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TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS

**Lansdowne 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.

Monitoring Report and Site Information	
Waste Disposal Site Name	Lansdowne Waste Disposal Site
Location (e.g. street address, lot, concession)	365 Kidd Road South, Part Lot 12, Concession 2 Lansdowne
GPS Location (taken within the property boundary at front gate/ front entry)	0416311.6m E, 4971193.8 N, NAD 83, 18T
Municipality	Leeds and Thousand Islands
Client and/or Site Owner	The Corporation of the Township of Leeds and Thousand Islands
Monitoring Period (Year)	2020
This Monitoring Report is being submitted under the following:	
Environmental Compliance Approval Number:	A442003 (ECA)
Director's Order No.:	N/A
Provincial Officer's Order No.:	N/A
Other:	N/A

Report Submission Frequency	<input checked="" type="radio"/> Annual <input type="radio"/> Other	Specify: Submitted by March 31 of the year following the calendar year covered by the report.	
The site is: (Operation Status)	<input checked="" type="radio"/> Open <input type="radio"/> Inactive <input type="radio"/> Closed		
Does your Site have a Total Approved Capacity?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, please specify Total Approved Capacity		Units	Cubic Metres
Does your Site have a Maximum Approved Fill Rate?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, please specify Maximum Approved Fill Rate	N/A	Units	
Total Waste Received within Monitoring Period (Year)	6227	Units	Cubic Metres
Total Waste Received within Monitoring Period (Year) Methodology	surveyed using an Trimble R10 GNSS		
Estimated Remaining Capacity	24109	Units	Cubic Metres
Estimated Remaining Capacity Methodology	based on proposed capacity presented in the recently submitted D&O plan		
Estimated Remaining Capacity Date Last Determined	December 2020		
Non-Hazardous Approved Waste Types	<input 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 type="checkbox"/> Leaf and Yard Waste	<input type="checkbox"/> Food Processing/Preparation Operations Waste <input type="checkbox"/> Hauled Sewage Other: <input type="text" value="Municipal waste per O.Reg 347"/>
Subject Waste Approved Waste Classes: Hazardous & Liquid Industrial (separate waste classes by comma)			
Year Site Opened (enter the Calendar Year <u>only</u>)	<input type="text" value="unknown"/>	Current ECA Issue Date	March 24, 2016
Is your Site required to submit Financial Assurance?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Describe how your Landfill is designed.	<input checked="" type="radio"/> Natural Attenuation only <input type="radio"/> Fully engineered Facility <input type="radio"/> Partially engineered Facility		
Does your Site have an approved Contaminant Attenuation Zone?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

<p>If closed, specify C of A, control or authorizing document closure date:</p>	
<p>Has the nature of the operations at the site changed during this monitoring period?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>If yes, provide details:</p>	<p>Type Here</p>
<p>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)</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> <p>managed by methane vents at the top of the waste mound. Conditions outside of the fill area met met the MOE limits for the subsurface.</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>If no, list exceptions (Type Here):</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
MW101	insufficient water	April 7 and November 17, 2020
345 Eden Grove Road Domestic Well	property owner not available to coordinate access	April 7, 2020

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 checked="" type="radio"/> Yes only at methane vents, not in the wells adjacent to the waste mound. <input 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 parameters developed as per the Technical Guidance Document: or MECP Concurrence (see report)		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable If no, list exceptions below or attach additional information.
Groundwater Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
Type Here	Type Here	Select Date
Type Here	Type Here	Select Date
Type Here	Type Here	Select Date
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):		See report for details of SOP.
<input checked="" type="radio"/> Yes <input type="radio"/> No		

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>If no, the potential design and operational concerns/exceptions are as follows (Type Here): potential B7 non compliance tot he northwest and east.</p>	
<p>6) The site meets compliance and assessment criteria.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>See report for discussion of compliance criteria.</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.</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>Trigger Mechanisms to be developed at a later date following purchase of additional CAZ.</p>	

Groundwater CEP Declaration:

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.

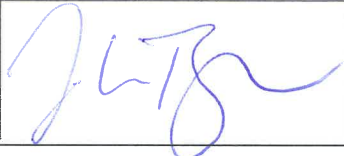


The completion of this Checklist is a requirement of the MECP. As always, we rely upon the MECP to undertake a complete review the report(s) provided regarding the waste disposal site/landfill, and provide their comments and acceptance of our interpretation, conclusions and recommendations. The Checklist 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:

2021-03-29

Recommendations:

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

<p><input checked="" type="radio"/> No changes to the monitoring program are recommended</p> <p><input type="radio"/> The following change(s) to the monitoring program is/are recommended:</p>	<p>See report for discussion.</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>	<p>See report for discussion.</p>

Name:	John Pyke, P.Geo.		
Seal:	Add Image		
Signature:		Date:	March 29, 2021
CEP Contact Information:	John Pyke, P.Geo.		
Company:	Malroz Engineering Inc.		
Address:	308 Wellington St., 2nd Floor, Kingston ON		
Telephone No.:	613-548-3446 ext. 34	Fax No. :	Type Here
E-mail Address:	pyke@malroz.com		
Co-signers for additional expertise provided:			
Signature:		Date:	Select Date
Signature:		Date:	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 Creek and drainage ditches
Distance(s)	Along Eastern, Western, Northern and Southern property boundary,

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 type="radio"/> Yes <input checked="" type="radio"/> No <p>Not applicable (No C of A, authorizing / control document applies)</p>	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
SW11	dry conditions	November 17, 2020

<p>3) 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.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <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 <input checked="" type="radio"/> No <input type="radio"/> Not Applicable</p>	<p>If no, specify below or provide details in an attachment.</p>
Surface Water Sampling Location	Description/Explanation for change (change in name or location, additions, deletions)	Date
Type Here	Type Here	Select Date
<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 <input type="radio"/> No</p>	<p>See report for discussion of SOPs.</p>

Sampling and Monitoring Program Results/WDS Conditions and Assessment:

<p>5) The receiving water body meets surface water-related compliance criteria and assessment 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):</p>	<p style="text-align: center;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
---	---

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
Refer to Table 10 in Report	PWQO, Table A, Table B	See Report
<p>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)?</p>	<p style="text-align: center;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	<p>See report for discussion: -Significant background inputs from agricultural sources, background, and road salting.</p>

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" 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 discussion. The site is characterized by concentrations of background above the assessment or compliance criteria.</p>
<p>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)):</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>9) Have trigger values for contingency plans or site remedial actions been exceeded (where they exist):</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>

Surface Water CEP 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:

2021-03-29

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 type="radio"/> The following change(s) to the monitoring program is/are recommended:</p>	
<p><input checked="" type="radio"/> No changes to the 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>	<p>no changes, see report</p>

CEP Signature		
Relevant Discipline	Professional Geologist with relevant experience and training.	
Date:	March 29, 2021	
CEP Contact Information:	John Pyke, P.Geol.	
Company:	Malroz Engineering Inc.	
Address:	308 Wellington St., 2nd Floor, Kingston ON	
Telephone No.:	613-548-3446 ext. 34	
Fax No. :	Type Here	
E-mail Address:	pyke@malroz.com	
Save As		Print Form

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 No. A442003.

Malroz has relied upon TLTI staff 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 data. Any third party use or reliance of this report, or decisions made based on this report, are the responsibilities of the third party. 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: 
Albert Paschkowiak, C.E.T.,
Environmental Technologist

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



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Appendix B Figures

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Figure 2 Site Plan

Figure 3 Shallow Groundwater Contours (November 2020)

Figure 4 Bedrock Groundwater Elevations (November 2020)

Figure 5 2020 Waste Pile Topographic Survey

Figure 6 West-East Fence Diagram

Figure 7 PFAS Results

Appendix C MECP Correspondence

Appendix D Site Photos

Appendix E Cover Material Summary

Appendix F Daily Inspections and Waste Logs Summary

Appendix G Malroz Inspections

Appendix H Tables

Table 1 Groundwater Monitoring Well Descriptions

Table 2 Surface Water Station Descriptions

Table 3 Well Inspection Results

Table 4 Groundwater Monitoring Results

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Table 6 Groundwater and Surface Water Comparison

Table 7 Groundwater Analyses

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Appendix J Laboratory Certificates of Analyses

Appendix K Reasonable Use Calculations

Appendix L Groundwater and Surface Water Trend Graphs

1.0 Introduction

The Lansdowne waste disposal site (the Site) operates under Amended Environmental Compliance Approval (ECA) No. A442003, issued by the Ministry of Environment, Conservation, and Parks (MECP), and dated March 24, 2016 (Appendix A). The Site is located at 530 Eden Grove Road (also known as County Road 34 and King Street West), west of the Village of Lansdowne, in the Township of Leeds and the Thousand Islands (TLTI) (Figure 1, Appendix B).

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

Environmental Professional Contact

Mr. John Pyke, P.Geo.
Project Manager
308 Wellington St.
Kingston, Ontario, K7K 7A8
613-548-3446 ext. 34
pyke@malroz.com

2.0 Background

The geology, hydrogeology, physiography, and hydrology of the Site are described in this section.

2.1 Geological Setting

Based on available borehole logs, field observations, previous reports, and mapping from the Ontario Department of Mines (1964), the bedrock in the vicinity of the Site is comprised of granite and syenite.

Based on the borehole logs from wells installed in 2017, 2018 and 2019, the overburden appears to be a mixture of clay and silty clay. In some areas of the site, a thin (<2.5 m thick) layer of sand was observed between the clay and bedrock. A thicker layer of sand was observed at MW106 and MW203 which extended from 8.5 to 13.9 metres below grade (mbg). Depth to bedrock ranges from greater than 13.9 mbg to bedrock outcrops. There appears to be a bedrock ridge located along the eastern property boundary before the eastern Contaminant Attenuation Zone (CAZ) area. Bedrock was also observed at or near surface within the north watercourse at the northwest corner of the property and again at the north eastern extent of the CAZ. Figure 6 (Appendix B) presents a fence diagram depicting Malroz's conceptual understanding of the geology at the site.

2.2 Hydrogeological Setting

Groundwater at the site is split into two units: the overburden and bedrock which appear to have some hydrogeologic connection. Upward vertical hydraulic gradients were observed to the west and immediate east of the landfill indicating bedrock groundwater may discharge to the overburden. Downward vertical hydraulic gradients were observed at monitoring well nests to the north and far east of the landfill and indicate recharge of the bedrock in these areas. Groundwater elevations and are presented in Figures 3 and 4 (Appendix B).

Overburden groundwater flow is generally east with some components towards the northeast and southeast, and mounding around the waste pile. Groundwater flow in the shallow bedrock aquifer appears to be northeast. Shallow groundwater is expected to be heavily influenced by the presence of drainage ditches and surface water features at all edges of the site (Figure 2, Appendix B). Further discussion of the interaction between groundwater and surface water is provided in Section 5.8.

2.3 Surface Water Features

The Site represents a local topographic high. The surface water at the Site generally follows topography, flowing away from the waste mound towards drainage ditches located north, south, east, and west of the site. The drainage ditches to the west and east of the site flow north, and join the ditch along the south side of Eden Grove Road (County Road 34), which flows eastwards (Figure 2, Appendix B).

Southwest of the Site, surface water drains into a swale which transports water south to the adjacent marshy area where it is joined by surface water flowing from south of the Site. Surface water leaving the marshy area flows east and then northeast by an unnamed creek (Figure 2, Appendix B). The creek drains into the ditch located along the south side of Eden Grove Road (County Road 34) at surface water station SW13.

2.4 MECP Review and Correspondence

A list of correspondence with the MECP from 2020 and in relation to subsequent per- and polyfluoroalkyl substances (PFAS) investigations in 2021 is provided below:

- A MECP Technical Support Section hydrogeologist provided comment on the 2019 Monitoring, Development and Operations Report (MDOP) in a memorandum dated January 4, 2021.
- Comments from an MECP Surface Water Specialist on the 2019 MDOP had not been received at the time this report was prepared.
- In an email dated January 29, 2021 the MECP provided comments on the results of PFAS analyses conducted on December 9, 2020. In a subsequent email on the same day, the MECP requested an additional round of sampling to confirm the PFAS concentrations detected during the fall 2020 monitoring program and to evaluate PFAS in the downgradient residential wells.
- Additional MECP correspondence regarding the results of the supplemental PFAS analyses program was received on February 19, 2021.
- Results of the subsequent PFAS sampling, conducted on February 3 and 4, 2021, were transmitted to the MECP on February 19, 2021. These results have been incorporated in the results and discussion sections of this report.
- Malroz attended a meeting with the Nathalie Matthews (MECP), Shawn Trimper (MECP), David Holliday (Director of Operations – TLTI), and James Tuck (Manager of Infrastructure and Environmental Services) on February 24, 2020 to discuss an action plan for resolving B7 non-compliance at the site. Malroz developed a B7 action plan in consultation with the TLTI staff and submitted it to the MECP in an email dated March 2, 2021.

A copy of the MECP correspondence and Malroz's responses on behalf of the TLTI are included in Appendix C.

3.0 Development and Operations

A D&O and Closure Plan was submitted to the MECP on December 12, 2018. Preliminary comments have been received by the MECP and a plan to address comments has been discussed with the MECP District Office. Revision and resubmission of the D&O and

Closure Plan are planned for Spring, 2021. The following sections summarize current site operations.

3.1 Waste Disposal Site Description

The Site operates under amended ECA A442003, which permits a 9.2-hectare (ha) waste disposal and transfer site within a total site area of 18.7 hectares (Appendix A).

The TLTI purchased an additional 50 metre buffer to the east of the site (approximately 3.7 ha), and the groundwater rights to an additional 12.7 ha beyond the eastern buffer (Figure 2, Appendix B). These lands were registered-to-title as a Contaminant Attenuation Zone (CAZ) on June 2, 2017.

The Site relies on natural attenuation and is graded to minimize ponding and surface water contacting the waste pile. Storm water is managed by swales located at property boundaries. Landfill gas management is conducted via three gas vents located in the waste fill area. Photos of the Site are presented in Appendix D.

3.2 Site Access

The Site can be accessed by Eden Grove Road (County Road 34). Geodetic coordinates for the Site benchmark are as follows (2013 Site survey):

Zone: NAD 83, 18T
Easting: 0416311.6 m (+/- 0.5 m)
Northing: 4971193.8 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 the TLTI is 9,465. The site receives waste from a curbside pickup program for the town of Lansdowne, and from residents who drop off waste at the site.

3.4 Method of Waste Disposal

Waste is received at the waste transfer station in the north portion of the site. Waste is placed by residents in labelled transfer bins from an adjacent built-up platform. Bins are then transported by staff to the active waste face and deposited using an area-fill method. Waste is compacted using a compactor and covered bi-weekly.

Metals and tires are received in separate areas/bins, and disposed of separately off-site. Recyclables are transported by Environmental 360 Solutions Inc. (formerly Manco Recycling Systems Inc.) to their facility in Napanee, Ontario, for processing.

Burning waste at the Site is not permitted. Clean wood and brush deposited at the Site are chipped on-site using a tub-grinder and deposited onto the waste mound.

3.5 Hours of Operation

The entrance and exit gates are locked during non-operating hours. The Site's operating hours are:

Monday, Tuesday, Thursday, Friday, Saturday 8:30 a.m. – 4:45 p.m.

Signage (as per the ECA) is present at the site's entrance. Site attendants are on-site during the hours of operation and are responsible for directing the public to the waste drop-off and diversion areas within the site.

3.6 Waste Characteristics

In accordance with the ECA, only solid non-hazardous municipal waste as defined under O. Reg. 347 is accepted at the Site. Wastes are inspected by site staff prior to their acceptance at the Site. We understand that several loads were refused at the site in 2020 for one or more of the following reasons:

- size,
- waste was not contained in clear plastic bags,
- waste was not tagged,
- loads contained non-acceptable waste (construction waste), and
- loads originated from outside the TLTI.

White goods are received at the site via drop off and from the Briar Hill and Escott Landfills. These goods are drained of refrigerant prior to acceptance. White goods are removed from site by Manco for disposal at their facility in Napanee.

3.7 Phasing of Site Usage

The waste mound at the site comprises two separate areas: the old waste mound to the south and the active fill area located at the north edge of the waste mound. Active waste filling will progress north towards the site's northern property boundary.

3.8 Cover

Cover was applied in 2020 to the active waste mound in approximately 150 mm lifts on a bi-weekly basis. The Manager of Infrastructure and Environmental Services, James Tuck, reported that that approximately 2,966 m³ of interim cover was applied to the Site in 2020. We understand that final cover has been applied to the southern, portion of the waste mound and interim cover has been applied to the middle portion (Figure 2, Appendix B).

A summary detailing the purchases of cover material for the Site are included in Appendix E.

3.9 Site Inspections

Daily site inspections were conducted by the TLTI staff on days when the landfill was open to the public. Inspection results were recorded on daily field sheets which are included in Appendix F.

Inspections indicated that ponded water was observed periodically at the site as a result of rain events. Windblown litter and birds were observed around the Site on several occasions. Occasional vermin including racoons, skunks, and rodents were observed. Litter pickups and other actions taken to address the above deficiencies are described in the site inspection records. Leachate seeps were not observed during the inspections completed in 2020.

Malroz undertook site inspections during two monitoring and sampling programs on April 7 and November 18, 2020. Results of these inspections are included in Appendix G.

