.9	0.253	<0.005	<0.005	-	-	-	-	
SW4	11/Aug/19		0.00013	76	0.0011	0.0006	<0.002	1.3	0.0152	27.1	0.36	<0.01	3.4	<0.00002	11.3	0.259	<0.005	0.006	-	-	-	-	
SW4	11/Nov/11		0.00003	67.2	0.0294	0.0008	0.003	1.35	0.0006	23.2	0.221	0.01	2.2	0.00002	8.3	0.223	-	0.006	-	-	-	-	
SW4	12/May/29		<0.00002	69.8	<0.002	-	0.0007	0.615	0.0002	25.3	0.289	<0.01	2.5	<0.00002	8.6	-	-	<0.005	-	-	-	-	
SW4	12/May/29		<0.00002	<0.002	<0.002	-	0.0005	0.012	0.00004	<0.01	<0.001	<0.01	<0.1	<0.00002	<0.2	-	-	<0.005	-	-	-	-	
SW4	12/Oct/31		0.00005	228	0.011	0.0009	0.0015	0.756	0.00045	72.1	0.821	<0.01	3.8	<0.00002	16.9	0.587	<0.005	<0.005	-	-	-	-	
SW4	13/Jul/12		<0.0001	-	0.001	-	<0.001	0.26	<0.001	-	-	-	-	-	-	-	-	<0.01	-	-	-	-	
SW4	13/Oct/28		<0.000090	69.3	<0.00050	<0.00050	0.0011	0.192	<0.00050	23.6	0.054	<0.0010	1.8	<0.00010	6.95	-	-	0.0045	-	-	-	-	
SW4	14/Jun/12		<0.000090	34.1	0.00195	<0.00050	0.0024	1.13	<0.00050	11.5	0.0292	0.0019	1.6	<0.00010	2.81	-	-	0.0055	-	-	-	-	
SW4	14/Oct/23		<0.000090	62.9	<0.00050	<0.00050	<0.0010	0.273	<0.00050	22.6	0.0581	<0.0010	2.3	<0.00010	6.73	-	-	0.0071	-	-	-	-	
SW4	15/May/28		<0.0001	61.6	<0.001	0.0008	<0.0005	0.328	0.0001	21.5	1.28	0.001	2.65	<0.0001	5.6	0.24	0.0017	<0.005	-	-	-	-	
SW4	15/Dec/03		<0.0001	88.8	<0.001	<0.0005	0.0007	0.278	<0.0001	29	0.026	<0.001	1.42	0.0003	7.94	0.277	0.0013	<0.005	-	-	-	-	
SW4	16/Jul/04		<0.0001	746	<0.001	<0.0005	<0.0005	<0.1	<0.0001	20.3	0.013	<0.001	2.37	<0.0001	9.16	0.273	<0.0005	<0.005	-	-	-	-	
SW4	16/Dec/01		<0.0001	35.5	0.003	0.0008	0.0039	1.46	0.0014	12.2	0.041	0.002	2.24	<0.0001	4.46	0.15	0.0058	0.015	-	-	-	-	
SW4	17/Jul/17		<0.0001	69	0.001	<0.0005	<0.0005	0.245	<0.0001	22	0.067	0.002	1.53	<0.0001	6.7	0.254	0.0037	<0.005	-	-	-	-	
SW4	17/Nov/17		<0.0001	50.6	<0.001	<0.0005	<0.0005	0.37	0.0001	18.6	0.095	<0.001	1.22	<0.0001	5.63	0.228	0.0018	<0.005	-	-	-	-	
SW4	18/Apr/24		0.000014	53.4	<0.001	0.0002	0.002	0.349	0.00018	18.5	0.043	<0.00001	1.3	<0.00002	6.7	0.209	<0.00005	0.035	-	-	-	-	
SW4	18/Nov/13		<0.015	64.9	<0.001	0.0005	0.0061	0.513	0.00027	24.1	0.056	<0.00001	1.9	<0.0001	7.4	0.262	0.031	0.012	-	-	-	-	
SW4	19/May/14	19-W004	0.000030	40.3	0.005	0.0006	0.0030	0.783	0.00057	13.9	0.027	<0.01	1.1	<0.0001	4.5	0.154	<0.005	0.009	8.27	8.29	7.97	<0.01	
SW4	19/W024	19-W024	<0.000015	65.6	<0.001	0.0004	0.0005	0.407	0.00009	23.7	0.115	<0.01	2.8	<0.0001	9.6								