We understand that illegal dumping continues to occur on Kidd Road South, next to the landfill. We further understand that a camera has been installed to monitor access to the site and that trespassers, and those found illegally dumping, are being addressed through legal means. We further understand that 3 prosecutions were undertaken in 2020.

3.10 Spills

No spills were reported to, or observed by, the TLTI in 2020.

3.11 Record Keeping

Field notes and Site records are maintained at the Township offices, located at 1233 Prince Street, Lansdowne, Ontario. Copies of the daily site records and a summary of the waste logs are included in Appendix F.

3.12 Remaining Site Capacity

The current ECA identifies an approved area capacity of 9.2 hectares rather than a volume limit. Proposed design contours that establish a volume capacity were subsequently developed by BluMetric and the TLTI in January 2017¹. The proposed designs were provided to the MECP as part of a site closure plan, which was submitted in December 2018. The new design proposed a final capacity of 264,387 m³. Reshaping will be required once the landfill is closed.

¹ Presented as Appendix F in the *Malroz* 2015-2016 AMR.

Annual quantities of waste and cover deposited at the site are estimated from annual surveys conducted by Malroz in December 2019 and 2020. Results of the surveys are presented below.

Year	Waste and Fill Deposited (m ³)	Deposited to Date	Estimated Remaining Capacity (m ³)	Average Fill Rate (m ³ /year)
2016	5,808	221,528	42,859	-
2017	4,300	225,753	38,634	5,016
2018	3,753	229,506	34,881	4,620
2019	6,227	235,733	28,654	5,022
2020	4,545	240,278	24,109	4,927

Malroz calculated an average fill rate of 4,927 m³ using fill rates from between 2016 and 2020. Based on the survey conducted in 2020, we estimate approximately 4,545 m³ of waste and cover were placed at the site in 2020, with is slightly below the annual average. Contours of the waste mound are presented in Figure 5 (Appendix B). The fill area remains within the approved area.

Based on the average fill rate, the Site has an estimated remaining lifespan of between 4 and 5 years. Based on the maximum rate observed, which would represent worst case conditions, the landfill would have between 3 to 4 years of lifespan remaining.

3.13 Record of Complaints

Complaints pertaining to the Site were not received by the Township in 2020.

4.0 Description of Monitoring Program

The groundwater monitoring program was completed in accordance with the ECA and is detailed in the table below. Additional tasks conducted to support ongoing leachate characterization efforts at the site are also included.

Tasks	Analyses	Groundwater Wells
<p>Monitoring</p> <ul style="list-style-type: none"> Visual inspection of wells. Survey well location with GPS. Measure combustible vapours in wells. Measure depth to water and depth to well bottom. <p>Groundwater Sampling</p> <ul style="list-style-type: none"> Purge and sample each location (3 to 5 well volumes). Examine water for impact (e.g. discoloration, LNAPL). Measure field parameters. Submit samples for field analyses. <p>Well Inspection</p> <ul style="list-style-type: none"> Assess the condition of all monitoring wells included in the groundwater monitoring program. 	<p>Field Parameters</p> <p>Temperature, pH, dissolved oxygen, oxidizing/reducing potential, conductivity, and turbidity.</p> <p>Laboratory Parameters:</p> <p>Alkalinity, Boron, N – Ammonia, Cadmium, BOD, Calcium, COD, Chromium, DOC, Cobalt, Conductivity, Copper, Hardness, Iron, pH, Lead, Phenols, Magnesium, Phosphorus (total), Manganese, TDS, Potassium, TSS, Silver, Total Kjeldahl Nitrogen, Sodium, Chloride, Strontium, N – Nitrate, Uranium, N – Nitrite, Vanadium, Sulphate, Zinc, Mercury, Aluminum, Arsenic, and Barium.</p> <p>Volatile Organic Compounds (VOCs) to be analyzed every 5 years (next round in 2023).</p>	<p>Existing Wells</p> <p>91-1, 91-2 (destroyed), 91-3, 91-4, 11-1*, 11-2*, 11-3, 11-4*, 11-5 (destroyed), 11-6, 11-7, 15-2, 15-1 (formerly 03-2)</p> <p>Malroz Wells:</p> <p>MW101, MW102 (bedrock), MW103, MW104 (bedrock), MW105*, MW106*, MW107* (bedrock), MW201 (bedrock), MW202, MW203* (bedrock).</p> <p>Drinking Water Wells:</p> <p>572 Eden Grove Road (County Road 34)</p> <p>Additional Wells (installed in 2019)</p> <p>MW201, MW202, MW203</p>
Additional Tasks Undertaken in 2020 (voluntary)		
Groundwater Sampling (low flow)	PFAS	11-1*, 11-2*, MW105*, MW106*, MW107*, MW203*
Confirmatory sampling at MW106 and MW203 (May 12, 2020)	General laboratory parameters consistent with the regular monitoring program described above.	MW106 and MW203
Additional Tasks Undertaken in 2021 (voluntary)		
Groundwater Sampling (low flow)	PFAS (reduced analyte list)	11-1*, 11-2*, MW104*, MW105*, MW106*, MW107*, MW201*, MW202*, MW203*
		Drinking Water Wells 379 Eden Grove Road 391 Eden Grove Road

* denotes wells were sampled via low flow methods using a peristaltic pump

Descriptions of the monitoring wells included in the monitoring program are presented in Table 1 (Appendix H).

In addition to sampling the groundwater monitoring wells, Malroz collected a sample from a drinking water well located at 572 Country Road 34 during the fall event. The well was not sampled in the spring due to COVID restrictions in effect at the time of sampling. Additional drinking water wells located at 379 and 391 Eden Grove Road were sampled on February 3 and 4, 2021 at the request of the MECP (as discussed in Section 2.4).

There are nine active surface water sampling stations located around the Site: SW1, SW4, SW8, SW11, SW12, SW13, SW14, SW15, and SW16. An additional surface water station (SW6) was included in the 2020 monitoring plan to assess potential impacts from nearby agricultural activities. The surface water monitoring program is detailed below.

Tasks	Analyses	Surface Water Stations
<ul style="list-style-type: none"> •examine water for impact (discolouration, staining) •measure field parameters •measure flow •sample each surface water station •submit samples for analyses 	<p><u>Field Parameters</u> temperature, pH, dissolved oxygen, oxidizing/reducing potential, conductivity, turbidity, flow.</p> <p><u>Laboratory Parameters</u> Schedule 5, Column 3: alkalinity, ammonia, un-ionized ammonia, arsenic, barium, boron, BOD, cadmium, chloride, chemical oxygen demand, chromium, conductivity, copper, iron, lead, mercury, nitrate, nitrite, total kjeldahl nitrogen, pH, total phosphorus, phenols, TDS, total suspended solids, sulphate, zinc.</p> <p>Plus: aluminum, calcium, cobalt, DOC, hardness, phosphorus (total dissolved), magnesium, manganese, nickel, potassium, silver, sodium, strontium, vanadium.</p>	<p><u>North Watercourse:</u> SW4, SW6 (voluntary), SW8, SW12, SW14*, SW16</p> <p><u>South Watercourse:</u> SW1, SW11, SW13*, SW15</p>

* denotes station proximal to the confluence of the north and south watercourses

Description of the surface water stations included in the monitoring program are presented in Table 2 (Appendix H).

4.1 Variations in Monitoring and Reporting and PFAS Sampling

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

- Sampling of the drinking water well located at 572 Eden Grove Road (County Road 34) could not be completed during the regularly scheduled spring event due to COVID-19 restrictions in effect. Sampling was resumed in the fall.
- Groundwater samples were collected from the newly installed monitoring wells MW201, MW202, and MW203 during the fall sampling event and submitted for the laboratory parameters described above.
- Samples were collected at 11-1, 11-2, MW105, MW106, MW107, and MW203 using low flow methods during the fall event in 2020 and were submitted to ALS Laboratory Group (ALS) for analyses of PFAS compounds. Due to a courier error, samples exceeded the recommended temperatures during transit and were discarded. Replacement samples were collected on December 9, 2020.
- Confirmatory samples were collected from 11-1, 11-2, MW104, MW105, MW106, MW107, MW201, MW202, MW203, and from residential wells located at 379 and 391 Eden Grove Road on February 3 and 4, 2021 at the request of the MECP (See Section 2.4). Samples were submitted to ALS for analyses of a reduced suite of PFAS compounds as requested by the MECP in an email dated February 1, 2021 (see Section 2.4). Samples from the residential wells were also submitted to Caduceon Environmental Laboratories (Caduceon) for analyses of the list of analytes described in preceding table.

4.2 Well Inspection

A well inspection was undertaken by Malroz during the sampling events in May and November 2020. The well inspection included a visual inspection of accessible portions of the well piezometer, casing, cap, lock, and well seal. Wells were assigned one of the following conditions:

Poor – well integrity is compromised and the well requires repair

Fair – exhibits some minor deficiencies, however well integrity is not compromised.

Good – the well is in good condition with no obvious signs of damage.

The well inspection identified existing wells to be in either fair or good condition and in compliance with Reg. 903/90. A summary of the well inspections is provided in Table 3 (Appendix H).

4.3 Sampling and Monitoring Methods

Prior to sampling, each well was monitored for depth to water, depth to bottom, and combustible gas vapours including methane. During monitoring, visual and olfactory observations were also recorded. Groundwater elevation data, based on measured depths to water, is presented in Table 4 (Appendix H).

Generally, groundwater sampling was completed using dedicated tubing equipped with a foot-valve or inertial pump. Prior to sampling, 3 to 5 well volumes of groundwater were purged from each well. At the completion of purging, water quality was monitored using a Horiba multi-parameter instrument for the following parameters: temperature, pH, dissolved oxygen, oxidizing/reducing potential, conductivity, and turbidity. Each sample destined for metals analyses was field-filtered using a new disposable 0.45 micron inline filter.

A select group of wells were sampled using low-flow sampling techniques employing a peristaltic pump. These wells included 11-2 and 11-4 in April and 11-1, 11-2, 11-4, MW105, MW106, MW107, and MW203 in November. Samples collected using low flow techniques in November were submitted for PFAS analyses in addition to the analytes included in the regular groundwater monitoring program. Replacement samples collected on December 9, 2020 were also collected using low-flow methods.

Additional sampling was conducted on February 3 and 4, 2021 at the request of the MECPC (See Section 2.4) to verify the PFAS results from the December 2020 sampling event. Samples were collected using low-flow methods.

The November 2020 sampling event included collection of a sample from the drinking water well located at 572 Eden Grove Road. The February 2021 sampling event included collection of samples from two residential wells located at 379 and 391 Eden Grove Road. Samples from the drinking water wells were collected prior to treatment, from interior faucets.

Samples were collected using laboratory-supplied sample bottles containing preservatives appropriate for each parameter. Samples were submitted to Caduceon Environmental Laboratories (Caduceon) for analyses of the parameters listed in Section 4.0. Samples collected during PFAS sampling were submitted to ALS for analyses.

4.4 Landfill Gas Monitoring

Landfill gas was monitored at the site, during the spring and fall sampling events, at each of the monitoring wells and the three landfill gas vents located in the southern portion of the landfill. Results of the landfill gas monitoring are presented in Table 5 (Appendix H).

5.0 Discussion of Results

This section summarises and discusses the results of the 2020 monitoring and sampling program.

5.1 Well Inspection

Results of the 2020 well inspection indicated that the monitored wells at the site were left locked and capped and were in fair to good condition.

5.2 Groundwater and Methane Monitoring

The methane monitoring program results are presented in Table 5 (Appendix H). The concentration of methane in the wells were either below detection limits or less than 1% of the LEL.

Methane concentrations detected in the landfill vents located at the site were detected between 3 % of the LEL and >100 % of the LEL, indicating they are functioning as intended.

The groundwater elevations in shallow overburden wells suggest groundwater is flowing east from the waste mound with some northeast and southeast flow components. Monitoring results indicate potential groundwater mounding beneath the waste (Figure 3, Appendix B).

Results of the comparison between shallow groundwater elevations and surface water body inverts (Table 6, Appendix H) indicate a general upward vertical gradient in the vicinity of the surface water bodies suggesting shallow groundwater is discharging to surface water. A southerly flow component from MW105 towards the north watercourse and a northerly flow component from on-site wells (11-3) towards the north watercourse support discharge. Drainage ditches to the north, west, and east of the Site, as well as the southern wetland, may be influencing groundwater flow direction and acting as an intercept for leachate. Further discussion on the groundwater surface water interaction is provided in Section 5.8.

The groundwater elevations in the bedrock wells suggest groundwater is flowing east (Figure 4, Appendix B). Groundwater elevations at bedrock well MW104 are greater than

the inverts of the adjacent ditch suggesting potential bedrock discharge to the watercourse (See Table 4 and Table 6, Appendix F).

An upward vertical gradient between bedrock and overburden was observed at 11-6 and MW107, MW104 and MW105, and MW201 and MW202 during both sampling events. An upward gradient was present at MW102 and MW103 during the spring with no gradient observed in the fall. Monitoring wells MW106 and MW203 showed no gradient in the spring, and a downward gradient in the fall indicating potential recharge at this location.

Groundwater data loggers (Levelloggers) were installed at 11-1, 11-3, and MW105 in 2019. Results from the level logger are summarized and attached in Appendix I.

5.3 Shallow Groundwater Evaluation

Analytical results from the shallow groundwater are summarized in Table 7, Appendix H. Analytical results from the samples analyzed for PFAS are summarized in Table 8, Appendix H. Analytical results from samples collected from residential wells are summarized in Table 9. Laboratory certificates of analyses are presented in Appendix J. Digital copies of the historical data has been transmitted to the MECP separately. Groundwater trends for Core Leachate Indicating Parameters (LIPs) are presented in Appendix L. The shallow groundwater at the Site is characterized by 16 wells (listed in Table 2, Appendix H). The following wells and their intended uses, with respect to this monitoring program, are listed below:

<u>Background</u>	<u>Leachate</u>	<u>Compliance Monitors</u>
11-4	11-2	East - MW106
MW103 (alternate)		Northeast - MW202
		North - 11-1 and MW105 (off-site)
		South - 15-1 and 15-2 (off-site)
		West -11-3

Background

Well 11-4, located in an agricultural field to the west of the site, has historically been used to determine the background quality at the Site as it is inferred to be up-gradient of the landfill (Figure 3, Appendix B).

The background overburden water quality at 11-4 exhibits concentrations of DOC, hardness, and nitrate in exceedance of their associated Ontario Drinking Water Standards (ODWS) or Ontario Drinking Water Guidelines and Objectives (ODWGOs).

These parameters are consistent with agricultural impacts or geological conditions of the region.

In addition to the exceeding parameters reported for background well 11-4, alternative background well MW103 (also located upgradient from the Site), exhibits a number of elevated leachate indicating parameters (ammonia, COD, DOC, hardness, TDS, TSS, chloride, sulphate, aluminum, arsenic, barium, boron, cadmium, cobalt, copper, lead, magnesium, potassium, sodium, strontium, uranium, vanadium, and zinc) compared to 11-4. Results from MW103 compared to 11-4 indicate a high degree of variability in background quality and/or potential non-landfill related impacts to the groundwater quality upgradient of the Site.

Results from drinking water wells located at 379, 301, and 572 Eden Grove Road, inferred as not impacted by landfill leachate and located proximal to the site, showed elevated levels of conductivity, hardness, TDS, chloride, and barium, similar to those reported in the leachate well 11-2. Concentrations of LIPs iron, manganese, and boron in the residential wells were below those detected in the leachate well 11-2, but above those detected at background the background stations. Concentrations of hardness, TDS, chloride, iron, and manganese exceeded the ODWS and ODWGOs at one or more of the residential wells.

Based on the foregoing, we infer that groundwater within the vicinity of the landfill demonstrates a high degree of variability which may mask leachate impacts and obfuscate interpretation. Therefore results of PFAS have been emphasized when interpreting leachate impacts.

Leachate Monitoring (11-2)

Leachate at the Site is monitored by well 11-2. Results from monitoring well 11-2 show ODWS and/or ODWOG exceedances of alkalinity, DOC, hardness, TDS, aluminum, iron, and manganese during one or more sampling events in 2020.

Leachate characterization was previously assessed (Malroz, 2019) using LIPs which were historically selected by comparing results from the leachate monitoring well (11-2) to the 75th percentile of historic background. Parameters consistently exceeding the 75th percentile by 50% or more or those recommended by the MECF correspondence were considered as potential LIPs. LIPs were further compared to the 75th percentile of historic results at background well MW103 and those found exceeding were retained. Core LIPs were retained as Compliance LIPs if a corresponding ODWS value was available. Caution

should be used when interpreting leachate impacts given that a high degree of background variability and other non landfill related anthropogenic impacts may be present.

PFAS are a group of anthropogenic chemicals and are commonly associated with solid waste and identified in landfill leachate. Results of the PFAS analyses at 11-2 indicated concentrations of a sum of PFAS compounds to be nearly two orders of magnitude above the MECP Drinking Water Screening Values for Perfluorinated Chemicals (DWSVPC).

Given that PFAS compounds are anthropogenic and do not occur naturally, they provide a clearer understanding of leachate impacts where other traditional indicators may be masked by anthropogenic sources and highly variable background conditions. Therefore, PFAS compounds have been added as Core LIPs for the Site.

Core LIPs and Compliance LIPs are listed in the following table.

Potential Leachate Indicating Parameters (LIPs)			Core LIPs following comparison to MW103	Compliance LIPs with an ODWS or other criteria
alkalinity	sulphate	sodium	ammonia	DOC
ammonia	aluminum	strontium	DOC	hardness
DOC	barium	iron	hardness	sulphate
conductivity	boron		sulphate	boron
hardness	cobalt		boron	iron
TDS	manganese		cobalt	manganese
TKN	magnesium		iron	PFAS (sum)
chloride	potassium		manganese	
			strontium	

Southern Monitoring Wells (91-3, 91-4, 15-1, and 15-2)

The following exceedances of the ODWS and OWDGOs were reported at one or more southern wells during one or more sampling events in 2020: alkalinity, DOC, hardness, TDS, aluminum, iron, and manganese.

Evidence of leachate, as indicated by some of the Core LIPs, is present in wells 15-1 and 91-4, suggesting that leachate is migrating south from the Site, consistent with the shallow groundwater flow direction. A general decrease in the concentrations of LIPs between upgradient well 91-4 and downgradient well 15-1 was shown in the data, suggesting attenuation is occurring. Results at downgradient well 15-2 show slightly elevated

concentrations of some LIPs compared to the background well 11-4, however within the range of variability observed in 11-4, MW103, and the residential drinking water wells. Groundwater in the vicinity of 15-2 is anticipated to discharge into the adjacent wetland where leachate impacts are monitored by the surface water monitoring program.

Results at 91-3 indicate elevated levels of the core LIPs iron and manganese. The remaining core LIPs were within the range of variability for background at 11-4, MW103, and the residential wells. Some leachate impacts may be present at monitoring well 91-3, albeit at lower concentrations than the other downgradient southern wells (91-4 and 15-1). The area to the south of the landfill is a marsh type area and the groundwater quality in the south is likely influenced by this marshy area. Groundwater impacts to the south are anticipated to be limited by the southern watercourse.

Eastern Monitoring Wells (11-6, 11-7, MW106, MW202)

The following exceedances of the ODWS and OWDGOs were reported at one or more eastern wells during one or more sampling events in 2020: DOC, hardness, TDS, aluminum, iron, and manganese.

Monitoring well 11-6 showed attenuated concentrations of LIPs when compared to the nearby leachate well 11-2. Monitoring wells 11-7 and MW106 showed elevated concentrations of some Core LIPs (DOC, hardness, sulphate, boron, iron, and manganese) when compared to background well 11-4, but were generally less than those reported in the leachate well indicating attenuation.

Results of the PFAS analyses conducted at MW106 indicated concentrations above the DWSVPC, however the sum of the PFAS concentrations were an order of magnitude below those reported in the leachate well. These results indicate that leachate extends east as far as MW106, however attenuation is occurring.

Northeastern Monitoring Wells (MW202)

Exceedances of the ODWS and OWDGOs for hardness and TDS were reported at MW202 during one or more sampling events in 2020.

Results of PFAS analyses conducted at MW202 in 2021 were reported below the detection limits and the DWSVPC, indicating leachate impacts are not present at these locations.

Exceedances of ODWS, ODWGOs are anticipated to be related to variability of background quality and geochemistry in the area an.

Northern Monitoring Wells (11-1, 11-3, MW105)

Groundwater results from 11-1 and 11-3 indicate exceedances of the ODWS and ODWGOs for alkalinity, hardness, total dissolved solids, chloride, iron, and manganese at one or more wells during one or more sampling events. Exceedances of the ODWS and ODWGOs at MW105 were limited to hardness, TDS and intermittent exceedances for manganese.

Results from PFAS analyses conducted at 11-1 and MW105 show minor detections of PFAS, with the sum of the PFAS compounds below the DWSVPC at both locations. Given that groundwater is flowing south at MW105 and that the ditches are inferred to intercept leachate impacts flowing north, detects of PFAS compounds may be the result of an anthropogenic source.

Results from 11-1, 11-3 and MW105 show elevated levels of chloride beyond those reported in the leachate well. These results indicate anthropogenic impacts, possible related to road salting.

Leachate impacts may be present at 11-3, and considering the potential groundwater mounding in the vicinity of the waste, impacts may extent off-site to the northwest.

ODWS and ODWGO Evaluation

Exceedances of the ODWS are presented in Table 7 (Appendix H) and are limited to nitrate. Concentrations of nitrate are greatest in the background monitoring wells and are expected to be related to agricultural activities.

Exceedances of the ODWGOs were detected for the following parameters: alkalinity, DOC, hardness, TDS, chloride, aluminum, iron, and manganese. Exceedances of the ODWS in the offsite well, MW105, were limited to hardness, TDS, and manganese. The reference criteria for these parameters are aesthetic in nature or related to operational guidelines for water treatment systems.

Overburden groundwater compliance is discussed in Section 5.10. Groundwater trend graphs are presented in Appendix L.

5.4 Bedrock Groundwater Evaluation

Analytical results from the bedrock groundwater are summarized in Table 7, Appendix H. Analytical results from the samples analyzed for PFAS are summarized in Table 8, Appendix H. Laboratory certificates of analyses are presented in Appendix J. Groundwater trends for Core LIPs are presented in Appendix L. The bedrock groundwater at the Site is characterized by 5 wells (listed in Table 2, Appendix H). These wells, and their intended uses with respect to this monitoring program, are listed as follows.

Background

MW102

Leachate

MW107

Compliance Monitors

East - MW203

Northeast - MW201

North - MW104 (off-site)

Background

Given the direction of groundwater flow to the east, results from MW102 are considered representative of background groundwater conditions. A bedrock well was not located in the waste mound, however, MW107 was selected to determine leachate impacts to the bedrock, as it is located approximately 40 metres to the east and downgradient of the waste mound.

Groundwater elevation monitoring of the shallow wells compared to the bedrock wells has indicated a general upwards gradient at clustered well pairs MW105/MW104, MW107/11-6, and MW201/MW202. Variability in the direction of hydraulic gradients at MW103/MW102, and MW106/MW203 was observed in 2020 (see Section 5.2). As such the bedrock groundwater may be interacting with the shallow groundwater and influence the shallow groundwater quality.

Results from MW102 indicate background bedrock groundwater quality is characterized by concentrations of hardness, TDS, chloride, iron and manganese in excess of the ODWS or ODWGOs. Results from the drinking water wells located at 379, 397, and 572 Eden Grove also exceeded the ODWS and ODWGOs for similar parameters and indicate a high degree of variability in the concentrations present in the background groundwater quality.

Leachate Well (MW107)

Exceedances of the ODWS and ODWGOs at MW107 were detected for the following parameters: alkalinity, DOC, hardness, TDS, sulphate, aluminum, and manganese.

Results from the groundwater analyses at MW107 indicate elevated levels of core LIPs DOC, conductivity, hardness, TDS, sulphate, and boron, compared to background well MW102. Results of PFAS analyses at MW107 were reported above the DWSVPC and were approaching levels detected in the leachate well 11-2. Leachate impacts are inferred to be present at MW107.

Northern Wells (MW104)

Exceedances of the ODWS and ODWGOs at MW104 were detected for the following parameters: hardness, TDS, iron, and manganese.

Concentrations of LIPs exceeding the ODWS were similar or lower at MW104 compared to the background well MW102. Results of PFAS analyses at this well were reported below the detection limits. Therefore, leachate impacts are not anticipated at this location and elevated LIPs are attributed to a high degree of variability in background groundwater at the site.

Eastern Wells (MW203)

Exceedances of the ODWS and ODWGOs at MW203 were detected for the following parameters: DOC, hardness, iron, TDS, aluminum.

Results of PFAS analyses at MW203, located at the eastern extent of the east CAZ were reported above the DWSVPC but below those reported at MW107 located upgradient. Considering flow direction and PFAS concentrations, leachate impacts are anticipated at MW203, however attenuation appears to be occurring.

Northeastern Wells (MW201)

Exceedances of the ODWS and ODWGOs at MW201 were detected for the following parameters: hardness, TDS, sodium, and uranium. Exceedances of the ODWS and ODWGOs are anticipated to be related to bedrock composition and variable background water quality.

Results from PFAS analyses conducted at MW201, located to the north east of the Site, were reported below detection limits. Leachate impacts are not anticipated in the bedrock at this location.

Bedrock groundwater compliance is discussed in Section 5.10.

5.5 Low Flow Results

Low flow sampling using a peristaltic pump was undertaken at monitoring wells 11-2, and 11-4 in the spring of 2020. Low flow sampling was undertaken to reduce impacts from entrained sediments in background and leachate wells. Results indicate a reduction of TSS at these locations, however concentrations of LIPs, including total

dissolved solids do not show significant improvement when compared to results of samples collected using conventional methods.

Low flow methods were used to collect samples at monitoring wells 11-1, 11-2, 11-4, MW105, MW106, MW107, MW203 in November and December, 2020, and again in February 2021 that were destined for PFAS analyses. Future low flow sampling should be incorporated whenever PFAS or VOC samples are collected.

5.6 Residential Wells Evaluation

Results from the drinking water wells at 379, 391, and 572 Eden Grove Road are summarized in Table 9, Appendix H. Exceedances of the ODWS and OWDGOs were limited to hardness, TDS, chloride, iron, and manganese in one or more of these wells in 2020 and 2021 during one or more sampling events.

Results of PFAS analyses conducted in 2021 at 379 and 391 Eden Grove Road were reported below the detection limits.

Based on the forgoing, and the well at 572 Eden Groves upgradient location relative to the Site, leachate impacts are not anticipated at the drinking water wells. Elevated levels of LIPs present in these wells are attributed to a high degree of variability in the background water quality at and near the Site.

Results from future sampling at MW201 and MW202 will serve to further evaluate potential impacts to the residential wells to the east. No further sampling is proposed for residential wells located at 379 and 291 Eden Grove Road.

5.7 Surface Water Evaluation

Analytical results from the surface water sampling program are summarized in Table 10, Appendix H. A list of the surface water stations, their location, and flow conditions observed during each sampling event is included in Table 2, Appendix H.

Results of the 2020 surface water chemistry have been compared to the Provincial Water Quality Objectives (PWQO) and the Table A: Assessment Criteria for Waste Disposal Sites and Table B: CWQGs (MOE, 2010).

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 represent the lowest chronic concentration for which adverse effects have been noted. The Table B, Alternative Review Criteria (MOE, 2010), 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 PWQOs (1994).

For PWQO parameters which do not have a Table A or Table B criteria, the objective is a numerical value representing a chronic concentration which, if exceeded, would pose a potential threat to the survival of some forms of aquatic organisms. Total phosphorus is an exception as the maximum concentration has been defined with the intent of preventing nuisance aquatic plant growth.

For the purposes of describing the chemical characteristics of each surface water feature, the following sections will evaluate the north watercourse (including ditches bordering the west and east extents of the Site), and south watercourse/marsh separately. The locations of surface water stations are presented in Figure 2 (Appendix B).

North Watercourse

The north half of the property drains to smaller drainage ditches, located parallel to the east and west edges of the landfill, which flow into the roadside ditch along the south side of County Rd 34 (Figure 2, Appendix B). Groundwater is expected to discharge to these ditches, based on the ditch inverts, bedrock elevations and groundwater elevations at the site (See Section 5.8).

Surface water station SW4 was used as a background station in 2020 due to its upgradient location relative to the landfill. Surface water station SW6, located upstream (west) of SW4, along the drainage ditch west of the landfill, has been included in the sampling program since 2017 to assist with the characterization of background conditions.

Results of the surface water analyses within the north watercourse in 2020 are as follows:

- Background stations (SW4 and SW6) exhibit elevated levels of total phosphorous and dissolved aluminum, cobalt, copper, iron, lead, nickel, vanadium, zinc, and dissolved oxygen at levels above the PWQOs at one or both stations during one or more sampling events. Nitrite, cadmium, and zinc exceed the Table B (MOE 2010) CWQG at SW4 and/or SW6 during one or more sampling events. Copper, iron, lead, and zinc exceeded the Table A: Assessment Criteria (MOE 2010)

during one or both sampling events in 2020. These results indicate background loading of the north watercourse.

- Parameters exceeding the reference criteria in the background stations meet the reference criteria, or are below background concentrations, in the downgradient station (SW14). Based on this, we infer that attenuation is occurring and the landfill is not significantly degrading the surface water quality in the adjacent watercourse.
- Impacts of chloride, nitrate, arsenic, boron and silver, not detected at the background stations are apparent at downgradient stations SW8 and/or SW12 at concentrations above the reference criteria. Concentrations of these parameters met the reference criteria at downgradient station SW14 indicating attenuation is occurring.

The north watercourse appears to be receiving some leachate contributions. However, attenuation is occurring downgradient of the landfill, and landfill related impacts are not expected to further deteriorate surface water quality below background conditions.

South Marsh Area

The background station for the south marsh area is SW15, which is located furthest upstream from the Site to the southwest of the Site. Results of the analyses within the south watercourse in 2020 are as follows:

- Background station SW15 exhibits elevated levels of total phosphorous, dissolved aluminum, cobalt, copper, iron, vanadium, and zinc at concentrations above the PWQOs on one or more occasion in 2020. Concentrations of cadmium and zinc exceed the Table B criteria (MOE 2010) at SW15 during one or more sampling events. Copper, iron, and lead exceed the Table A: Assessment Criteria during one or both sampling events in 2020.
- Results at the background station (SW15) show some similarities (e.g. nitrates, elevated DOC, total phosphorous, iron and other metals) to the northern background stations (SW4 and SW6) and may contain inputs from the nearby agricultural activities.
- Results from the surface water stations adjacent to landfill (SW1 and SW11) showed minor increases in concentrations of LIPs: DOC, hardness, TDS, iron, and manganese compared to the background stations potentially indicating some leachate related impacts to the tributary.
- Parameters exceeding the reference criteria in the background station meet the reference criteria, or are below the background concentrations, in the down gradient station (SW13) with the exception of cadmium, cobalt, copper, and iron.

Nitrate exceeded the Table B: CWQG and vanadium exceeded the PWQOs at SW13, but met the standards at SW15. These parameters are not inferred to be leachate related.

- Concentrations of cadmium, cobalt, copper in the surface water stations next to the landfill do not indicate the landfill is contributing to these exceedances at downgradient station SW13. Furthermore, these concentrations are generally below background inputs to the north watercourse.
- Iron concentrations detected at SW13 in the spring, were slightly higher than those detected in the background station. These concentrations are within the historic range at the background station. Iron concentrations adjacent to the landfill appear lower than the background and downgradient stations indicating minimal landfill related impacts.
- Downgradient station SW13 shows similar quality when compared to downgradient station SW14, located on the northern watercourse, albeit with marginally higher concentrations of some metals that are not inferred to be leachate related.

Based on the foregoing, we infer that attenuation is occurring within the southern watercourse, and the landfill is not significantly degrading the surface water quality in the feature.

5.8 Data Quality Evaluation

Malroz collected one duplicate sample during each of the December 9 and February 3, sampling programs. Duplicate samples were analyzed for PFAS parameters and are presented in Table 8 (Appendix H).

Caduceon conducted the analyses for the groundwater and surface water samples and ALS conducted the PFAS analyses. Caduceon is a Canadian Association for Laboratory Accreditation (CALA) accredited laboratory that uses MECP recognized methods to conduct laboratory analyses. ALS conducted PFAS analyses using MECP recognized methods (E3533 and E3457) and is a CALA accredited laboratory.

5.9 Groundwater and Surface Water Interaction

Groundwater originating from the landfill is anticipated to discharge to the adjacent ditches and watercourses, ultimately draining into the northern watercourse. Therefore, leachate impacts are not anticipated to extend beyond these watercourses. We offer the following rationale to support this hypothesis:

- Groundwater elevations in wells south of, and adjacent to the northern watercourse are greater than the elevations of the watercourse invert indicating discharge.

- Groundwater elevations in the wells to the north of the watercourse (MW104 and MW105) are greater than the watercourse inverts and groundwater elevations in 11-1, located south of the watercourse. Therefore a southern groundwater flow direction is inferred which would inhibit flow of leachate to the north.
- Results from level loggers installed in 11-1, 11-3, and MW105 in 2019 indicate that groundwater elevations are consistently above the ditch invert indicating conditions indicative of ongoing groundwater discharge. Results from the level logger installed in 11-3 show consistently higher elevations when compared to the stream invert at SW4 (located on the north watercourse to the northwest) suggesting leachate impacts egressing from the site in this direction likely discharge to the watercourse.
- Groundwater elevations in bedrock wells MW104 to the north of the water course are greater than the ditch inverts suggesting bedrock is also discharging to the watercourse.
- Results of PFAS analyses conducted at wells to the north (MW104 and MW105) and south (11-1) of the northern watercourse were below the DWSVPC indicating the absence of significant leachate impacts in this area.

Elevations of the watercourse inverts relative to groundwater elevations are presented in Table 6, Appendix H. Level Logger results are graphically presented in Appendix I.

5.10 Reasonable Use Policy

The ECA requires that the Site follow the MECP Guideline B-7 “Incorporation of the Reasonable Use Concept into MOEE Groundwater Management Activities” to assess groundwater quality. Reasonable Use Limits (RULs) have been calculated for the analyzed parameters with corresponding ODWS (see Appendix K) for the overburden and bedrock aquifers.