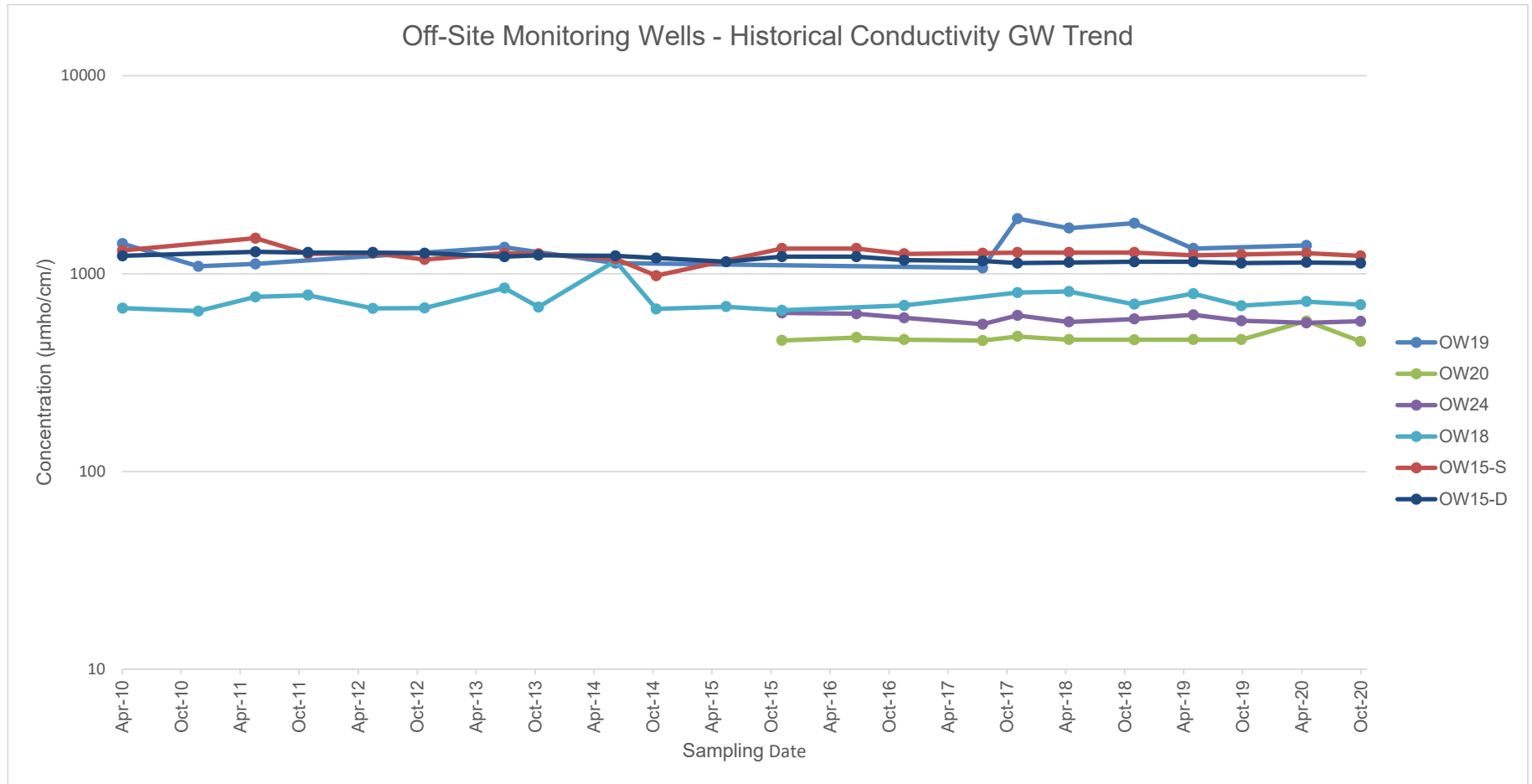


**Appendix L**  
**Historical Groundwater and Surface Water Trends**



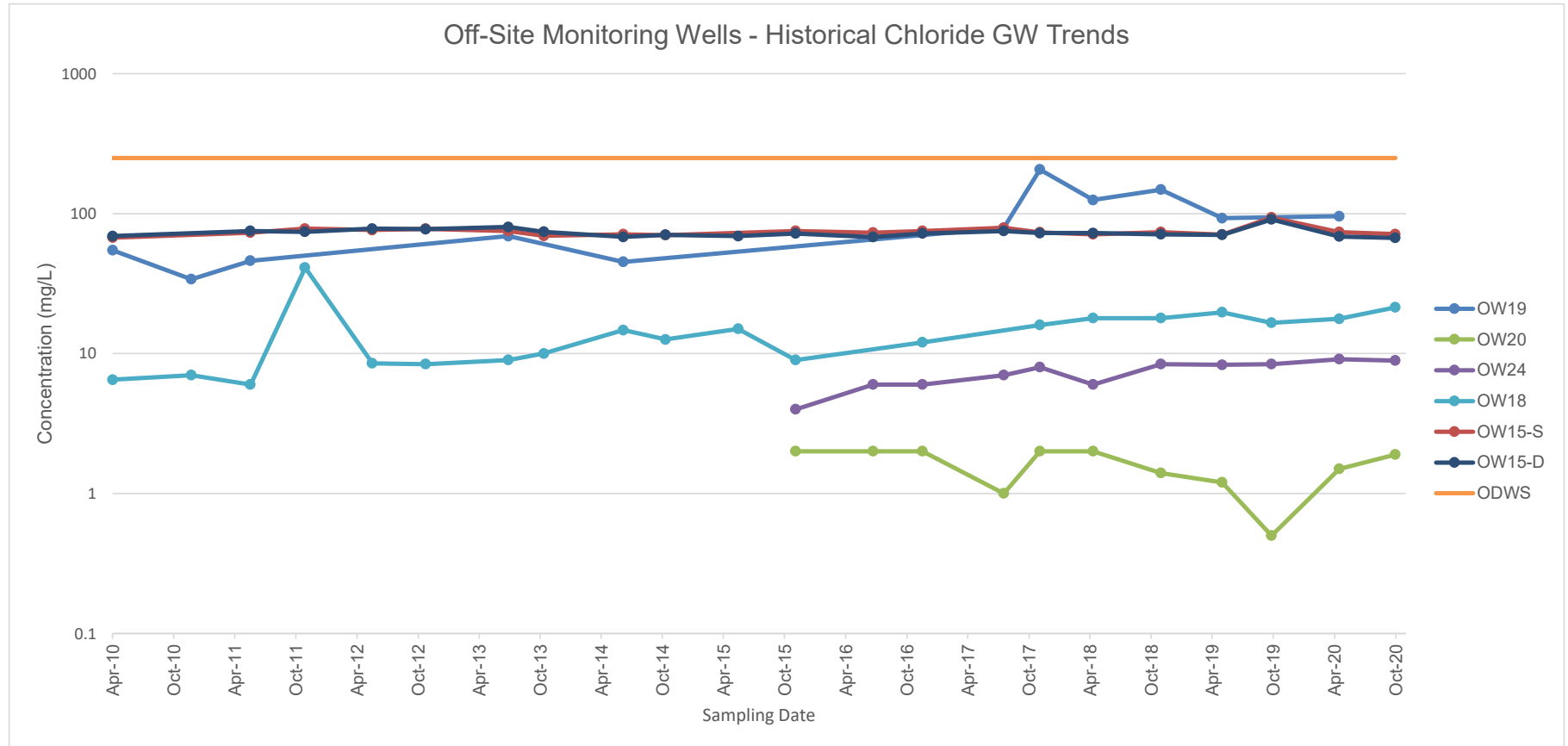
**Notes:**

- all data prior to and including 2016 was provided by the Township of Leeds and Thousand Islands.
- gaps between points denotes missing data
- when result was less than MDL, MDL value was plotted
- trend graphs provided as an interpretive tool only. Refer to the summary tables for results.



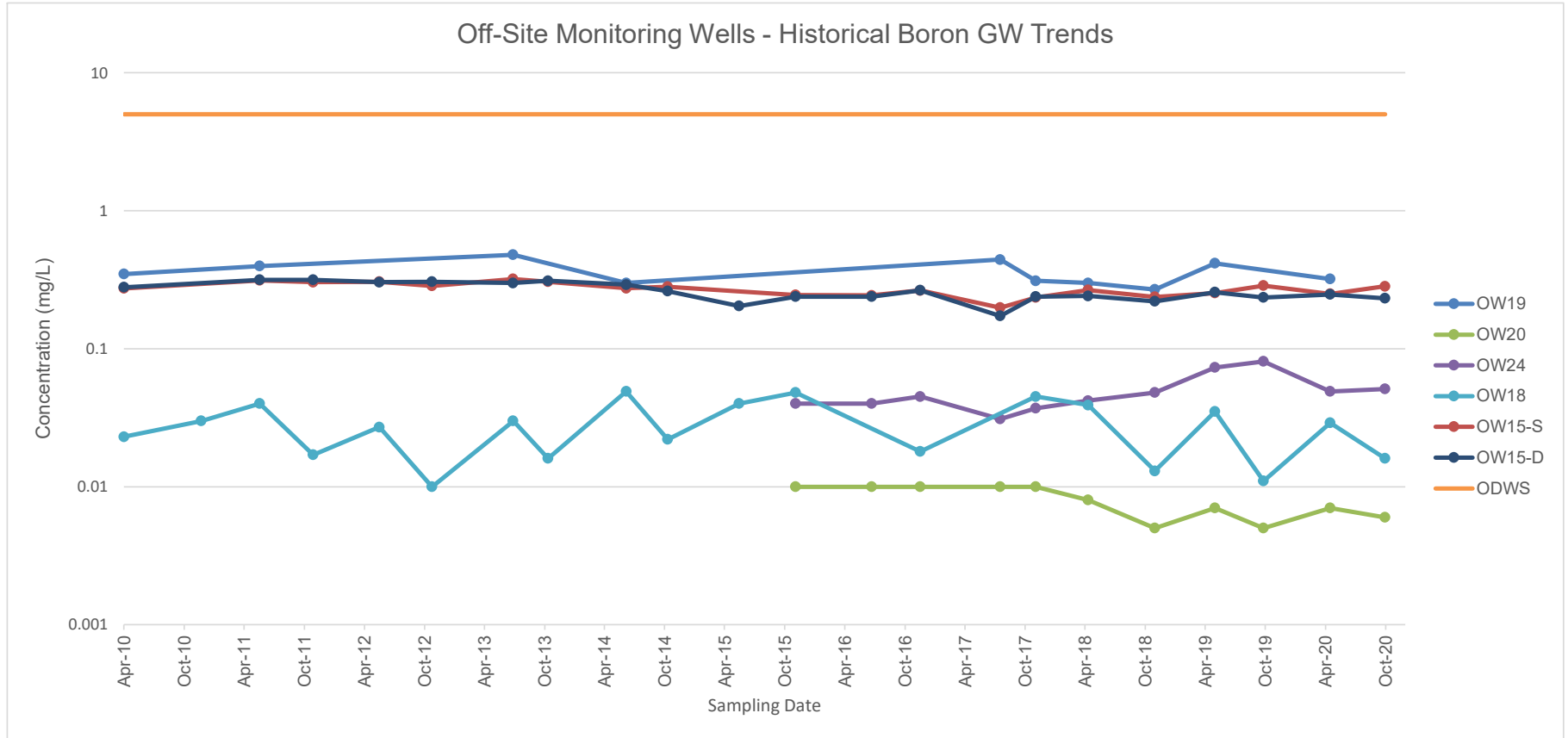
**Notes:**

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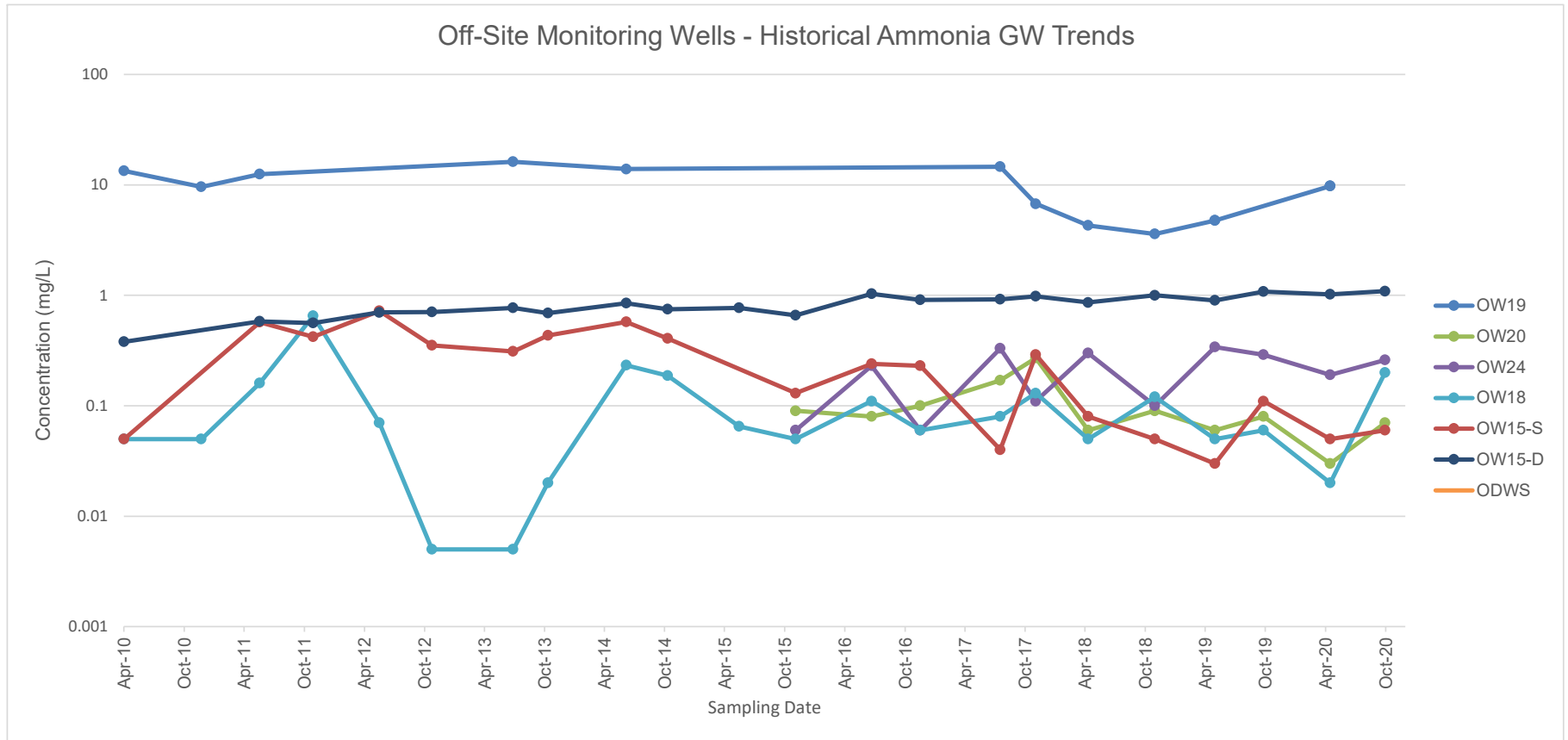
**Notes:**