Northern Property Boundary

Results of the PFAS sampling, bedrock and ditch survey, and groundwater monitoring data confirm leachate is not migrating past the northern watercourse and that leachate is discharging to the surface water (See Section 5.8). Therefore, the northern extent of the landfill will no longer be compared to the RUP, and surface water monitoring will be used to monitor compliance.

Eastern Property Boundary

Exceedances of the overburden RULs at the eastern most well (MW106), are limited to alkalinity, DOC, hardness, TDS, aluminum, barium, iron, and manganese. Exceedances of the bedrock RULs at MW203 are limited to DOC, hardness, aluminum, and iron. Based on the presence of PFAS at these well locations, exceedances of the RULs may be

leachate related and the Site is not in compliance with the B-7 reasonable use policy at its eastern border.

Northeastern Property Boundary

Exceedances of the overburden RULs at the northeastern extent of the property (MW202) have been reported for hardness, TDS, barium, and manganese. Exceedances of the bedrock RUL (MW201) are limited to TDS, sodium, and uranium. PFAS analyses at these wells do not indicate leachate impacts. Exceedances of the RULs at this location are anticipated to be related to background variability.

Northwestern Property Boundary

Exceedances of the overburden RULs at the northwestern extent of the property (11-3) have been reported for alkalinity, DOC, hardness, TDS, chloride, aluminum, and manganese. Exceedances of the RULs may be related to landfill leachate and the Site is not in compliance with the B-7 reasonable use policy at its eastern border. Based on our understanding of the groundwater/surface water interaction at the Site (Section 5.8), impacts are not anticipated to extend beyond the northern watercourse to the northwest of the Site.

Western Property Boundary

Groundwater flow at the site is predominantly east in both the overburden and bedrock and wells to the west represent background conditions. Compliance with the B-7 Reasonable Use Policy to the west is inferred.

Southern Property Boundary

Exceedances of the RUL to the south of the property (91-3 and 15-1) have been reported for alkalinity, DOC, hardness, TDS, aluminum, barium, iron, and manganese. The majority of these parameters are expected to be related to background and/or agricultural activities. Groundwater in this vicinity is expected to discharge to the adjacent surface water body, therefore, the surface water monitoring program plays an important role in monitoring impacts and evaluating compliance.

6.0 B-7 Action Plan

A B-7 Action plan to address B-7 non-compliance at the northwest and eastern property boundaries was provided to the MECP via email on March 2, 2021 (Appendix C). The B-7 Action plan included the following items:

- Acquire lands or strata rights to the northwest of the Site as CAZ.
- Acquire lands or strata rights to the east of the eastern CAZ as additional CAZ.

- Install one bedrock and one overburden monitoring well at the extent of the proposed CAZ to the east.
- Continue PFAS analyses at the on-site wells and, once installed, the proposed monitoring wells to the east.

7.0 Conclusions

The Lansdowne Site is an active waste disposal site which accepts non-hazardous solid waste. The Site relies on natural attenuation of impacted groundwater which is expected to discharge the site's surrounding drainage features and adjacent wetland. The site is subject to MECP's B-7 Guideline. We offer the following conclusions for consideration:

- i. The site received approximately 4,545 m³ of waste and cover in 2020.
- ii. The site has a remaining capacity of 24,109 m³ (based on the proposed design in the recently submitted D&O) and an estimated remaining lifespan of between 4 and 5 years.
- iii. Monitoring wells were observed to be in good to fair condition and in compliance with O. Reg. 903/90.
- iv. Groundwater originating from the landfill is anticipated to discharge to the adjacent ditches and watercourses, ultimately draining into the northern watercourse. Therefore, leachate impacts are not anticipated to extend beyond these watercourses.
- v. PFAS analyses was added as a Core Leachate Indicating Parameter. Emphasis has been placed on PFAS as a leachate indicator over the existing Core LIPs given the high degree of background variability in the area and potential background masking of impacts.
- vi. Results of the PFAS analyses indicate non-compliance with the B-7 Reasonable Use Policy at the eastern boundary of the east CAZ.
- vii. Results indicate potential leachate impacts to the northwest of the Site beyond 11-3 indicating potential non-compliance with the B-7 Reasonable Use Policy.
- viii. Groundwater impacts to the south of the site are expected to discharge to the nearby wetland and southern drainage feature. Compliance to the south is determine by the surface water monitoring program.
- ix. Potential leachate impacts to the surface water appear to be limited within the site boundaries and the monitoring network. Leachate impacts may be masked by background loading of a number of indicators parameters. Concentrations of leachate indicators in downstream surface water stations do not appear to be leachate-related based on the surface water evaluation.

8.0 Recommendations

The following recommendations are made for the operations, groundwater, and surface water monitoring plans:

1. The sampling program should continue to include wells identified in approved monitoring program and MW101, MW102, MW103, MW104, MW105, MW106, MW107, MW201, MW202, and MW203.
2. Monitoring should continue twice per year during the spring and fall, using the established parameter list.
3. PFAS analyses should continue at 11-2, MW104, MW106, MW201, MW202, and MW203.
4. Low flow sampling should be continued to support PFAS and/or VOC analyses.
5. Where possible, continue to schedule surface water sampling events following rain events to increase probability of flowing conditions.
6. Final cover should continue to be applied to portions of the waste fill area that have reached final contours.
7. At the time of final cover placement, adjust waste pile so that it conforms to the new design, upon approval of the closure plan.
8. Continue to sample surface water station SW6 to assess source of metals impacts to the north stream. Evaluate surface monitoring program stations SW4 and SW6 for contribution to surface water interpretation with MECF.
9. The B-7 Action Plan outlined in Section 6.0 should be undertaken in 2021. This includes purchase of additional CAZ lands, additional subsurface investigations to the east.

Re submission of the closure plan for the site.

9.0 References

Day, A. (2012-2013-2014). Annual Groundwater and Surface Water Monitoring Report for Lansdowne WDS (ECA No. 442003), Township of Leeds and the Thousand Islands.

JP2G Consultants Inc. (October 2012), 2011 Annual Report Lansdowne Waste Disposal Site ECA No. A442003., File No. 2083071E.

Jupe, F., Jackson, Ontario Department of Mines (1963). Map 2054, Gananoque Area.

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

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

Malroz Engineering Inc. (2017), 2015-2016 Annual Monitoring, Development and Operations Report

Malroz Engineering Inc. (2018), 2017 Annual Monitoring, Development and Operations Report

Malroz Engineering Inc. (2019), 2018 Annual Monitoring, Development and Operations Report

Malroz Engineering Inc. (2020), 2019 Annual Monitoring, Development and Operations Report

Ministry of the Environment, Conservation and Parks (2021), Groundwater review summarized in "Memorandum: 2019 Annual Monitoring Report, Lansdowne Waste Disposal Site".

Ministry of the Environment, Conservation and Parks (July 25, 2017). Drinking Water Screening Values for Perfluorinated Chemicals in Private Drinking Water Sources,

Ministry of the Environment (2016), Guideline B-7: Incorporation of the Reasonable Use Concept into MOEE Groundwater Management Activities.

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

Appendix A
Amended Environmental Compliance Approval (ECA)
No. 442003



Ministry of the Environment and Climate Change
Ministère de l'Environnement et de l'Action en
matière de changement climatique

AMENDED ENVIRONMENTAL COMPLIANCE APPROVAL

NUMBER A442003

Issue Date: March 24, 2016

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: Lansdowne Waste Disposal Site
Lot 12, Concession 2
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 9.2 hectare waste disposal/transfer site within a total site area of 18.7 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;

“*HHW* ” means household hazardous waste;

“*Ministry*” means the Ontario Ministry of the Environment and Climate Change;

"*NMA* " means *Nutrient Management Act* , 2002, S.O. 2002, c. 4, 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 232*" means Ontario Regulation 232/98 (New Landfill Standards) made under the *EPA* , as amended;

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

"*Regulation 903*" means Regulation 903, R.R.O. 1990, made under the *OWRA*, 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 Lansdowne Waste Disposal Site, Lot 12, Concession 2, 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 present, past and historical operations at 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 acquires an interest in the property as a result of the dealing.
- (15)
 - (a) Within ninety (90) 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 and 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* and the *District Manager*, written verification that the Certificate of Requirement has been registered on title.

Registration on Title Requirement - Contaminant Attenuation Zone (CAZ)

- (16) Within thirty (30) calendar days from the date of establishing a contaminant attenuation zone (CAZ) (overburden and/or bedrock aquifers) in either fee simple or by way of a groundwater easement, the *Owner* shall submit to the *Director* a completed Certificate of Requirement which shall include:
 - (a) If rights are obtained in fee simple, the *Owner* shall provide:
 - (i) documentation evidencing ownership of the CAZ obtained in compliance with *Regulation 232*, as amended;
 - (ii) a completed Certificate of Requirement and supporting documents containing a

- registerable description of the CAZ; and
 - (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 of the CAZ.
 - (b) within fifteen (15) calendar days of receiving a Certificate of Requirement signed or 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* and the *District Manager*, a written verification that the Certificate of Requirement has been registered on title.
 - (c) If rights are obtained by way of a groundwater easement, the Applicant shall:
 - (i) provide a copy of the agreement for the easement;
 - (ii) provide a plan of survey signed and sealed by an Ontario Land Surveyor for the CAZ; and
 - (iii) submit proof of registration on title of the groundwater easement to the *Director* and *District Manager*;
 - (d) The *Owner* shall not amend or remove or consent to the removal of the easement or CAZ from title without the prior written consent of the *Director*.

Inspections by the Ministry

- (17) 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

- (18) (a) Except as authorized in writing by the *Director*, all records required by this *Approval* shall be retained at the *Site* or the local municipal office 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 information and logs required in conditions 6 (1) to 6(5) inclusive, condition 4(1)(c), condition 5(1), condition 5(2) and condition 10(2) shall 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.
- (19) 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.
- (20) 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* or the local municipal office at all times.
- (21) 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 waste diversion areas.
 - (4) The *Owner* shall install and maintain signs at the waste diversion areas informing users what materials are acceptable and directing users to appropriate storage areas.
 - (5) The *Owner* shall install and maintain a sign(s) identifying the designated bin used to temporarily store waste which will be landfilled.

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

- (6) 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

- (7) Burning of waste at the *Site* is prohibited.

Site Access

- (8) (a) Waste shall only be accepted during the following time periods:
Monday, Tuesday, Thursday, Friday and Saturday from 8:30 a.m. to 4:45 p.m.
- (b) Notwithstanding condition 2(8)(a), waste from Township operations may be accepted outside the hours provided in condition 2(8)(a) when a *Trained Personnel* are available on *Site*.
- (9) 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*.
- (10) 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

- (11) 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 operations at the *Site*.
- (12) 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.

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 the *EPA* and *Regulation 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 Inspections and Inspection Log

- (1) An inspection of the entire *Site* and all equipment on the *Site* shall be conducted each day the *Site* is open to ensure that:
 - (a) the *Site* is secure;
 - (b) the operation of the *Site* is not causing any nuisances;
 - (c) the operation of the *Site* is not causing any adverse effects on the environment or impairing water quality; and
 - (d) the *Site* is being operated in compliance with this *Approval*.
- (2) Any deficiencies discovered as a result of the inspection shall be remedied immediately, including temporarily ceasing operations at the *Site* if needed.
- (3) An electronic or written record of the inspections shall be maintained and shall include the following:
 - (a) the name and signature of person that conducted the inspection;
 - (b) the date and time of the inspection;
 - (c) the list of all deficiencies discovered during the inspections, including but not limited to:
 - (i) the presence of any leachate seeps;
 - (ii) the condition of the methane venting system;
 - (iii) poor drainage conditions and ponding of surface water; and

- (iv) the presence of waste outside of the approved fill area;
- (d) the recommendations for remedial action to address the identified deficiencies; and
- (e) the date, time and description of the remedial actions taken.

Daily Waste Log

- (4) A daily log shall be maintained in written or electronic format and shall include the following information:
 - (a) the type, date and estimated quantity (tonnes) of all waste, including non-landfilled waste received at the *Site*;
 - (b) the type, date and estimated quantity (tonnes) of cover material applied at the *Site*;
 - (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 all refusals of waste shipments, the reason(s) for refusal, and the origin of the waste, if known; 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.

Other Information

- (5) Any information requested, by the *Director*, the *District Manager* 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.

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 on the *Site*'s compliance with Guideline B7;
 - (c) 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 *Ministry* approved contingency plans;
- (d) 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;
 - (e) 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;
 - (f) a calculation of the remaining capacity of the *Site* or an estimate of the remaining *Site* life;
 - (g) summary of total annual quantity (tonnes) of waste received at the *Site*;
 - (h) a summary of any complaints received and the responses made;
 - (i) a summary of the information included in the logs required by conditions 6(1) to 6(5) inclusive, conditions 4(1)(c), 5(1), 5(2) and 10(2);
 - (j) a summary of the daily waste log;
 - (k) a discussion of any operational problems encountered at the *Site* and corrective action taken;
 - (l) any changes to the *Ministry* approved Design and Operations Report and the Closure Plan that have been approved by the *Director* since the last *Annual Report*;
 - (m) a report on the status of all monitoring wells and a statement as to compliance with *Regulation 903*;
 - (n) a description and location of any leachate seeps identified during the daily inspection of the *Site* and the mitigative measures taken to address the presence of seeps;
 - (o) a summary of the daily inspections conducted over the monitoring period;
 - (p) any other information with respect to the *Site* which the *District Manager* may require from time to time; and
 - (q) a copy of the most current ministry approved monitoring programs in table format
 - (r) compliance status with all conditions of the *Approval* and the approved Design and Operations Plan.
 - (s) a "Monitoring and Screening Checklist" completed and signed by a Qualified Professional.

7. LANDFILL DESIGN AND DEVELOPMENT

Approved Waste Types

- (1) Only municipal waste as defined under *Regulation 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.

Design and Operations Report

- (4) 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;
 - (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 water 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 emergency situations that may occur at the *Site*;
 - (v) storm water management, including the location and the design of any works required;
 - (w) any other information relevant to the design and operation of the *Site* or the information required by the *District Manager*;
 - (x) the need to install additional passive vents; and
 - (y) details of the collection, temporary storage and removal of accumulated household hazardous waste at and from the *Site*.

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*.

Cover

- (6) 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 *Regulation 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.
- (7) Cover material shall be applied as follows:
 - (a) **Periodic** Cover - Weather permitting, deposited waste shall be covered weekly during summer months and once every two weeks during winter months 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 within three (3) months. 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.
- (2) The *Owner* shall maintain passive landfill gas vents on *Site*.

Compliance

- (3) 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

- (4) The *Owner* shall monitor surface water and groundwater in accordance with the monitoring programs outlined in documents listed in the attached Schedule "B".
- (5) 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.
- (6) Within one (1) month from the date of this *Approval*, the *Owner* shall provide to the *Director* an action plan with timelines to bring the *Site* into compliance with the Reasonable Use Guideline B-7 which shall include the following as a minimum:
 - (a) Installation of additional monitoring wells to the east of monitoring well 11-7 to delineate leachate impacts in this direction;
 - (b) Installation of additional monitoring wells required to delineate leachate impacts in the overburden unit to the north, east, and west;
 - (c) Installation of a new background monitoring well to assess background groundwater quality at the *Site*;
 - (d) Installation of at least three bedrock monitoring wells;
 - (e) Assessing the need for and location of additional bedrock monitoring wells depending on the results obtained from the above three bedrock monitoring wells; and
 - (f) Appropriate contingency plan to be implemented which may include acquisition of an

appropriate buffer and CAZ once leachate impacts have been delineated.

Groundwater Wells and Monitors

- (7) The *Owner* shall ensure that all groundwater monitoring wells which form part of the monitoring program are properly capped, locked and protected from damage and maintained in accordance with *Regulation 903*.
- (8) Where landfilling is to proceed around monitoring wells, suitable extensions shall be added to the wells and the wells shall be properly re-secured.
- (9) 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* or the *District Manager* for abandonment, shall be decommissioned by the *Owner*, as required, in accordance with *Regulation 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

- (10) By December 31, 2016, the *Owner* shall bring the *Site* into compliance with B-7 within the overburden aquifer.
- (11)
 - (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 (bedrock) 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 bedrock groundwater quality exceeds any trigger mechanism.
- (12) 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.

- (13) 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 seven (7) days after confirmation of the exceedances;
 - (b) within six (6) months from the date of confirming the need to implement contingency measures, 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 *Director* for approval; and
 - (c) The contingency measures shall be implemented by the *Owner* upon approval by the *Director*.
- (14) 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, Trigger Mechanism and Contingency Plan

- (15) The *Owner* may request to make changes to the monitoring program(s), Trigger Mechanism and Contingency Plan 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.
- (16) 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.
- (17) 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 two (2) 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 provide a segregated area for the storage of *Refrigerant Appliances* to ensure all *Refrigerant Appliances* 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) As a minimum, 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.
- (4) 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.
- (5) Unless exempt under legislation, waste must be transported by a *Ministry* approved hauler and must be transported to a *Ministry* approved receiving site.
- (6) Collection, storage and transfer of Waste Electrical and Electronic Equipment shall be in accordance with the documents in the Schedule "A". If there is any discrepancy between 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.
- (7) Collection and storage of batteries shall be in accordance with the document titled "Municipal Hazardous or Special Collection Site Standards" dated October 1, 2012 as amended, prepared by Stewardship Ontario.

Organic Waste Handling and Rejected Waste

- (8) Bins for the collection of kitchen waste (organics) shall be maintained in a manner no odour, vector or vermin issues are created. In the event the waste is creating an odour or vector or vermin problem, the *Owner* shall dispose waste in the landfill.

11. HHW

- (1) All *HHW* accepted at the *Site* shall be collected, stored and transported out of the *Site* by a *Ministry* in accordance with the *Ministry* guideline titled "Household Hazardous Waste Collection and Facility Guideline" dated May 1993.
- (2) The *Owner* shall include details of collection and drawings for construction of the storage area or as built drawings for the existing storage showing compliance with the condition 11 (1) above, in the Design and Operation Report required under the Condition 7 (4).

SCHEDULE "A"

1. Application for a Certificate of Approvals for a Waste Disposal Site dated July 28, 1971 including the following documents attached:
- Supporting information to an Application for Approval of a Landfill Disposal Site.
 - Memo Williamson-Rivoche dated August 9, 1971.
 - Letter dated Aug. 4, 1971 from Mrs. Crawford, Municipality of Front of Leeds &

- Lansdowne.
- Ontario Water Resources Commission memo dated July 26, 1971, to Mr. Rivoche from L. G. South, District Engineer.
 - O.W.R.C. copy of letter to Mr. Poldervaart, dated July 23, 1971.
 - Copy of W.M.B. letter from G.B. Rivoche to Mrs. G. Crawford, dated June 21, 1971.
 - Aerial photograph of proposed site.
 - Letter from Mr. L. Poldervaart dated July 5, 1971.
 - Letter and petition dated July 9, 1971 from people of the area.
2. Application for a Certificate of Approval for a Waste Disposal Site (Transfer) dated June, 1990.
 3. Report of Analysis of "fine material" by ACCUTEST laboratories ltd. dated November 25, 1998.
 4. Amendment application for approval of a waste disposal site dated May 25, 1999 and a cover letter by Milburn Waster Resources Management dated May 17, 1999.
 5. A fax message dated June 10, 1999, from Jim Mulder, Milburn Waste Resources Management to Tesfaye Gebrezghi, Ministry of Environment.
 6. Application for a Provisional Certificate of Approval amendment for a Waste Disposal Site dated December 4, 2000 and a covering letter dated December 1, 2000, both signed by Wayne Forbes, Roads and Public Roads Supervisor, the Township of Leeds and the Thousand Islands.
 7. A fax message dated January 18, 2001, from Wayne Forbes, Roads and Public Roads Supervisor, the Township of Leeds and the Thousand Islands to Ministry of the Environment.

SCHEDULE "B"

Groundwater and Surface Water Monitoring

Table B1- Monitoring Locations

Groundwater		Surface Water	
Spring and Fall		Spring and Fall	
91-1	11-4	SW1	SW13
91-3	11-6	SW4	SW14
91-4	11-7	SW8	SW15
11-1	15-1	SW11	SW16
11-3	15-2	SW12	

Table B2- Monitoring Parameters

Parameters	Groundwater		Surface Water	
	Spring and Fall		Spring and Fall	
Lab	Alkalinity	Total phosphorus	Alkalinity	Potassium
	Ammonia	Potassium	Ammonia	Suspended Solids
	Aluminum	Sodium	un-ionized ammonia	Sodium
	Arsenic	Suspended Solids	Aluminum	Silver
	Barium	Total Dissolved Solids	Arsenic	Total Dissolved Solids
	Boron	Sulphate	Barium	Sulphate
	Cadmium	Zinc	Boron	Zinc
	Calcium	Biochemical Oxygen Demand	Cadmium	Biochemical Oxygen Demand
	Chloride	Chemical Oxygen Demand	Chloride	Chemical Oxygen Demand
	Chromium	Dissolved Organic Carbon	Chromium	Phenol
	Conductivity	Phenol	Cobalt	Hardness
	Copper	Hardness	Conductivity	
	Iron		Copper	
	Lead		Iron	
	Magnesium		Lead	
	Manganese		Mercury	
	Mercury		nickel	
	Nitrate		Nitrate	
	Nitrite		Nitrite	
	Total Kjeldahl Nitrogen		pH	
pH		Total phosphorus		
Field	Temperature		Temperature	
	pH		pH	
	Conductivity		Conductivity	
			Dissolved Oxygen	
			Flow (observation only)	

Table B3- Volatile Organic Compounds-Groundwater

Parameters	Groundwater	
	Spring	
Volatile Organic Compounds	Acetone	trans-1,3-Dichloropropylene
	Benzene	1,3-Dichloropropene, total
	Bromodichloromethane	Ethylbenzene
	Bromoform	Hexane
	Bromomethane	Methyl Ethyl Ketone (2-Butanone)
	Carbon Tetrachloride	Methyl Butyl Ketone (2-Hexanone)
	Chlorobenzene	Methyl Isobutyl Ketone
	Chloroethane	Methyl tert-butyl ether
	Chloroform	Methylene Chloride
	Chloromethane	Styrene
	Dibromochloromethane	1,1,1,2-Tetrachloroethane
	Dichlorodifluoromethane	1,1,2,2-Tetrachloroethane
	Ethylene dibromide (dibromoethane, 1,2-)	Tetrachloroethylene
	1,2-Dichlorobenzene	Toluene
	1,3-Dichlorobenzene	1,1,1-Trichloroethane
	1,4-Dichlorobenzene	1,1,2-Trichloroethane
	1,1-Dichloroethane	Trichloroethylene
	1,2-Dichloroethane	Trichlorofluoromethane
	1,1-Dichloroethylene	1,3,5-Trimethylbenzene
	cis-1,2-Dichloroethylene	Vinyl Chloride
	trans-1,2-Dichloroethylene	m/p-Xylene
	1,2-Dichloroethylene, total	o-Xylene
	1,2-Dichloropropane	Xylenes, total
cis-1,3-Dichloropropylene		

Notes:

- (1) all active groundwater monitoring wells shall be sampled for VOCs once every five years at a minimum.
- (2) any active groundwater monitoring well exhibiting VOC concentrations above the detection limit for the previous VOC monitoring event shall be sampled during the following spring sampling event.

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), (18), (19) and (20) is to clarify the legal rights and responsibilities of the *Owner* and *Operator* under this *Approval* .
- The reasons for Condition 1(3) and 7 (4) 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), (15) and (16) 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(17) 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 (21) 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(6), 6(1) and 6(2) 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), 2(4) and 2(5) 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 Condition 2(7) are open burning of municipal waste is unacceptable because of concerns with air emissions, smoke and other nuisance effects, and the potential fire hazard.
- The reasons for Condition 2(8), 2(9) and 2(10) 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(11) and 2(12) 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.

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(3) is to ensure that detailed records of *Site* inspections are recorded and maintained for inspection and information purposes.
- The reason for Conditions 6(4) and 6(5) 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 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), (2), (3) and (5) inclusive is to specify the approved areas from which waste may be accepted at the *Site* and the types of waste that may be accepted for disposal at the *Site*, based on the *Owner's* application and supporting documentation.
- Condition 7(6) is to provide the *Owner* the process for getting the approval for alternative daily and intermediate cover material.
- The reasons for Condition 7(7) 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) and 8(2) 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(3) is included to provide the groundwater and surface water limits to prevent water pollution at the *Site*.
- Conditions 8(4), 8(5) and 8(6) 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(7), 8(8) and 8(9) are included to ensure the integrity of the groundwater monitoring network so that accurate monitoring results are achieved and the natural environment is protected.
- Condition 8(10) is included to require the *Owner* to bring the *Site* into compliance within a reasonable timeframe.
- Conditions 8(11) to 8(14) 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(15), 8(16) and 8(17) 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.

HHW

- The reasons for the Condition 11 are to approve collection of household hazardous waste and to ensure that the wastes are managed in a manner that protects the environment and the health and safety of the public.

Upon issuance of the environmental compliance approval, I hereby revoke Approval No(s). A442003 issued on December 9, 1980

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) 326-5370 or 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 24th day of March, 2016



Dale Gable, P.Eng.

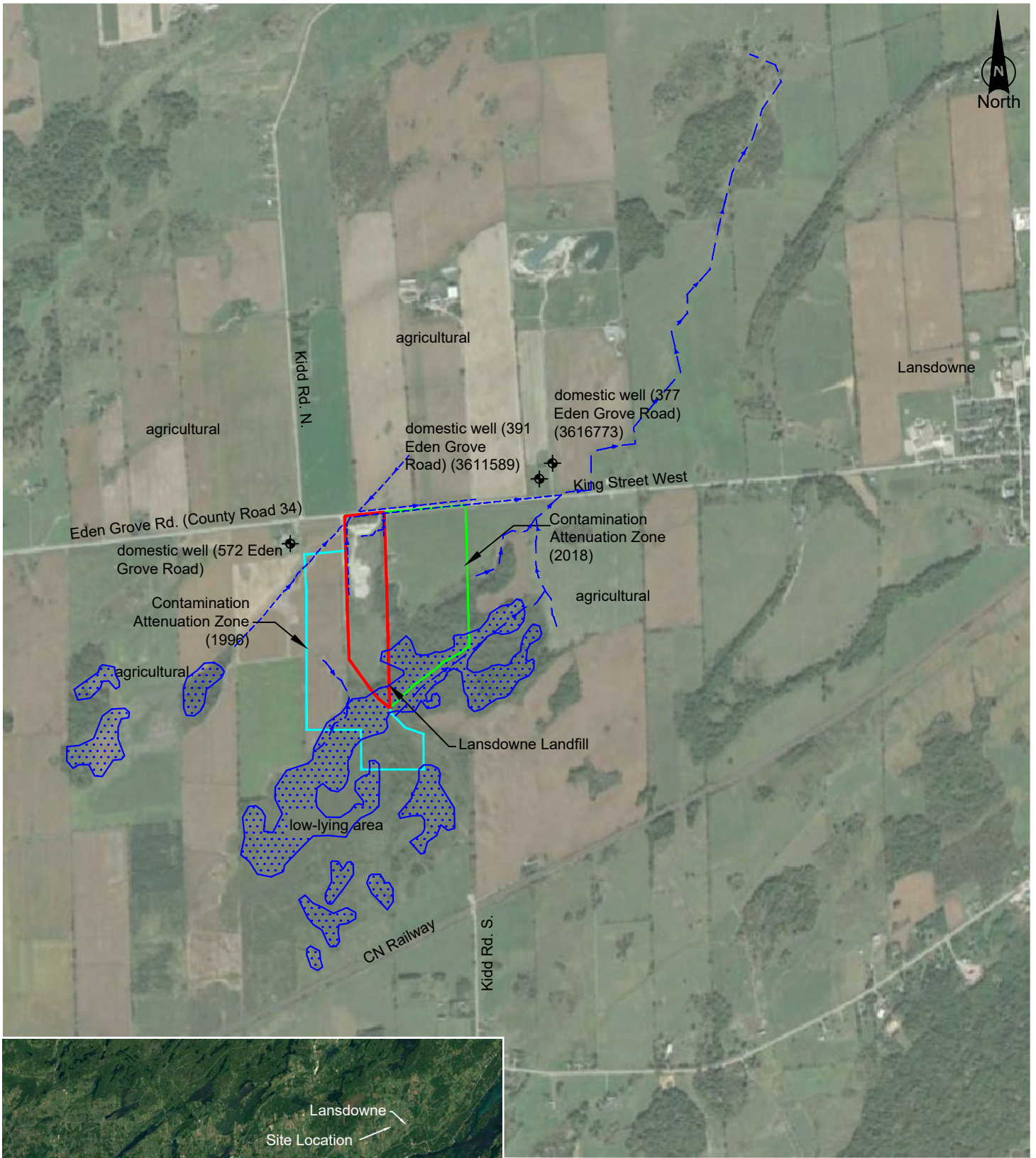
Director

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

RM/

c: District Manager, MOECC Kingston - District
Field Alert

Appendix B
Figures



Note: figure based on Google Earth imagery

Site Location

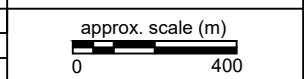
2020 Monitoring, Development, and Operations Report
Lansdowne Waste Disposal Site
Township of Leeds and the Thousand Islands

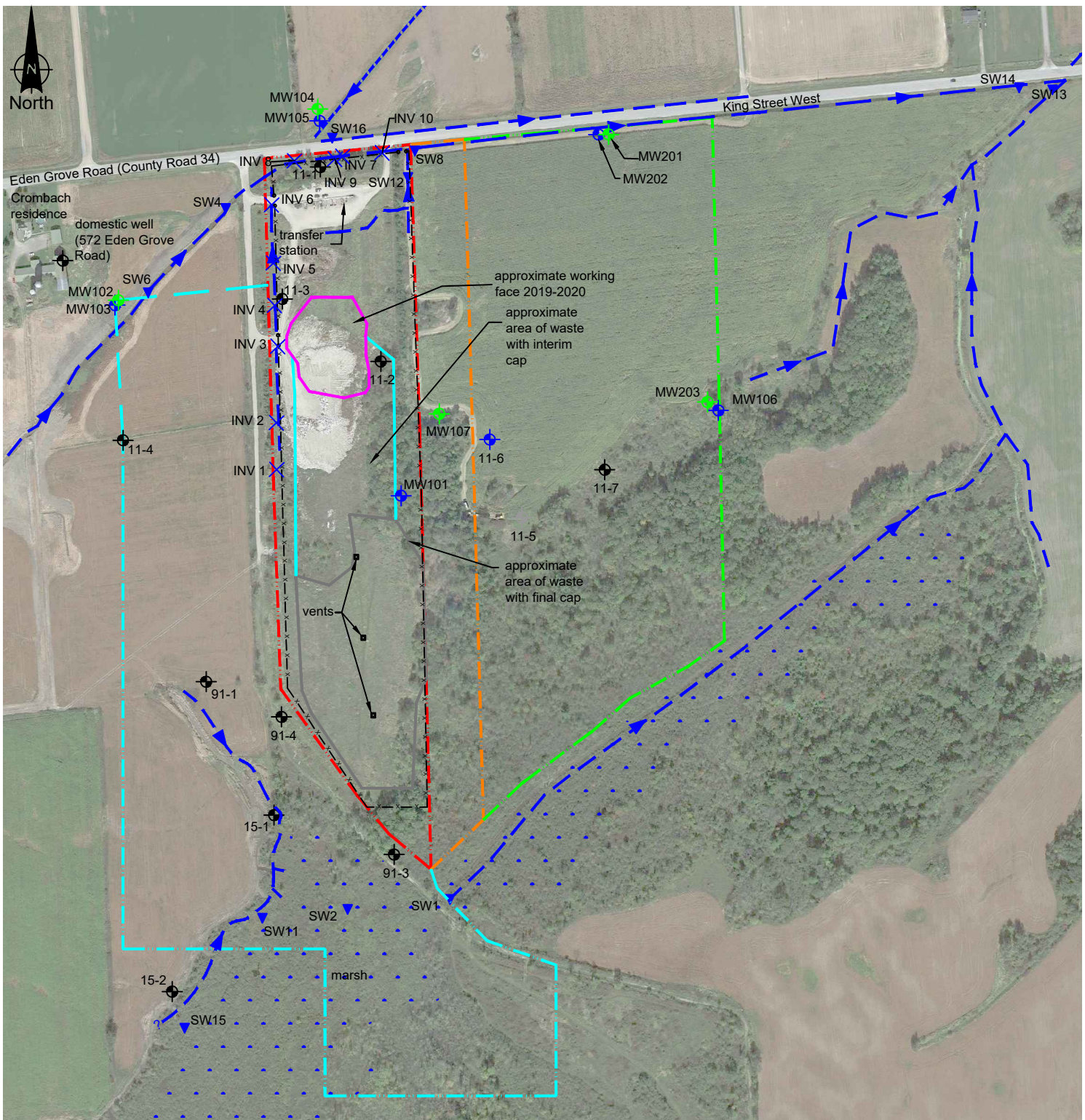
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Figure
1



Rev	Date	Description	By	Chkd
0	2021/03/30	issued in final	MW	AP





- Legend**
- approximate property boundary
 - buffer zone
 - contaminant attenuation zone
 - approximate contaminant attenuation zone (1996)
 - o-o- fence and gate
 - ▶ surface drainage feature and flow direction
 - ⊙ existing wells
 - ⊙ MW101 overburden monitoring well installed by Malroz
 - ⊙ MW102 bedrock monitoring well installed by Malroz
 - ⊙ 11-5 damaged/destroyed monitoring well
 - ▼ SW13 surface water station
 - X INV1 ditch invert

Figure based on Malroz field observations, Google Earth imagery and the strata Plan 9204 MR1_STRATA, prepared by Collett surveying Ltd and registered to the title on June 1, 2017.