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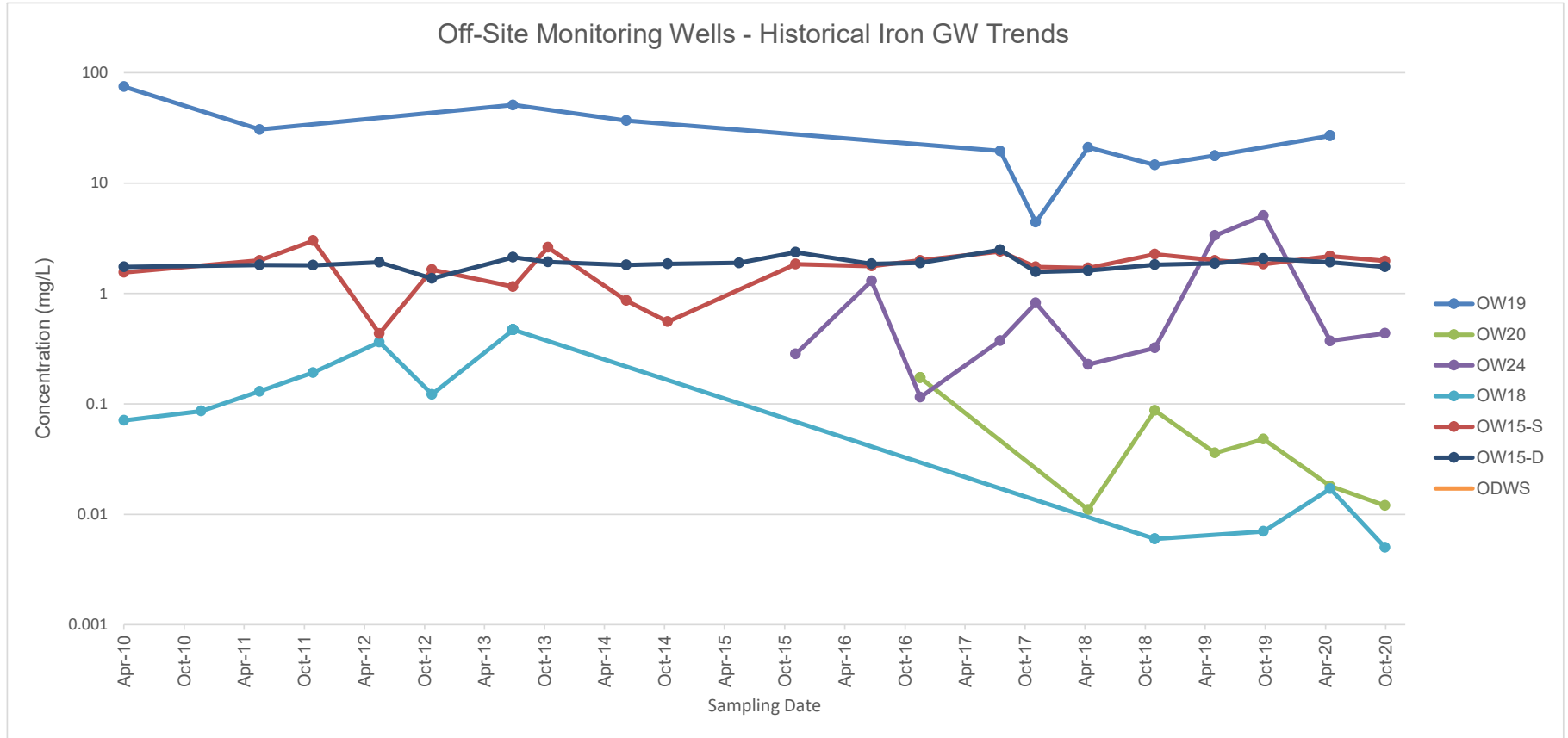
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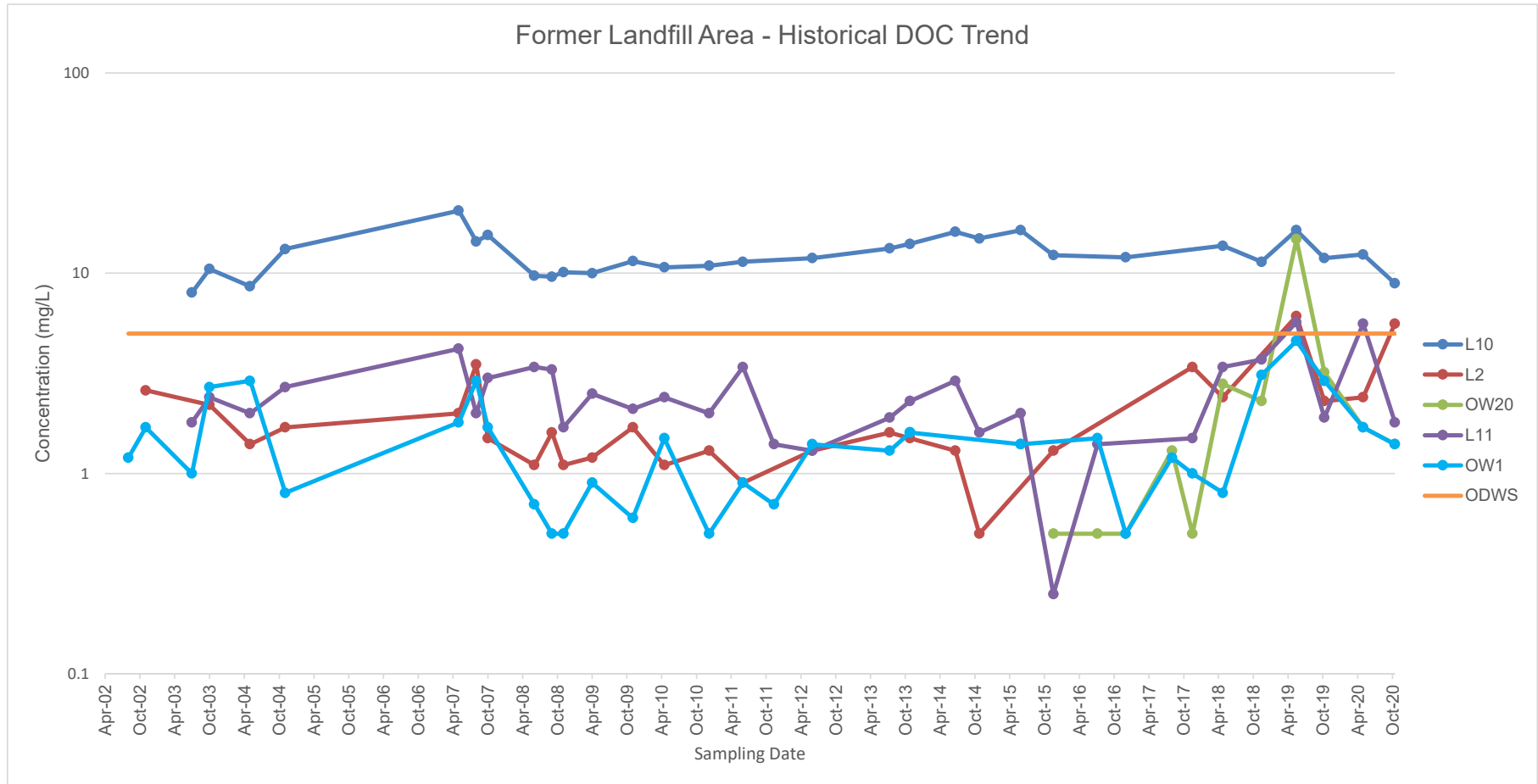
**Notes:**

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Notes:

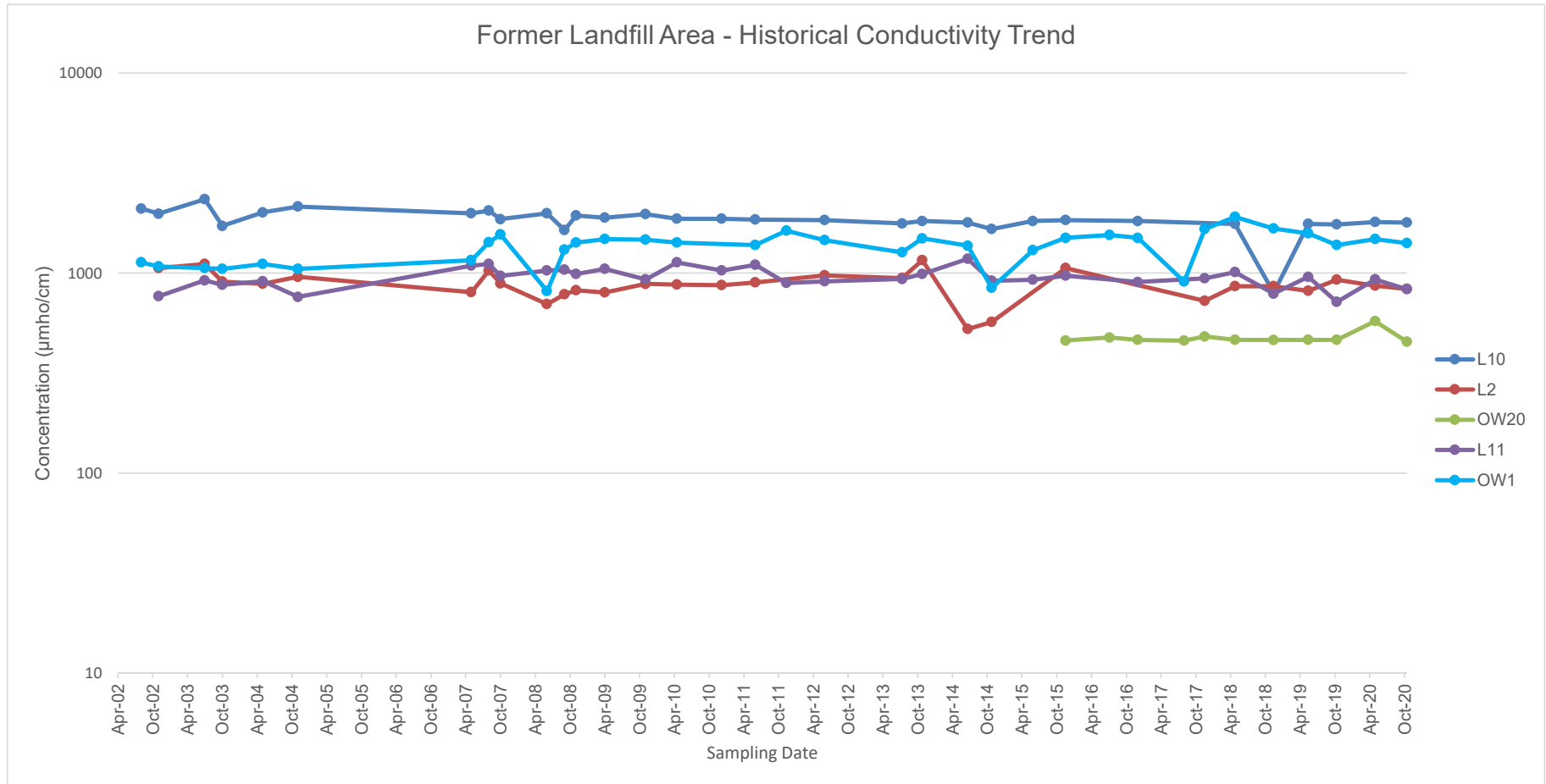
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**Notes:**