Rev	Date	Description	By	Chkd
0	2021/03/30	issued in FINAL	MW	JMP

Site Plan

2020 Annual Monitoring Report
Lansdowne Waste Disposal Site
Township of Leeds and the Thousand Islands

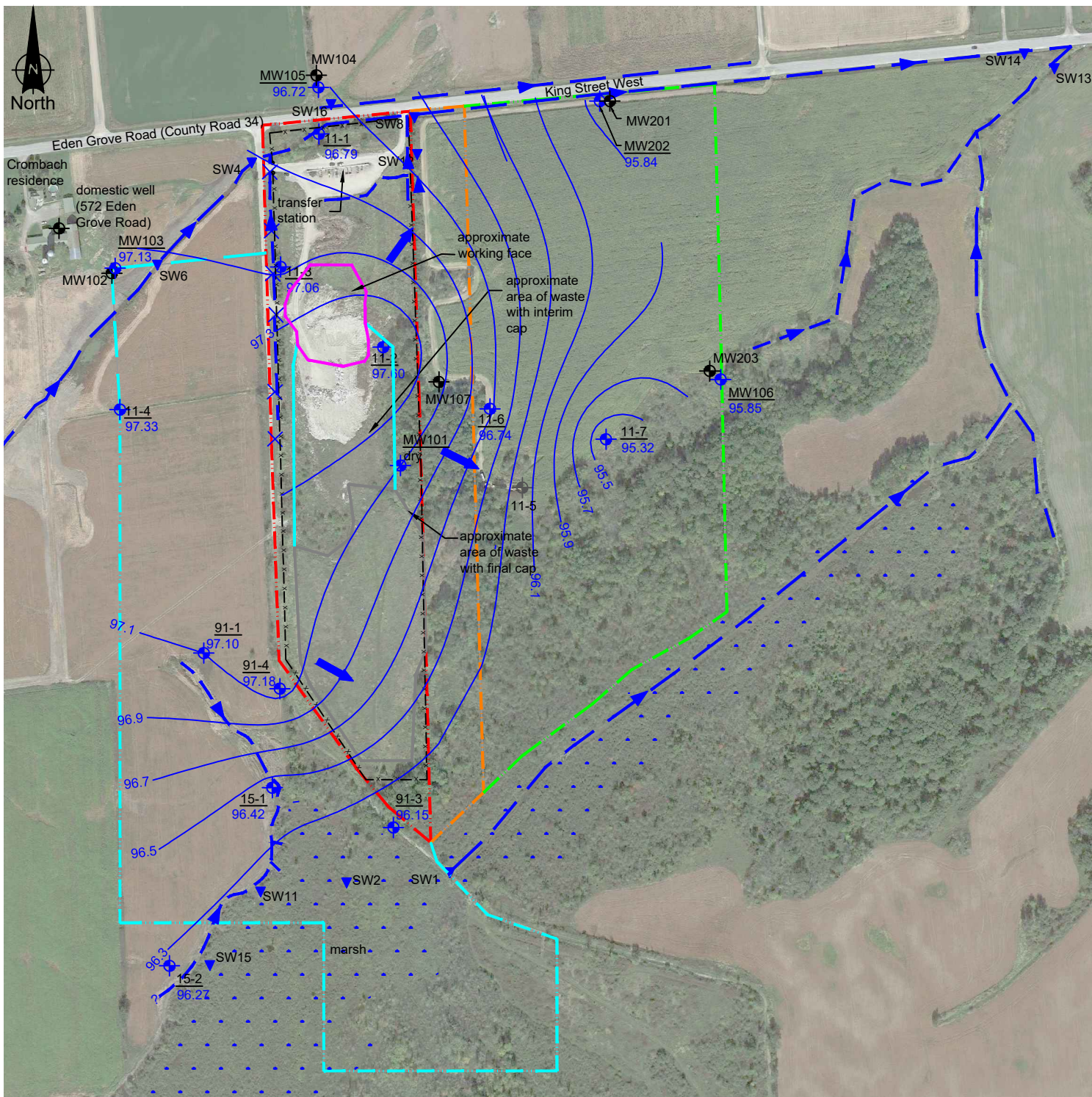
File: 1037-124.00

Approx. Scale (m)



Figure
2





Legend

- approximate property boundary
- buffer zone
- contaminant attenuation zone
- approximate contaminant attenuation zone (1996)
- fence and gate
- ▶ surface water body and flow direction
- 11-1 overburden monitoring well location and groundwater elevation (April 2020)
- 97.25
- MW102 monitoring well not used in interpolation
- ▶ inferred shallow groundwater flow direction
- 97.0 groundwater elevation (April 2020)
- ▼ SW13 surface water station

0	2021/03/30	issued in final	MW	AP
Rev	Date	Description	By	Chkd

**Inferred Overburden Groundwater Contours
(April 2020)**

2020 Monitoring Report
Lansdowne Waste Disposal Site
Township of Leeds and the Thousand Islands

File: 1037-124.00

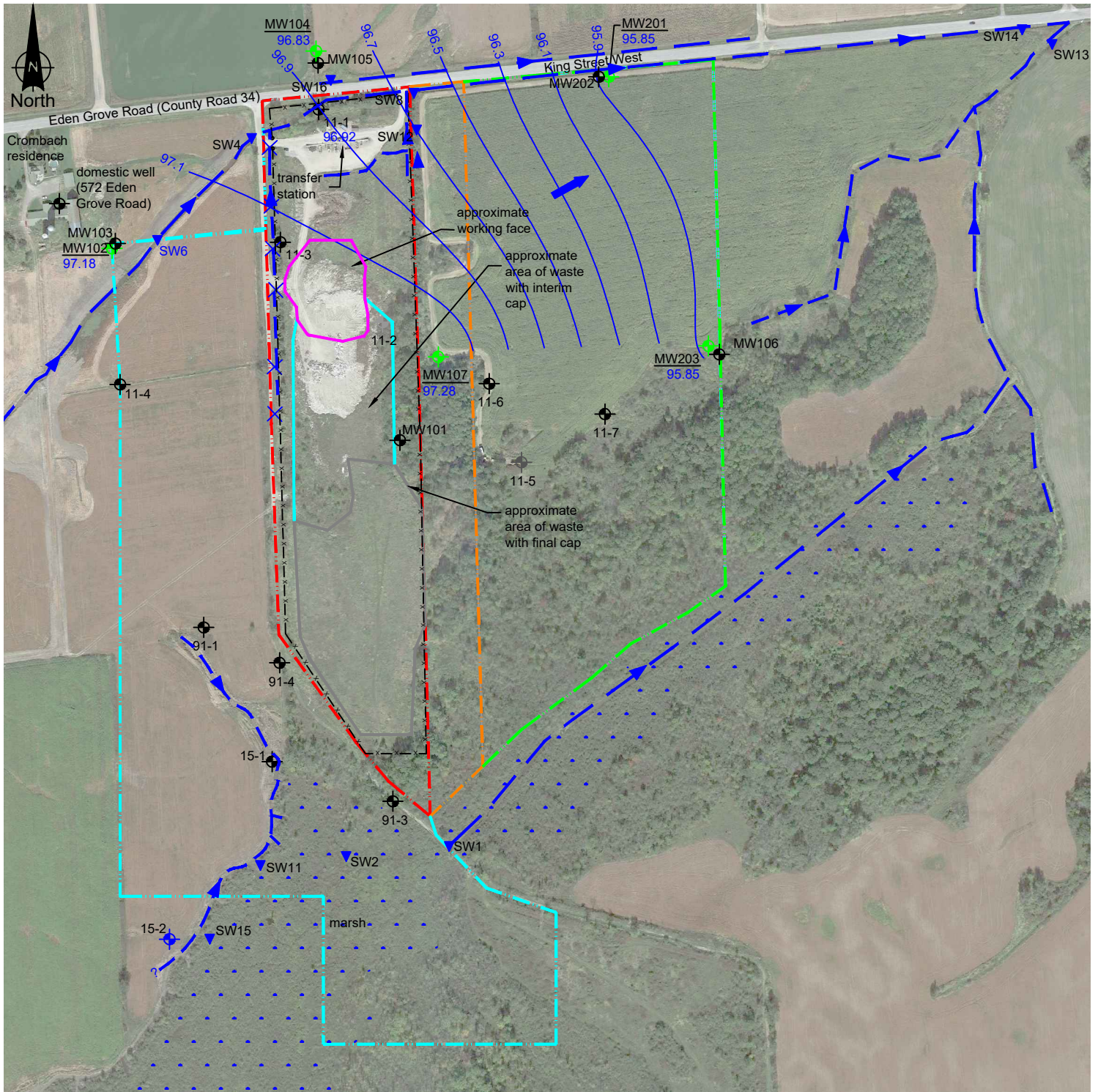
Approx. Scale (m)



Figure
3



Figure based on Malroz field observations, Google Earth imagery and the strata Plan 9204 MR1_STRATA, prepared by Collett surveying Ltd and registered to the title on June 1, 2017.



- Legend**
- approximate property boundary
 - buffer zone
 - contaminant attenuation zone
 - approximate contaminant attenuation zone (1996)
 - o-o- fence and gate
 - ▶ surface water body and flow direction
 - MW102 bedrock monitoring well location and groundwater elevation (April 2020)
 - MW101 monitoring well not used in interpolation
 - ▶ inferred bedrock groundwater flow direction
 - 97.5 groundwater elevation (April 2020)
 - ▼ SW13 surface water station

Rev	Date	Description	By	Chkd
0	2021/03/30	issued in final	MW	AP

Inferred Bedrock Groundwater Contours (April 2020)

2020 Monitoring Report
Lansdowne Waste Disposal Site
Township of Leeds and the Thousand Islands

File: 1037-124.00

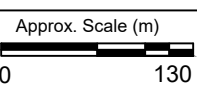
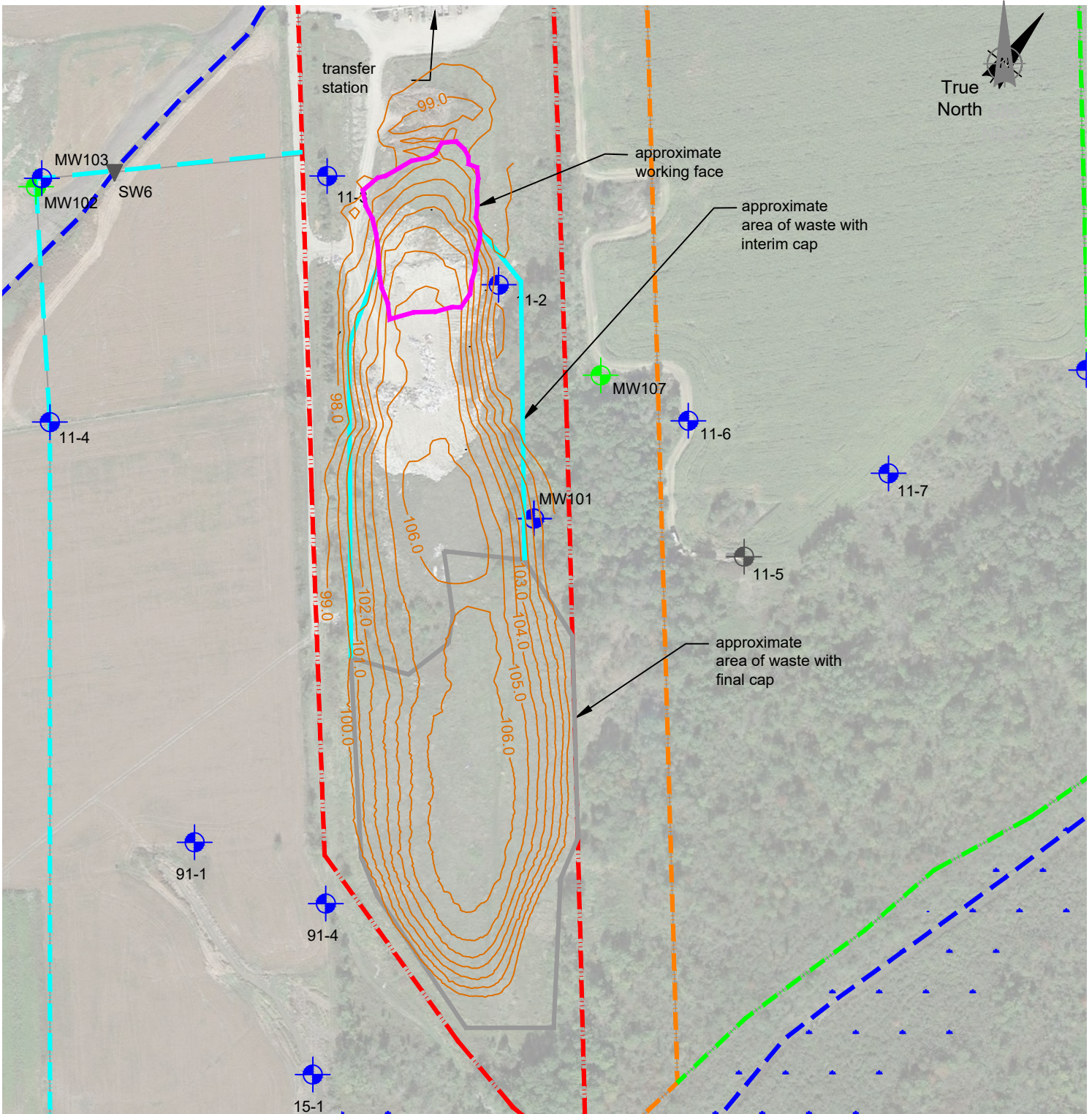


Figure
4



Figure based on Malroz field observations, Google Earth imagery and the strata Plan 9204 MR1_STRATA, prepared by Collett surveying Ltd and registered to the title on June 1, 2017.



Legend

- - - approximate property boundary
- - - buffer zone
- - - contaminant attenuation zone
- - - approximate contaminant attenuation zone (1996)
- approximate interim waste cap
- approximate area with final cover
- - - surface water body
- topographic contour (1.0m interval)
- OW1 overburden monitoring well location
- MW102 bedrock monitoring well location
- 11-5 damaged monitoring well

Figure based on Malroz field observations, Google Earth imagery and the strata Plan 9204 MR1_STRATA, prepared by Collett surveying Ltd and registered to the title on June 1, 2017. Waste contours digitally interpolated based on Malroz survey data and using Surfer™. Elevations adjusted as survey referenced was changed to geodetic using a GNSS Trimble R10.

Rev	Date	Description	By	Chkd
0	21/03/30	issued in final	AP	JP

2020 Waste Pile Topographic Survey

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

File: 1037-124.00

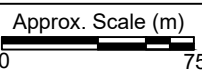
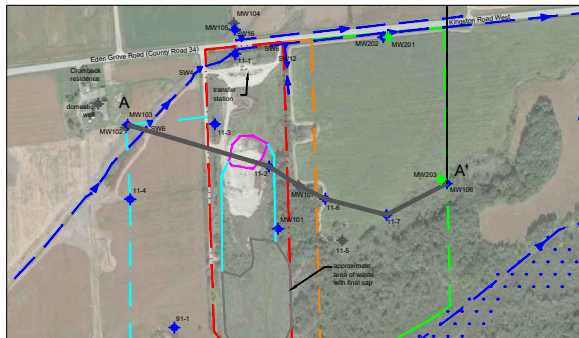
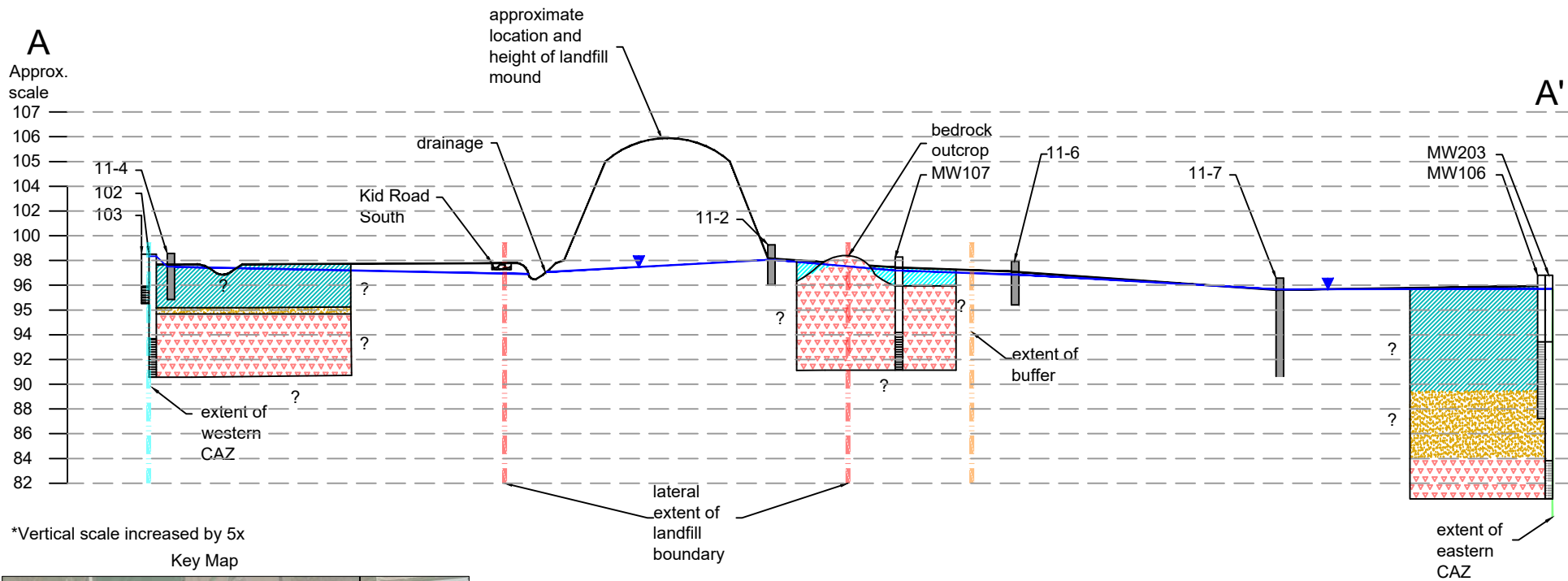


Figure
5



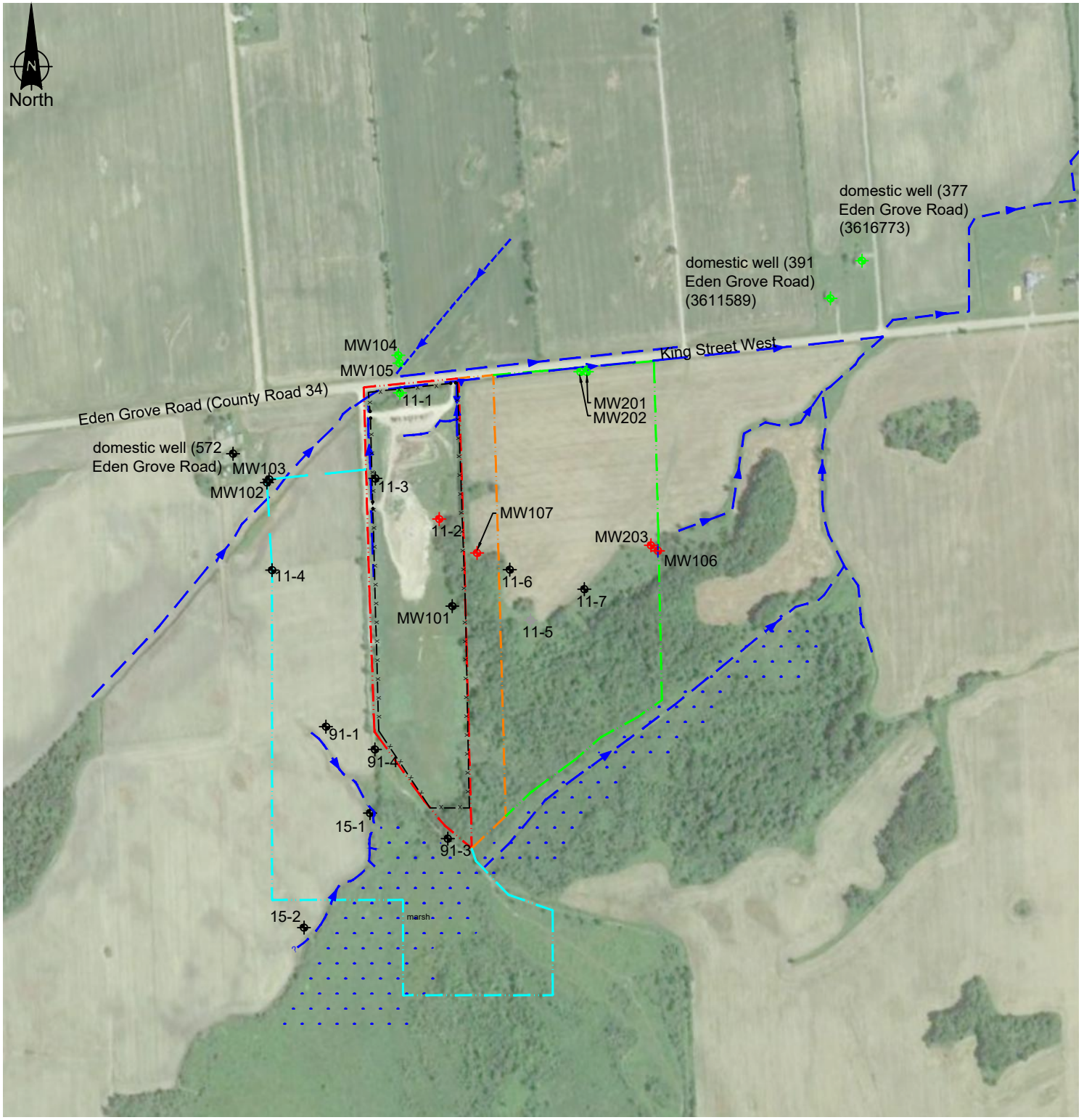


Legend

- approximate property boundary
- buffer zone
- contaminant attenuation zone
- approximate contaminant attenuation zone (1996)
- groundwater elevation
- silty clay
- sand/sand gravel
- granite
- monitoring well installed by Malroz
- monitoring well installed by others and log not available

Note: Stratigraphy is a graphical depiction of site observations, borehole logs and regional mapping interpolated by Malroz and may not be reflective of actual conditions.

Rev	Date	Description	MW By	ZL Chkd
0	21/03/30	issued in final	MW	ZL
West - East Fence Diagram				
2020 Monitoring, Development, and Operations Report Lansdowne Waste Disposal Site Township of Leeds and the Thousand Islands				
File: 1037-124.00		Figure 6		
N.T.S				



- Legend**
- - - approximate property boundary
 - - - buffer zone
 - - - contaminant attenuation zone
 - - - approximate contaminant attenuation zone (1996)
 - - - fence and gate
 - - - surface drainage feature and flow direction
 - ◆ 11-1 existing wells not sampled for PFAS
 - ◆ MW101 monitoring well containing PFAS at concentrations above the MECP Drinking Water Screening Values for Perfluorinated Chemicals
 - ◆ MW201 monitoring meeting the MECP Drinking Water Screening Values for Perfluorinated Chemicals
 - ◆ 11-5 damaged/destroyed monitoring well

Rev	Date	Description	By	Chkd
0	2021/03/30	issued in final	MW	AP

PFAS Sampling Results (February 3 and 4, 2020)

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

File: 1037-124.00

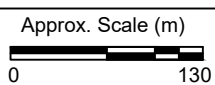


Figure
7



Figure based on Malroz field observations, Google Earth imagery and the strata Plan 9204 MR1_STRATA, prepared by Collett surveying Ltd and registered to the title on June 1, 2017.

Appendix C
MECP Correspondence

**Ministry of the
Environment,
Conservation and Parks**
Eastern Region
1259 Gardiners Road, Unit 3
Kingston ON K7P 3J6
Phone: 613.549.4000
or 1.800.267.0974

**Ministère de l'Environnement,
de la Protection de la nature
et des Parcs**
Région de l'Est
1259, rue Gardiners, unité 3
Kingston (Ontario) K7P 3J6
Tél: 613 549-4000
ou 1 800 267-0974



MEMORANDUM

January 4, 2021

TO: Nathalie Matthews
Senior Environmental Officer
Kingston District Office
Eastern Region

FROM: Shawn Trimper
Hydrogeologist
Technical Support Section
Eastern Region

RE: 2019 Annual Monitoring Report
Lansdowne Waste Disposal Site
Lot 12, Concession 2, Geographic Township of Lansdowne
Township of Leeds and the Thousand Islands
Environmental Compliance Approval No. A442003

At your request I have reviewed the report titled "Lansdowne Waste Disposal Site, 2019 Annual Monitoring, Development and Operations Report" dated March 31, 2020 and prepared by Malroz Engineering Inc. (Malroz). I have also reviewed an email (and attachments) provided to you by John Pyke of Malroz on August 11, 2020. The email provides the results and updated interpretations and recommendations following the completion of the spring 2020 groundwater sampling event.

The following sections summarise factual information as well as results and interpretations provided by Malroz. My comments and recommendations are provided in the final section of this memorandum for your consideration.

Environmental Compliance Approval (ECA)

The Lansdowne Waste Disposal Site (WDS) is owned and operated by The Corporation of the Township of Leeds and the Thousand Islands (the township) and is licensed under ECA No. A442003. The Lansdowne WDS is located on Part of Lot 12, Concession 2, in the Geographic Township of Lansdowne. The site is licensed for the operations of a 9.2 hectare (ha) landfill and waste transfer station (WTS). The site is licensed to receive solid non-hazardous waste. The ECA was amended in 2001 recognizing a 9.5 ha contaminant attenuation zone (CAZ) located south and west of the site, increasing the recognized site area to 18.7 ha. In recent years the township purchased a 50 metre buffer to the east of the site (approximately 3.7 ha of land), and an additional 12.7 ha parcel of land located further east for use as a CAZ. It is reported that the newly acquired lands to the east of the site were registered on title in June of 2017. The site is a natural attenuation site. The landfilling method currently used at the site is area fill; however, it is understood that the trench and fill method was historically used at the site. It is understood that final cover has been applied to the southern

portion of the waste mound and an interim cover has been applied to the central portion of the waste mound.

It is my understanding that the existing/approved operational design for the site (WESA, 1990) has a volumetric capacity of 208,712 cubic metres (m³); however, some uncertainty exists as to whether this document was formally recognised by the ECA. An updated design with a volumetric capacity of 264,387m³ was recently provided in an updated Design and Operations Report (Malroz; November 15, 2018); however, the report was deemed to be deficient and was subsequently returned by MECP Environmental Assessment and Permissions Branch. Malroz reports that as of December 2019 the site contained approximately 235,733m³ of waste. Based on the design proposed in 2018 (not approved), Malroz concludes that the site has a remaining capacity of approximately 28,654m³ and an estimated remaining lifespan between four (4) and five (5) years.

Physical Setting

The site is located in a rural area and surrounding land uses are generally agricultural in nature with sparse residential development also present in the area. Adjacent properties to the north, east, and west of the site consist primarily of agricultural fields. A large wetland complex is located south and southeast of the site. Various ditches and drains are present on and surrounding the site. It is understood that the agricultural field located east of the site is tile drained.

Geology

Overburden on and surrounding the site has been found to vary from 0 metres (bedrock outcrops) to as much as 13.9 metres (at the eastern limit of the eastern CAZ) and is reported to consist of a mixture of silty clay and clay. A thin sand layer has been reported between the clay and bedrock in some locations. A thick sand layer (approximately 4.4 metres thick) was identified at the eastern limit of the eastern CAZ. Organic deposits have also been identified or are expected to exist in the vicinity of the wetland located south and southeast of the site.

Bedrock is reported to be composed of granite and syenite and is expected to be heavily glaciated and undulating. A bedrock ridge is reported to exist along the eastern property boundary. Bedrock is also reported to be at or near surface within the ditch at the northwest corner of the property and at the north eastern extent of the eastern CAZ.

Groundwater Monitoring Program & Supplementary Activities (2019)

Malroz conducted groundwater monitoring (elevations and landfill gas) and sampling in the spring (May) and fall (November) of 2019 and included the seventeen pre-existing monitoring wells and three (3) additional monitoring wells installed on the eastern CAZ during 2019. Monitoring well MW101 could not be sampled on either occasion during 2019 as it contained insufficient water.

The following supplementary sampling/activities were also conducted during 2019:

- Supplementary sampling was conducted at monitoring wells MW104 and MW105 for per- and poly-fluoroalkyl substances (PFAS) during the fall sampling event to assist in the interpretation as to whether leachate is influencing groundwater quality to the north of Eden Grove Road;
- Duplicate sampling was conducted at selected monitoring wells using low-flow methods to assess the potential effects of sediment on groundwater chemistry;
- Selected monitoring wells were sampled using low-flow methods during the fall 2019.
- Supplementary information was also collected related to the invert elevations and depth to bedrock within the northern and western ditch. The information was intended to investigate the potential for leachate impacted groundwater in the overburden unit to migrate beyond the ditches.

Hydrogeology

Those comments provided by Malroz with respect to the hydrogeological conditions are generally summarised as follows:

- The overburden and bedrock units represent two distinct hydrogeological units but appear to have some hydrogeologic connection.
- Groundwater flow in the overburden unit is interpreted to be toward the east with some components towards the northeast and southeast, and mounding around the waste pile.
- Groundwater flow in the bedrock is interpreted to be toward the northeast.
- Shallow groundwater is expected to be heavily influenced by drainage ditches and surface water features.
- Upward flow conditions are observed at monitoring well nests located west and immediately east of the waste mound.
- Downward flow conditions are observed in monitoring well nests located to the north and far east of the waste mound.

Background Groundwater Quality

Overburden:

Background groundwater quality has historically been assessed using monitoring well 11-4. Monitoring well 11-4 is located approximately 150 metres west of the waste mound and is interpreted by Malroz to be located up-gradient of the site. The presence of agricultural impacts in this monitoring well have raised concerns with respect to its suitability and use as a background monitoring well.

During 2019 the following parameters exceeded the Ontario Drinking Water Standards (ODWS) at monitoring well 11-4: dissolved organic carbon (DOC), hardness, and nitrate. The results are generally consistent with previous years. Malroz concludes that these parameters are consistent with agricultural activities or geological conditions of the region.

Monitoring well MW103 is located approximately 175 west of the waste mound and is also interpreted by Malroz to be located up-gradient of the site. Malroz reports that water quality at MW103 exhibits elevated concentrations (in comparison to monitoring well 11-4) of alkalinity, ammonia, biological oxygen demand (BOD), chemical oxygen demand (COD), hardness, phosphorus, total dissolved solids (TDS), total suspended solids (TSS), chloride, sulphate, and numerous metals, including but not limited to aluminum, arsenic, barium, boron, cadmium, cobalt, magnesium, manganese, sodium, strontium, and uranium. During 2019 the following parameters exceeded the ODWS at monitoring well MW103: DOC (spring only), hardness, total dissolved solids (TDS), and manganese. Malroz concludes that groundwater quality at MW103 is potentially impacted by non-landfill related impacts.

Bedrock:

Bedrock monitoring well MW102 is located approximately 175 metres west of the waste mound and is interpreted by Malroz to be located up-gradient of the site. Malroz indicates that background bedrock groundwater quality is characterised by elevated chloride, DOC, hardness, iron, manganese, and TDS which are reported to exceed the ODWS. Aluminum, barium, magnesium, and uranium concentrations were also reported to be elevated but below the ODWS.

Leachate

Leachate is characterised using monitoring well 11-2 which is completed within the waste mound. ODWS exceedances were reported at leachate monitoring well 11-2 on one or more occasion during 2019 for alkalinity, aluminum, DOC, hardness, TDS, iron, manganese, and pH.

Malroz has provided an updated assessment of leachate indicator parameters (LIPs) associated with the site in the 2019 AMR.

Potential LIPs have been defined and identified by Malroz as those parameters identified in leachate which consistently exceed the 75th percentile of background groundwater quality at monitoring well 11-2 by at least 50 percent. Potential LIPs identified by Malroz are: alkalinity, ammonia, aluminum, barium, boron, cobalt, chloride, DOC, conductivity, hardness, iron, manganese, magnesium, potassium, sodium, strontium, sulphate, TDS, and TKN.

Core LIPs were further defined by Malroz as those potential LIPs which also exceeded the 75th percentile at background monitoring well MW103. On this basis the core LIPs were identified by Malroz as follows: ammonia, boron, cobalt, DOC, hardness, iron, manganese, sulphate, and strontium.

Compliance LIPs were further defined by Malroz as those core LIPs which have an associated ODWS. On this basis the compliance LIPs were identified as follows: DOC, hardness, sulphate, boron, iron, and manganese.

Down-gradient Groundwater Quality

Overburden Aquifer:

Leachate impacts were previously poorly defined/delineated within the overburden unit to the north and east of the waste mound. Five (5) additional overburden monitoring wells have been installed on and surrounding the site since 2017 and were intended to improve the delineation of leachate impacts.

Leachate impacts are interpreted to extend radially from the waste mound. However, Malroz has provided lines of evidence to suggest that leachate impacted groundwater in the overburden unit may be discharging to surface water features (ditches and wetlands) located north, west, and south of the waste mound, preventing the egress of leachate impacted groundwater from migrating off-site. Leachate impacts are interpreted to extend toward the east-northeast onto the eastern CAZ. Multiple parameters are elevated in groundwater at those monitoring wells located proximal to the north boundary (MW202) and east boundary (MW106) of the eastern CAZ; however, Malroz interprets the elevated parameters to be related to the background conditions, agricultural land-use, and regional geological composition. As such, Malroz concludes that the extent of impacts are delineated and contained within the eastern CAZ.

All PFAS compounds were less than their respective method detection limits in a water sample collected (Fall 2019) from overburden monitoring well MW105 located north of Eden Grove Road. The results suggest that landfill leachate was not present at this monitoring well at the time the sample was collected. The result provides an additional line of evidence to suggest that leachate impacted groundwater in the overburden is discharging to ditch located along the northern boundary of the site.

Bedrock Aquifer:

No bedrock monitoring wells historically existed at the site; however, five (5) bedrock monitoring wells have been installed on and surrounding the site since 2017 and were intended to assess the magnitude and extent of leachate impacts.

Bedrock monitoring well MW107 located immediately east of the waste mound confirms the presence of leachate impacts within the bedrock unit. However, Malroz indicates that upward flow conditions as identified at monitoring wells MW107/11-6 and MW102/MW103 are expected to mitigate impacts to the bedrock unit. Multiple parameters are elevated in groundwater at those monitoring wells located proximal to the north boundary (MW201) and east boundary (MW106) of the eastern CAZ; however, Malroz interprets the elevated parameters to be related to the background conditions, agricultural land-use, and regional geological composition. As such, Malroz concludes that any leachate impacts within the bedrock unit are contained within the site and CAZ properties.

All PFAS compounds were less than their respective method detection limits in a water sample collected (Fall 2019) from bedrock monitoring well MW104 located north of Eden Grove Road. The results indicate that landfill leachate impacts were not expected to have been present at this location at the time the sample was collected.