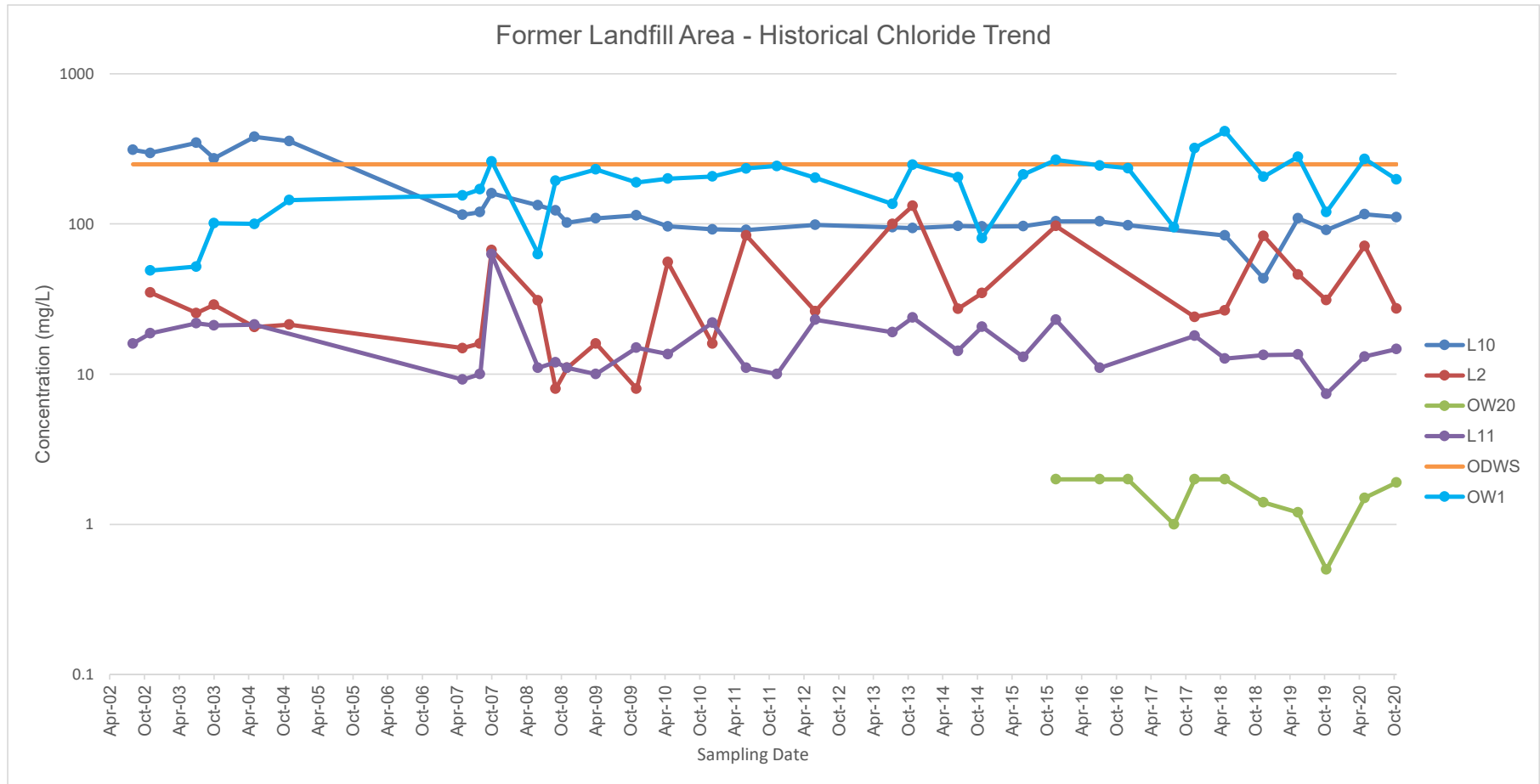
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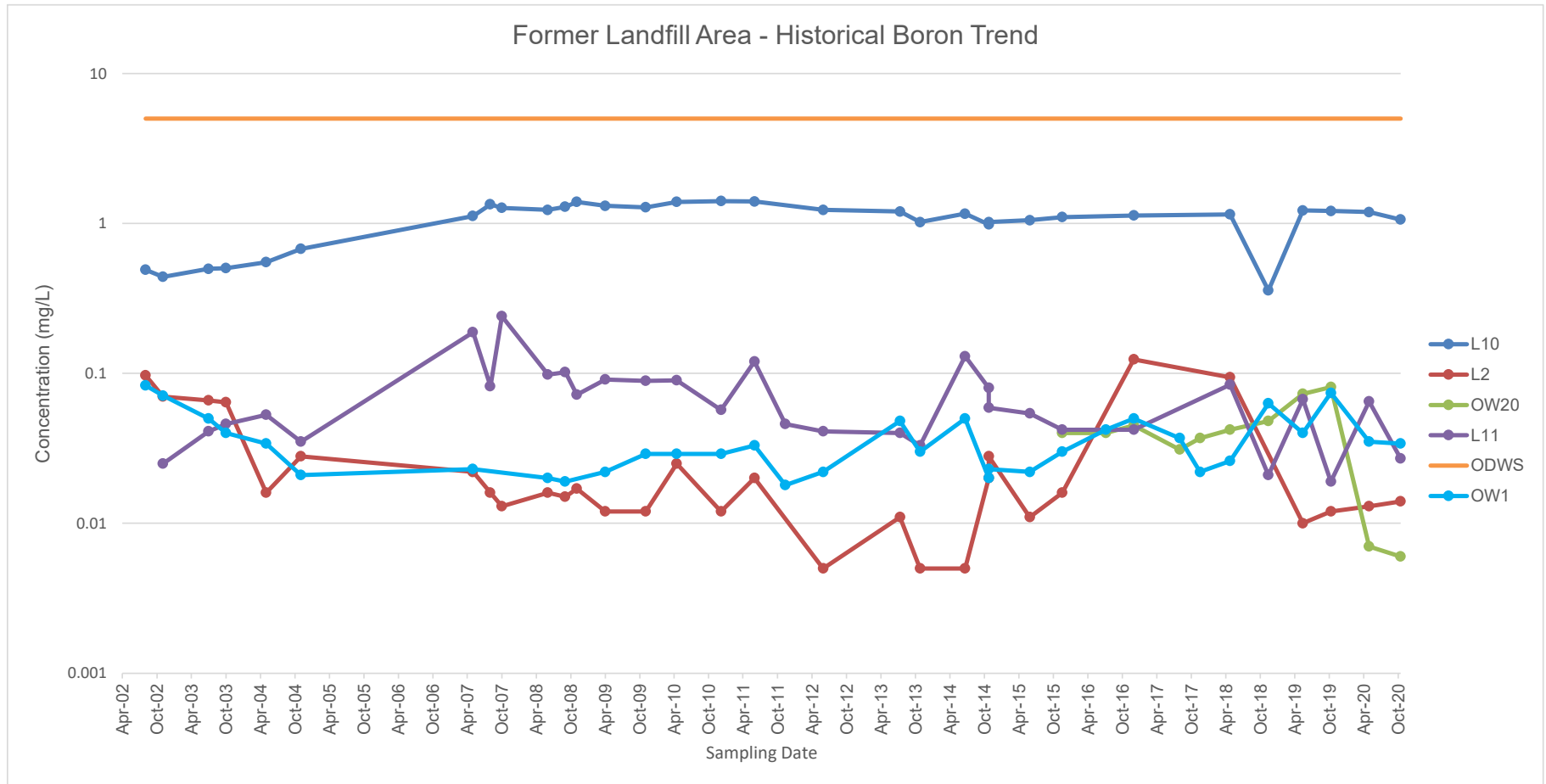
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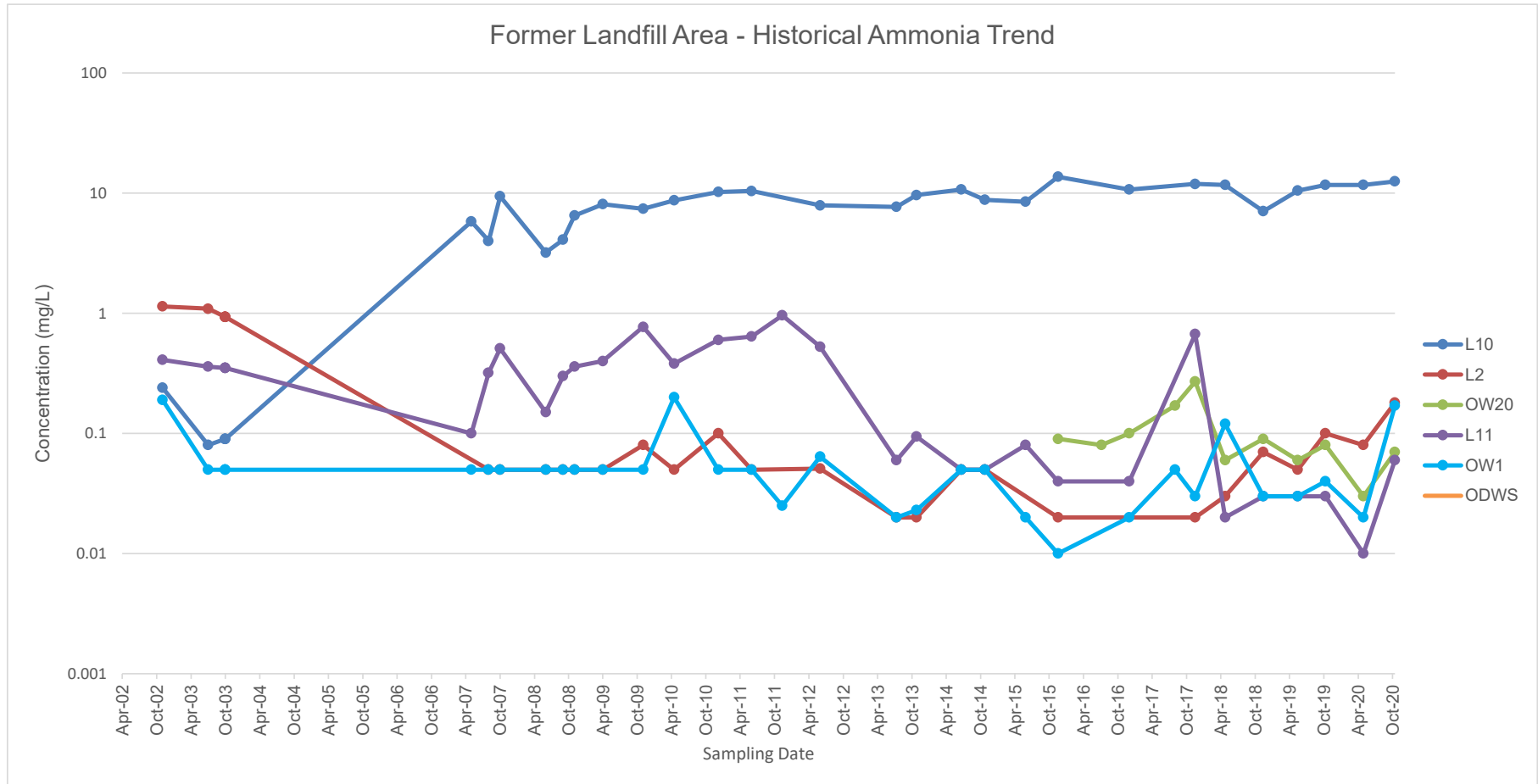
**Notes:**

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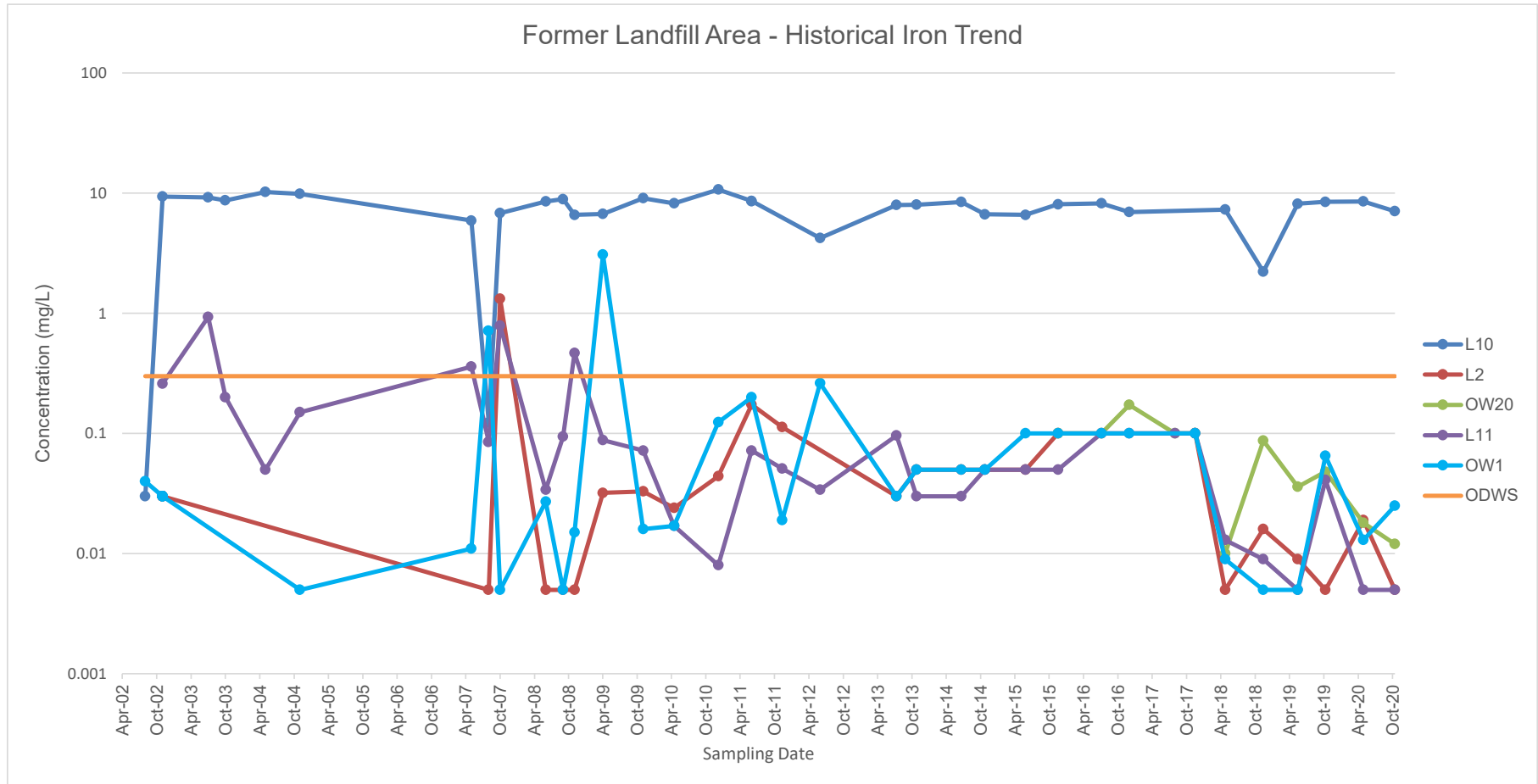
**Notes:**

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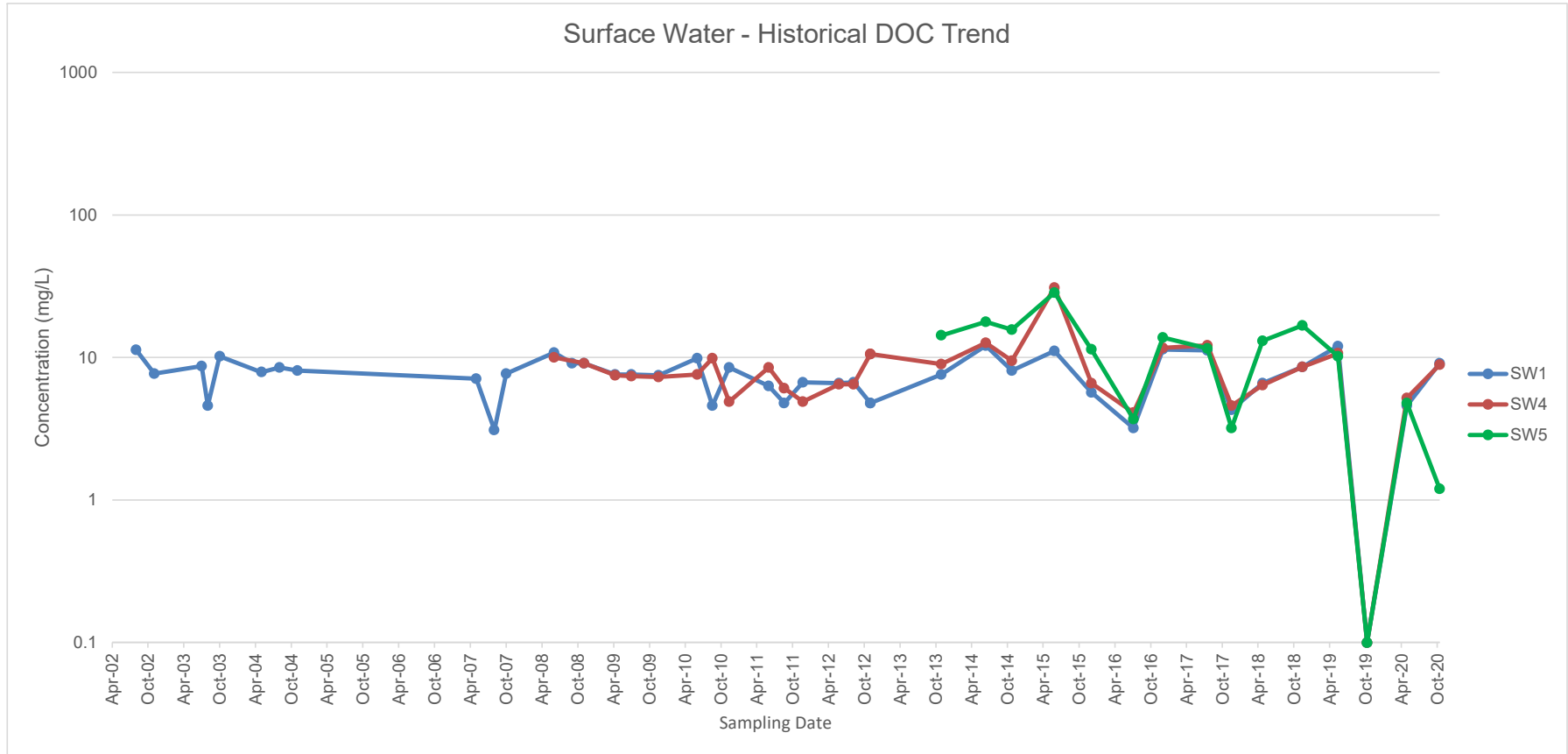
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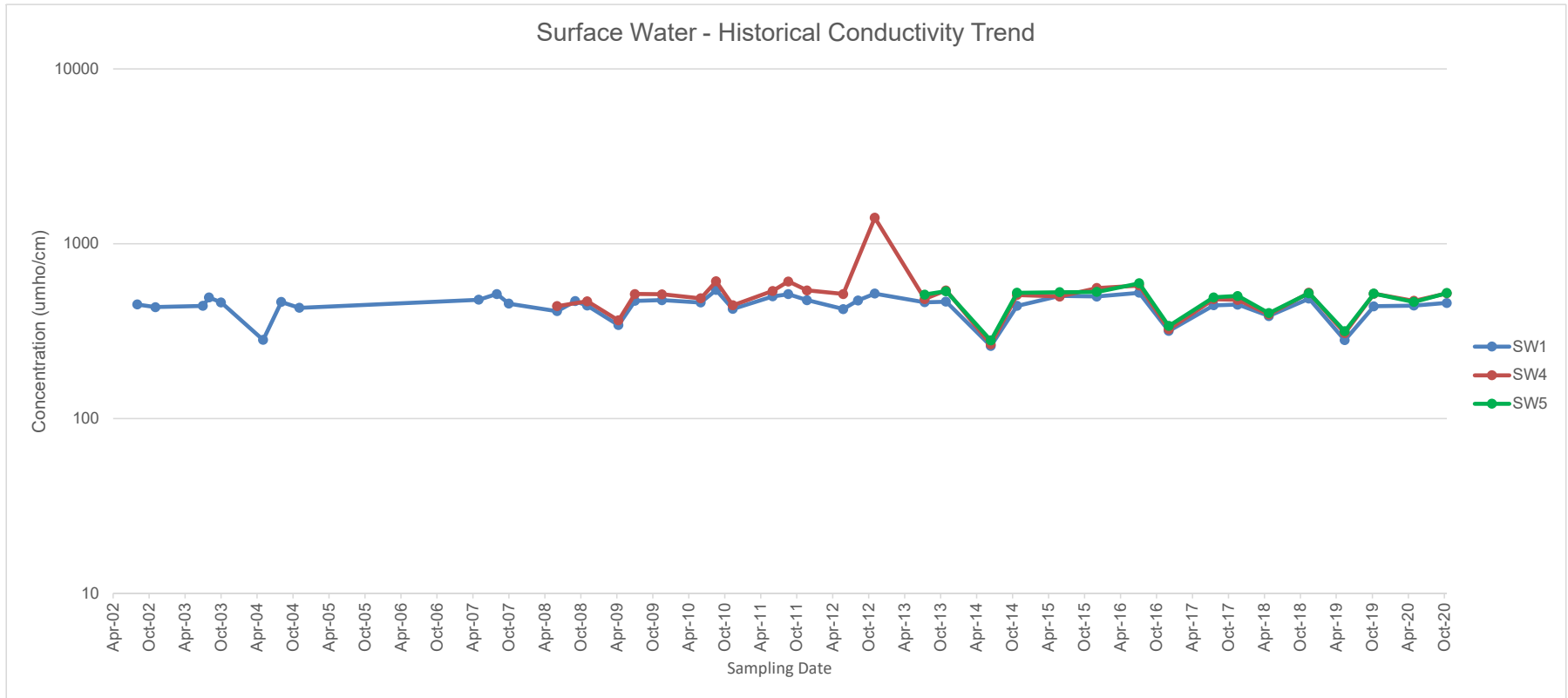
**Notes:**

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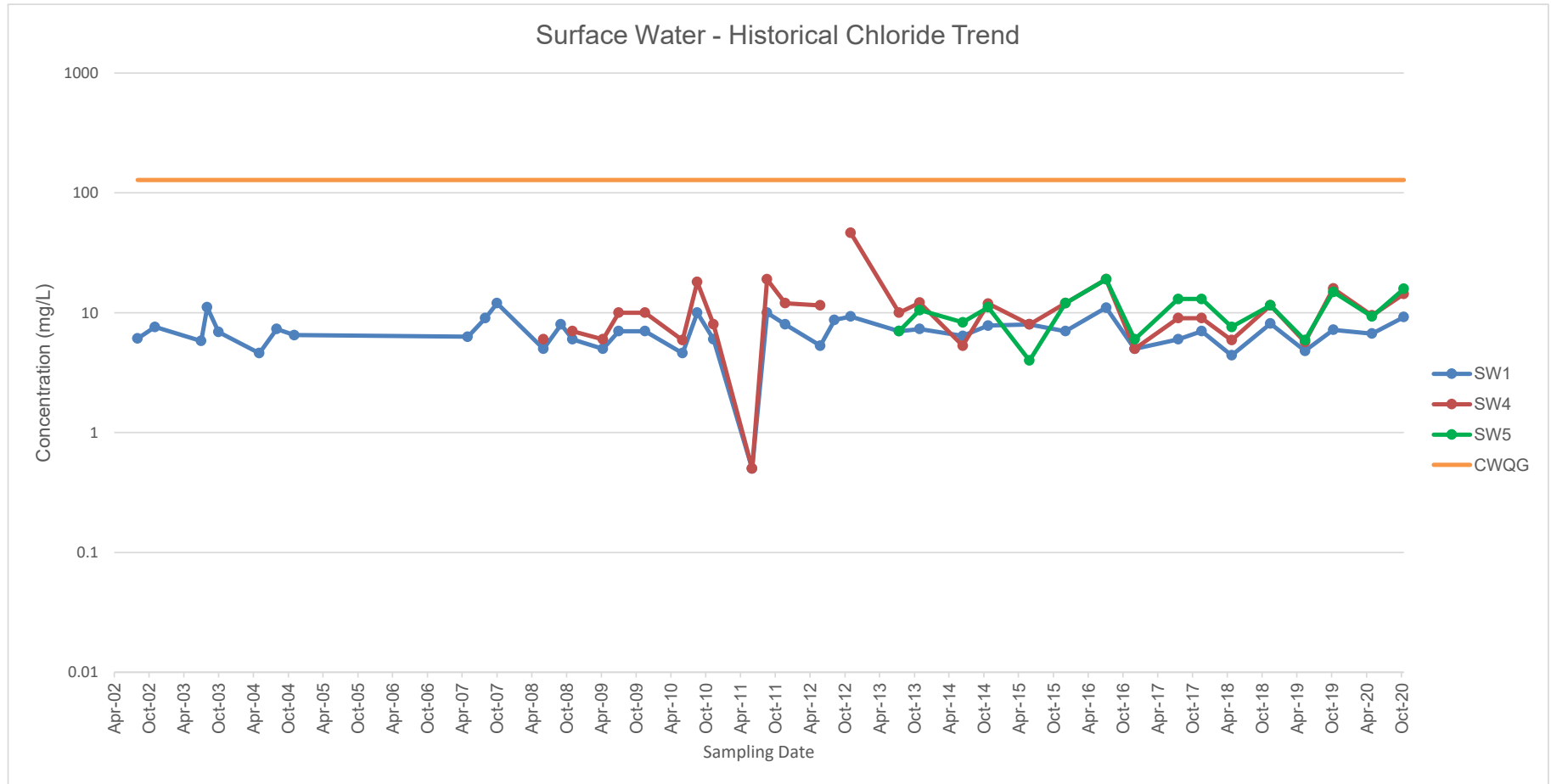
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**Notes:**

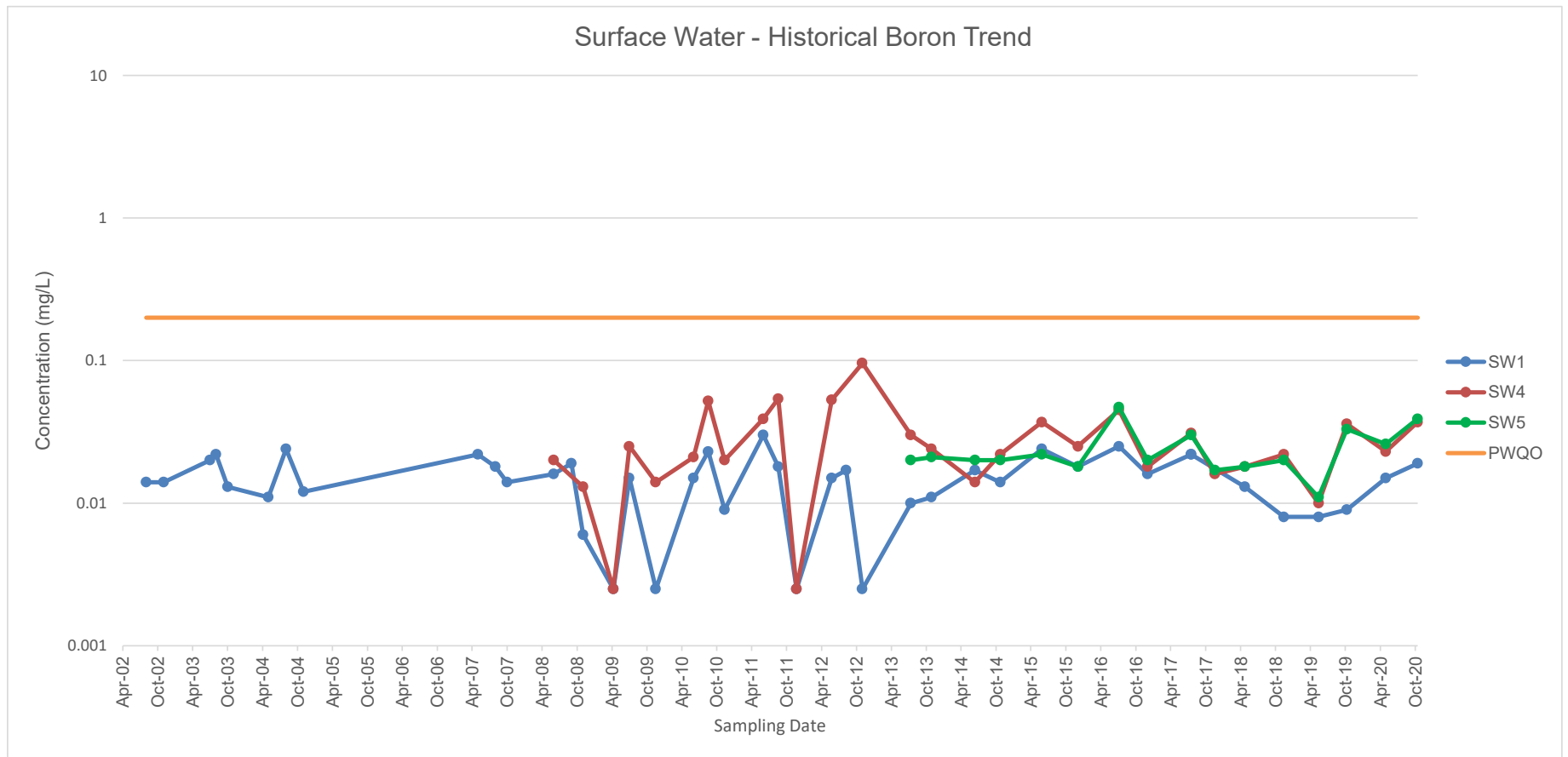
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- gaps between points denotes missing data
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**Notes:**

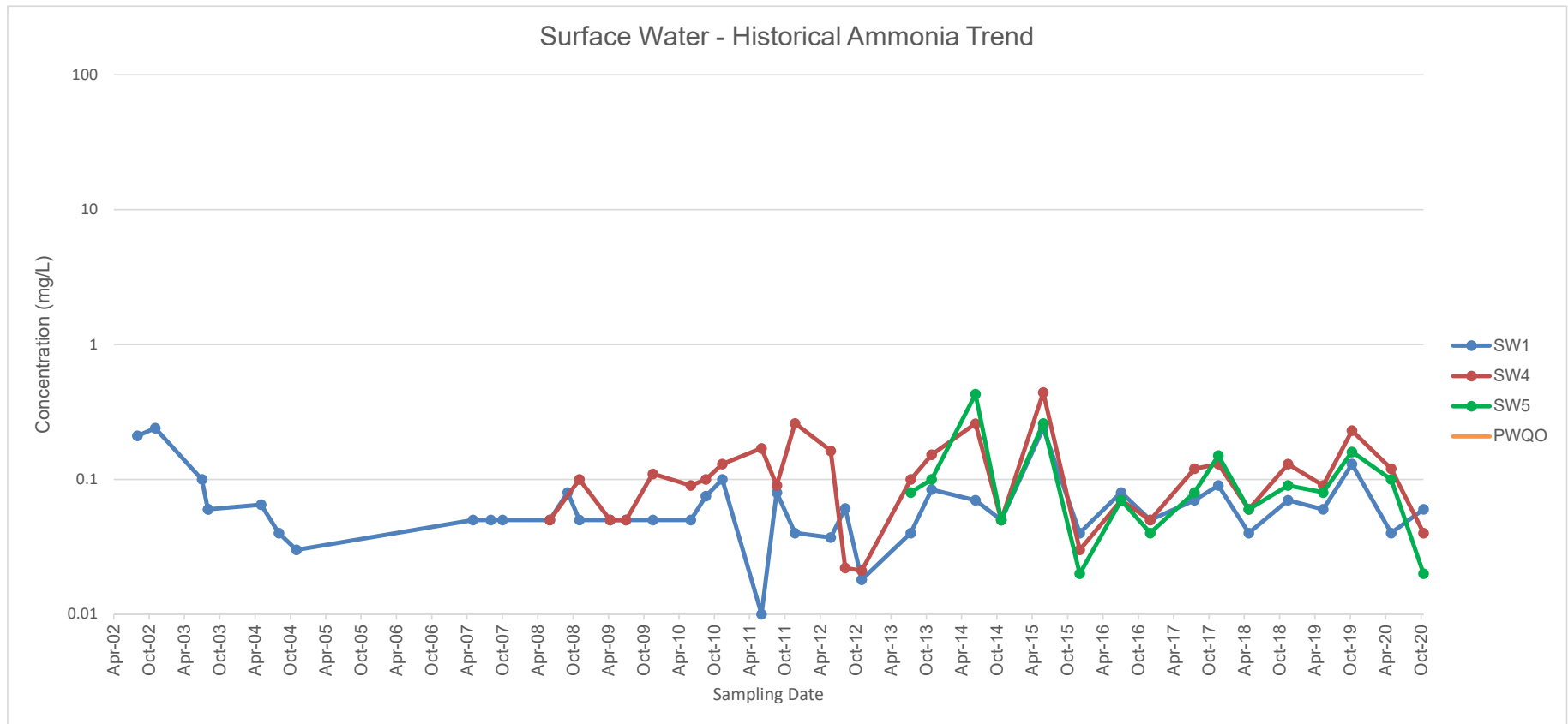
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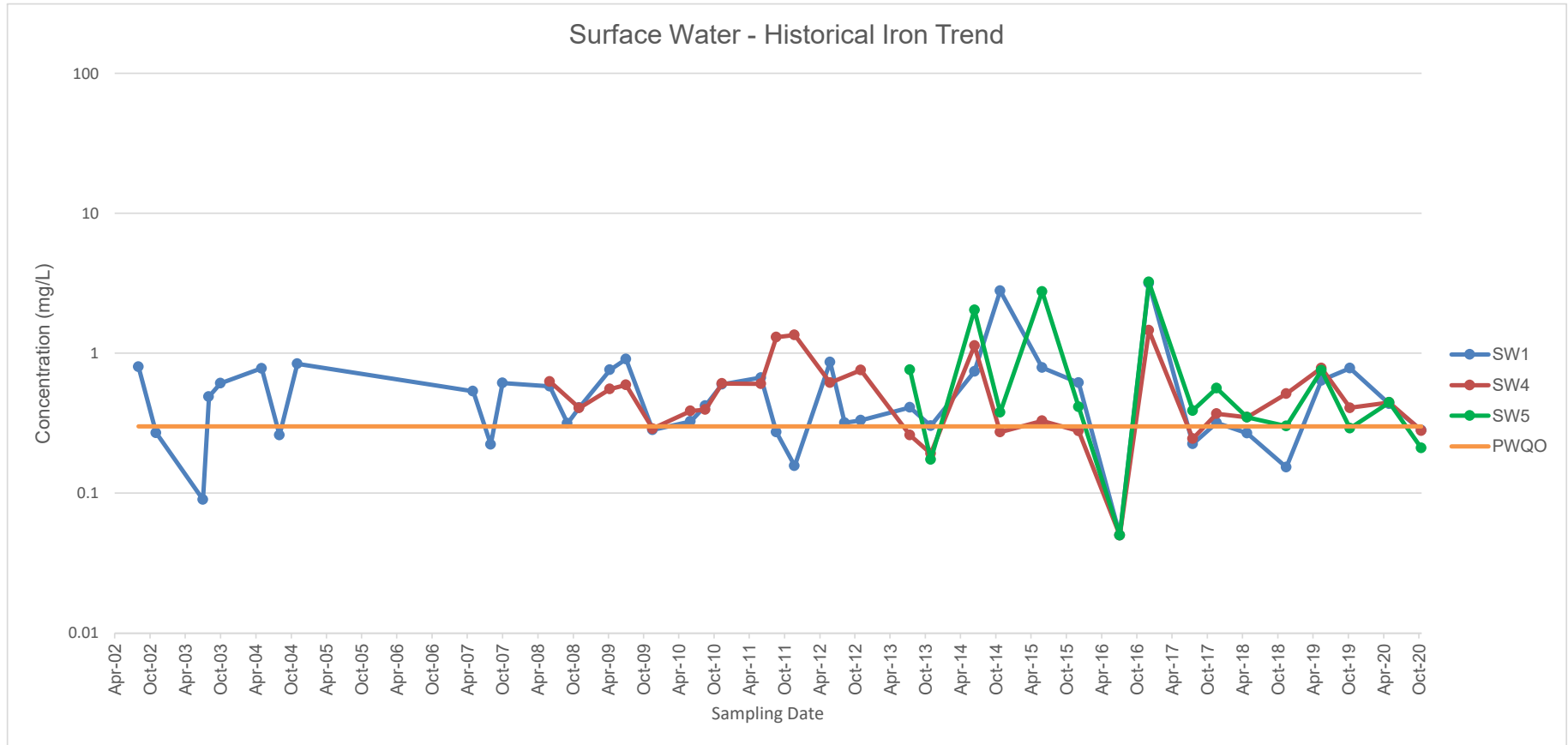
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- gaps between points denotes missing data
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**Notes:**

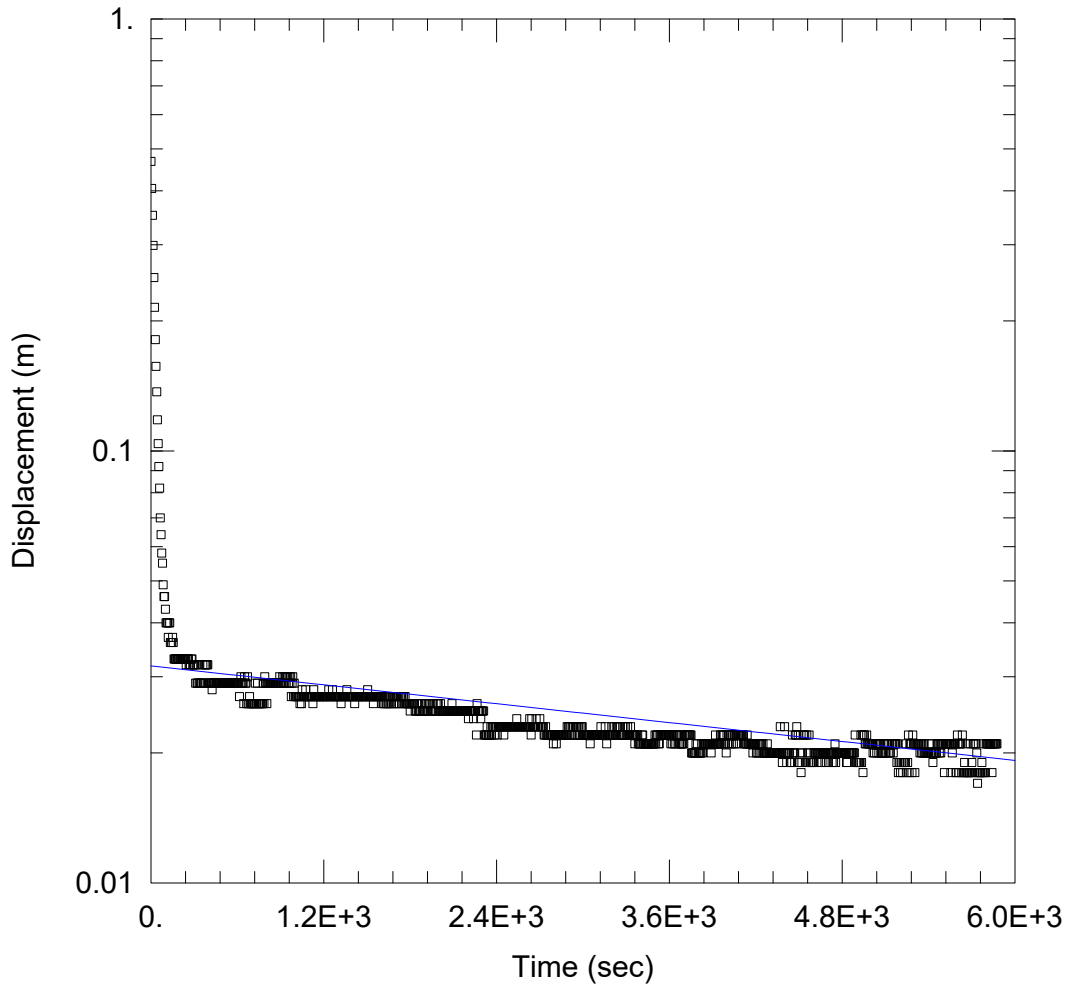
- all data prior to and including 2016 was provided by the Township of Leeds and Thousand Islands.
- gaps between points denotes missing data
- when result was less than MDL, MDL value was plotted
- trend graphs provided as an interpretive tool only. Refer to the summary tables for results.



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**Appendix M**  
**Hydraulic Conductivity Calculations**



### WELL TEST ANALYSIS

Data Set: P:\Projects\1036 Briar Hill\Field Results\Hydraulic Conductivity Tests\BW1.aqt  
 Date: 02/10/21 Time: 15:47:54

### PROJECT INFORMATION

Company: Malroz  
 Client: Township of TLTI  
 Project: 1036  
 Location: Lyndhurst, ON  
 Test Well: BW1  
 Test Date: 2020-10-13

### AQUIFER DATA

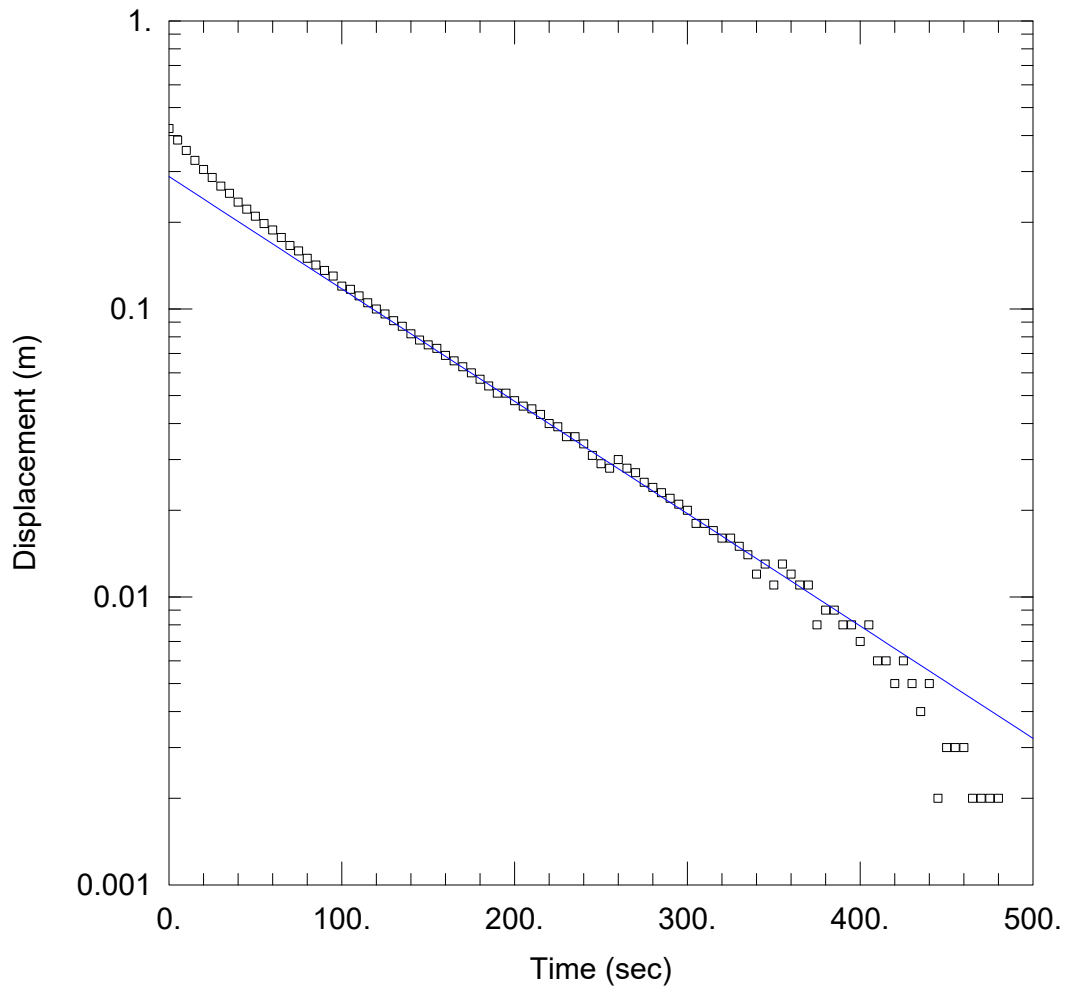
Saturated Thickness: 30. m Anisotropy Ratio (Kz/Kr): 1.

### WELL DATA (BW1)

Initial Displacement: 0.468 m Static Water Column Height: 16.68 m  
 Total Well Penetration Depth: 16.67 m Screen Length: 0.9 m  
 Casing Radius: 0.0254 m Well Radius: 0.0254 m  
 Gravel Pack Porosity: 0.33

### SOLUTION

Aquifer Model: Unconfined Solution Method: Bower-Rice  
 K = 9.532E-8 m/sec y0 = 0.03179 m



### WELL TEST ANALYSIS

Data Set: P:\Projects\1036 Briar Hill\Field Results\Hydraulic Conductivity Tests\OW15-S.aqt  
 Date: 02/10/21 Time: 15:44:15

### PROJECT INFORMATION

Company: Malroz  
 Client: Township of TLTI  
 Project: 1036  
 Location: Lyndhurst, ON  
 Test Well: OW15-S  
 Test Date: 2020-10-13

### AQUIFER DATA

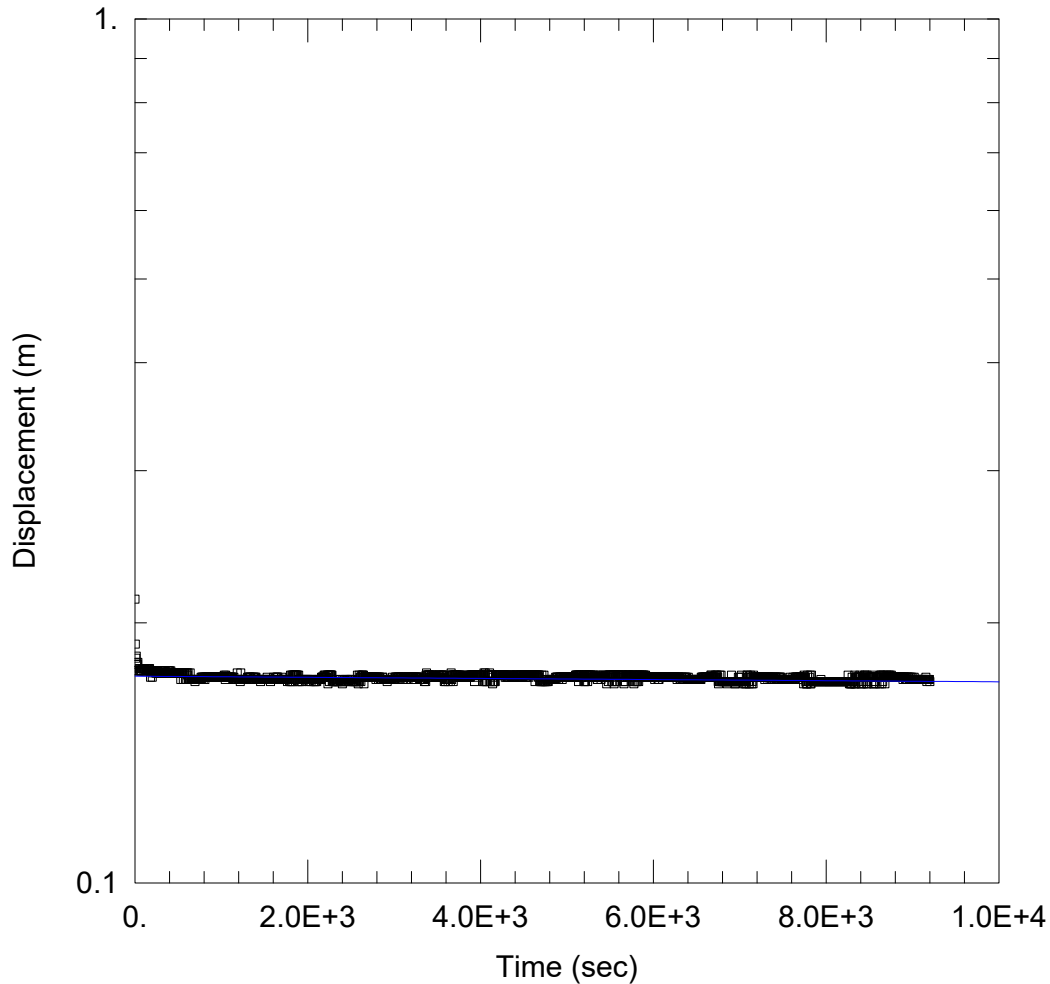
Saturated Thickness: 10. m Anisotropy Ratio (Kz/Kr): 1.

### WELL DATA (OW15-S)

Initial Displacement: 0.423 m Static Water Column Height: 2.33 m  
 Total Well Penetration Depth: 2.31 m Screen Length: 1.5 m  
 Casing Radius: 0.0254 m Well Radius: 0.0254 m  
 Gravel Pack Porosity: 0.33

### SOLUTION

Aquifer Model: Unconfined Solution Method: Bower-Rice  
 K = 5.483E-6 m/sec y0 = 0.2882 m



WELL TEST ANALYSIS

Data Set: P:\Projects\1036 Briar Hill\Field Results\Hydraulic Conductivity Tests\OW22.aqt  
 Date: 02/11/21 Time: 11:40:15

PROJECT INFORMATION

Company: Malroz  
 Client: Township of TLTI  
 Project: 1036  
 Location: Lyndhurst, ON  
 Test Well: OW22  
 Test Date: 2020-10-13

AQUIFER DATA

Saturated Thickness: 10. m Anisotropy Ratio (Kz/Kr): 1.

WELL DATA (OW22)

Initial Displacement: 0.213 m Static Water Column Height: 0.54 m  
 Total Well Penetration Depth: 1.5 m Screen Length: 1.5 m  
 Casing Radius: 0.0254 m Well Radius: 0.0254 m  
 Gravel Pack Porosity: 0.33

SOLUTION

Aquifer Model: Unconfined Solution Method: Bower-Rice  
 K = 8.484E-10 m/sec y0 = 0.1735 m