In a follow up email provided by Malroz following the spring 2020 sampling event, Malroz indicates that elevated iron concentrations were identified at monitoring wells MW203 (bedrock) and MW106 (overburden) located proximal to the eastern boundary of the eastern CAZ. Malroz concludes that the results are likely associated with seasonal flooding; however, they recommend that supplementary sampling for PFAS be completed at these monitoring wells to rule out the presence of leachate impacts.

Regulatory Evaluation

Condition 8.3(a) of the ECA requires the site to be operated in compliance with Guideline B-7. Malroz has calculated reasonable use limits (RULs) and conducted a Guideline B-7 assessment for both the overburden and bedrock units.

Overburden:

The following RUL exceedances were reported by Malroz on one or more occasions during 2019 in groundwater samples collected from overburden compliance monitoring wells:

- South
 - 15-1: alkalinity, aluminum, barium, DOC, hardness, iron, manganese, TDS
 - 91-3: barium, hardness, iron, manganese
- East
 - MW106: alkalinity, DOC, hardness, and uranium
 - MW202: DOC, hardness, nitrate

Malroz indicates that leachate impacted groundwater is discharging to the ditch located along the northern property boundary, and as such, compliance monitoring wells located north of the site will no longer be assessed for compliance with Guideline B-7.

Malroz compared overburden groundwater quality at eastern overburden monitoring wells MW106 and MW202 to bedrock RULs on the basis that groundwater quality in overburden monitoring wells located in proximity to the waste mound appeared to be influenced by groundwater quality from the bedrock unit. Malroz indicates that those RUL exceedances identified at eastern compliance monitoring wells are related to natural background conditions and/or agricultural activities and are not landfill related.

Bedrock:

The following RUL exceedances were reported by Malroz on one or more occasions during 2019 in groundwater samples collected from bedrock compliance monitoring wells:

- North
 - MW104: DOC, hardness, TDS

- East
 - MW201: DOC, TDS, nitrate, arsenic, sodium, uranium
 - MW203: DOC, hardness

Malroz concludes that the identified RUL exceedances in compliance bedrock monitoring wells located north and east of the site are not leachate related.

For those reasons outlined Malroz concludes that the site is in compliance with Guideline B-7 with respect to the overburden and bedrock hydrogeological units.

In an email from Malroz dated August 11, 2020 it is reported that during the spring 2020 sampling event iron exceeded the RUL at monitoring wells MW106 and MW203. Malroz indicates that elevated iron at these locations are likely related to natural conditions and seasonal flooding; however, supplementary monitoring for PFAS is recommended to provide additional evidence to support this conclusion.

Trigger Mechanisms and Contingency Plans

It was previously recognised that the site was in non-compliance with Guideline B-7 and condition 8.6 of the ECA requires that an action plan be developed and implemented to bring the site into compliance with Guideline B-7.

A number of actions have been taken to date to improve the understanding of leachate impacts associated with the site and in an attempt to bring the site into compliance with Guideline B-7 and have included:

- the acquisition of a 50 metre buffer along the eastern site boundary;
- the acquisition of groundwater rights associated with a 12.7 hectare property to be used as an eastern CAZ;
- the installation of an additional five (5) overburden and five (5) bedrock monitoring wells.

Condition 8.11 of the ECA requires that formal trigger mechanisms be developed for the site within one year of the issuance date of the amended ECA (issued March 24, 2016); however, groundwater triggers have not been developed to date. Malroz recommends that groundwater triggers and a contingency action plan be developed for the site.

Groundwater – Surface Water Interaction

Leachate impacted groundwater within the shallow overburden unit is expected to discharge to the various low-lying ditches, drains, and wetland areas surrounding the site. Leachate impacts have been detected in these areas indicating that leachate impacted groundwater has the potential to discharge to and impair surface water.

Tile drainage located east of the site also has the potential to intercept and discharge leachate impacted groundwater to surface. Investigations have been conducted in recent years which suggest that leachate impacted groundwater may be discharging to those ditches located north and west of the waste mound.

Water Supply Wells

Private bedrock wells are generally utilised for water supply in the area. The thin overburden is not expected to be a viable aquifer for domestic water supply but may be used in areas where the overburden thickness is greatest. The site is not located in a well head protection area (WHPA).

The nearest residence is located approximately 150 metres west of the site at 572 County Road 34. The domestic supply well was added to the monitoring program in 2017 at the request of the MECP. The domestic well was sampled in the spring of 2019 and ODWS exceedances were reported for chloride, hardness, manganese, and TDS. Sampling was not conducted during the fall of 2019 due to issues obtaining access with the property owner. The identified ODWS are non-health related parameters and are not interpreted to be related to the landfill and are consistent with previous results.

Landfill Gas

Three (3) passive landfill gas vents are present at the site and are required to be maintained as per condition 8(2) of the ECA. Landfill gas monitoring is conducted in all existing monitoring wells and passive gas vents in conjunction with the spring and fall monitoring programs. The only measurement above the lower explosive limit was identified at the south vent during the fall monitoring vent. Malroz indicates that the results indicate that the vents are operating as intended.

Proposed Groundwater Monitoring Program (2020)

Groundwater monitoring/sampling is currently conducted twice per year (spring and fall) and reported annually. The currently approved monitoring program (monitoring well network and parameters) are outlined in Schedule B of the ECA. Malroz recommends that recently installed monitoring wells MW101, MW102, MW103, MW104, MW104, MW105, MW106, MW107, MW201, MW202, and MW203 continue to be included in the groundwater monitoring/sampling program.

In any email from Malroz dated August 11, 2020 Malroz was proposing to complete supplementary PFAS sampling at monitoring wells MW106 and MW203.

Conclusions & Recommendations

- Malroz has estimated that as of the end of 2019 the site had approximately 28,654 m³ of remaining capacity and is expected to reach capacity in four (4) to five (5) years. This conclusion is based on the understanding that the site has an approved operational area only and is also based on the previously submitted but currently unapproved design which has a capacity of 264,387 m³. I defer to you with respect to determining the legally approved capacity of the site.

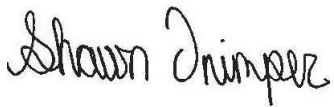
- The groundwater monitoring and sampling program completed in 2019 is in general compliance with the requirements of the ECA.
- Monitoring wells at the site are reported to be in compliance with the requirements of Regulation 903.
- Data has been collected and provided with respect to the depth to bedrock and/or ditch invert elevation for points along the west and north ditches. Malroz indicates that the data supports the conclusion that leachate impacted groundwater is discharging to these ditches; however, no discussion or assessment of the data has been provided to support how this conclusion was reached. I recommend that the next annual report discuss the results and conclusions related to the discharge of groundwater to the ditches.
- It is reported that data loggers were installed in monitoring wells MW105, 11-1, and 11-3; however, the water level data collected is not provided or discussed in the report. The next annual report should include the water level data collected from the data loggers and a discussion and assessment of the data.
- Malroz indicates that low-flow sampling was conducted at selected monitoring wells to evaluate potential impacts of sediment on the groundwater chemistry; however, no discussion of the findings of the low-flow sampling were provided in the report. Recommendations were also not provided in the report with respect to the use of low-flow sampling at the site in the future. The report also notes that MW201 and MW202 were sampled using a low-flow method during the fall of 2019; however, high total suspended solids (TSS) were reported in these samples indicating that these wells may not have been sampled using low-flow methods as stated. I also note that those samples collected from monitoring wells MW201, MW202, MW203 during the fall of 2019 are not identified as low-flow samples in Table 6 of the report. I recommend that the next annual report provide an assessment/discussion of the low-flow sampling results and provide recommendations related to the use of low-flow sampling at the site.
- I generally concur with the reported flow directions; however, I note that the site also appears to be intersected by a watershed boundary. The northern portion of the site appears to be located in the Cataraqui River watershed, and the southern portion of the site appears to be located in the Upper St. Lawrence River watershed. The presence of the watershed boundary would likely result in a groundwater divide within the overburden and bedrock flow systems.
- The existing overburden (11-4 and MW103) and bedrock (MW102) background monitoring wells appear to be impacted by agricultural activities and complex geochemistry associated with the bedrock unit. The results confirm complex and spatially variable groundwater quality in the area. No additional actions are recommended at this time with respect to the characterisation of background groundwater quality; however, the interpretation and use of the background groundwater quality data should be completed with extreme caution.

- Malroz has provided an updated leachate assessment as previously recommended. The provided assessment relies heavily on the background groundwater quality data which may not be fully representative and should be interpreted with caution (as stated previously and above). As such, the findings of the leachate assessment should also be interpreted with caution. I conclude that the list of “Potential LIPs” as defined and identified by Malroz are a suitable list of LIPs associated with the site. LIPs that are also associated with alternative sources (i.e. agriculture, bedrock, road salting) should not be ruled out completely. The intent of leachate assessment is to understand which parameters have the potential to impair groundwater and surface water; however, the list of “Compliance LIPs” as defined by Malroz consider only groundwater compliance. These comments should be considered in future leachate assessments.
- Insufficient information has been provided to support the argument that leachate impacted groundwater in the overburden unit is discharging to the north and west ditch and preventing off-site leachate migration. It should be adequately demonstrated that leachate impacted groundwater in the overburden unit is completely and always discharging to the north and west ditch.
- I disagree with the conclusion provided by Malroz that upward groundwater flow conditions are expected to mitigate any leachate impacts present in the bedrock unit. Vertical flow conditions are variable in the area indicating that leachate would be expected to migrate downward into the bedrock in some areas (confirmed at monitoring well 11-7). I also note that once leachate reaches the bedrock unit it would migrate both horizontally and vertically and an upward gradient would not necessarily mitigate impacts to the bedrock unit. Bedrock monitoring wells have been installed down-gradient of the site and should be used to confirm that leachate impacted groundwater is attenuating and delineated.
- The PFAS results from monitoring wells MW104 and MW105 provide evidence to suggest that leachate was not impairing groundwater quality within these monitoring wells at the time the samples were collected. However, these results should be interpreted with some caution as the sampling was conducted on only a single occasion and the method detection limits were higher than is ideal. PFAS concentrations at the site have also not been assessed in leachate or other wells to verify their presence and migration at the site.
- Condition 8.3(a) of the ECA requires the site is to be operated in compliance with Guideline B-7.
- Malroz concludes that the site is in compliance with Guideline B-7; however, I conclude that it is unclear/unknown if the site is in compliance with Guideline B-7 to the north and northeast, and in non-compliance to the northwest.
 - Malroz has ruled out the identified RUL exceedances at some compliance monitoring wells on the basis that they are related to natural geological conditions and/or agricultural impacts and are not related to the site;

however, it is possible that some of the identified RUL exceedances could be the result of leachate impacts. Additional sampling for conventional parameters and PFAS is required to determine whether the identified RUL exceedances are landfill related.

- I disagree with the application of bedrock RULS at overburden monitoring wells MW106 and MW202. If any RUL (overburden) exceedances occur at a given location and are expected to be related to the bedrock geochemistry, this should be demonstrated through lines of evidence provided on a sample by sample basis.
 - Monitoring well MW104 was excluded from the Guideline B-7 assessment on the basis that leachate impacted groundwater discharges to the north ditch. Lines of evidence have been provided to support that this conclusion; however, uncertainty exists as to whether discharge is always occurring and whether it entirely prevents off-site migration. As such, monitoring well MW104 should be included in the B-7 assessment, and any identified RUL exceedances should be discussed and ruled out based on lines of evidence on a sample by sample basis.
 - I continue to have concerns that impacts may be extending off-site to the northwest of monitoring well 11-3. Unless it can be adequately demonstrated that leachate impacts are not and will not migrate beyond the western ditch, monitoring well 11-3 would be a compliance monitoring well and the site would be in non-compliance with Guideline B-7. If it cannot be adequately demonstrated that leachate impacted groundwater cannot migrate beyond the western ditch, additional actions should be taken to bring the site into compliance with Guideline B-7
- Condition 8.11 of the ECA requires that groundwater trigger mechanisms and a contingency action plan be developed for the site within one year of the issuance date of the amended ECA; however, trigger mechanisms have not been developed to date. Malroz recommends that groundwater triggers be developed. I recommend that trigger mechanisms be developed once the site is brought into compliance with Guideline B-7.
 - The domestic well located at 572 Eden Grove Road is not currently interpreted to be impacted by landfill leachate; however, I recommend that it continue to be included in the monitoring program (so long as the owner/occupants of the property provide access).
 - Leachate impacted groundwater is expected to discharge to and has the potential to impair surface water surrounding the site. A MECP Surface Water Scientist should continue to be consulted with respect to surface water monitoring and management associated with this site.

- Landfill gas monitoring confirms that landfill gas is being generated at the site; however, given the rural nature of the site I do not expect landfill gas to represent a current risk to off-site receptors. A comprehensive assessment of landfill gas monitoring and management is beyond the scope of this review.
- I support the ongoing routine monitoring and sampling programs as proposed by Malroz (i.e. no changes recommended).
- I support the need for completing supplementary PFAS monitoring program; however, I recommended that a more comprehensive PFAS sampling program be conducted than that proposed by Malroz. The supplementary PFAS sampling program is required to distinguish the presence of leachate impacts and determine the sites compliance with Guideline B-7. It would be prudent for the township/Malroz to consult the ministry to ensure that an appropriate PFAS monitoring program is undertaken.



Shawn Trimper, P.Eng.
ST

ec: Victor Castro
Roberto Sacilotto
Lauren Forrester

c: File GW LG LT 01 02 C2 (Lansdowne WDS; ECA No. A442003)
SAT/ID# 2573-BN8L7U

DRAFT Responses to MECP Comments on the 2019 AMR for the Lansdowne Landfill (A442003)

Item	MECP Comment	Malroz Comment/Proposed Action	Date
1	Malroz has estimated that as of the end of 2019 the site had approximately 28,654 m ³ of remaining capacity and is expected to reach capacity in four (4) to five (5) years. This conclusion is based on the understanding that the site has an approved operational area only and is also based on the previously submitted but currently unapproved design which has a capacity of 264,387 m ³ . I defer to you with respect to determining the legally approved capacity of the site.	See discussion of point 24	-
2	The groundwater monitoring and sampling program completed in 2019 is in general compliance with the requirements of the ECA.	No comment	-
3	Monitoring wells at the site are reported to be in compliance with the requirements of Regulation 903.	No comment	-
4	Data has been collected and provided with respect to the depth to bedrock and/or ditch invert elevation for points along the west and north ditches. Malroz indicates that the data supports the conclusion that leachate impacted groundwater is discharging to these ditches; however, no discussion or assessment of the data has been provided to support how this conclusion was reached. I recommend that the next annual report discuss the results and conclusions related to the discharge of groundwater to the ditches.	A discussion regarding interaction between the ditches and groundwater will be provided in the 2020 AMR.	31-Mar-21
5	It is reported that data loggers were installed in monitoring wells MW105, 11-1, and 11-3; however, the water level data collected is not provided or discussed in the report. The next annual report should include the water level data collected from the data loggers and a discussion and assessment of the data.	Data loggers were installed in the fall of 2019 and therefore were not available for the 2019 AMR. Results from the level logger data will be included in the 2020 AMR	31-Mar-21
6	Malroz indicates that low-flow sampling was conducted at selected monitoring wells to evaluate potential impacts of sediment on the groundwater chemistry; however, no discussion of the findings of the low-flow sampling were provided in the report. Recommendations were also not provided in the report with respect to the use of low-flow sampling at the site in the future. The report also notes that MW201 and MW202 were sampled using a low-flow method during the fall of 2019; however, high total suspended solids (TSS) were reported in these samples indicating that these wells may not have been sampled using low-flow methods as stated. I also note that those samples collected from monitoring wells MW201, MW202, MW203 during the fall of 2019 are not identified as lowflow samples in Table 6 of the report. I recommend that the next annual report provide an assessment/discussion of the low-flow sampling results and provide recommendations related to the use of low-flow sampling at the site.	A discussion re low flow and associated recommendations will be provided in the 2020 AMR.	31-Mar-20
7	I generally concur with the reported flow directions; however, I note that the site also appears to be intersected by a watershed boundary. The northern portion of the site appears to be located in the Catarauqui River watershed, and the southern portion of the site appears to be located in the Upper St. Lawrence River watershed. The presence of the watershed boundary would likely result in a groundwater divide within the overburden and bedrock flow systems.	Noted.	-
8	The existing overburden (11-4 and MW103) and bedrock (MW102) background monitoring wells appear to be impacted by agricultural activities and complex geochemistry associated with the bedrock unit. The results confirm complex and spatially variable groundwater quality in the area. No additional actions are recommended at this time with respect to the characterisation of background groundwater quality; however, the interpretation and use of the background groundwater quality data should be completed with extreme caution.	Noted.	-
9	Malroz has provided an updated leachate assessment as previously recommended. The provided assessment relies heavily on the background groundwater quality data which may not be fully representative and should be interpreted with caution (as stated previously and above). As such, the findings of the leachate assessment should also be interpreted with caution. I conclude that the list of "Potential LIPs" as defined and identified by Malroz are a suitable list of LIPs associated with the site. LIPs that are also be associated with alternative sources (i.e. agriculture, bedrock, road salting) should not be ruled out completely. The intent of leachate assessment is to understand which parameters have the potential to impair groundwater and surface water; however, the list of "Compliance LIPs" as defined by Malroz consider only groundwater compliance. These comments should be considered in future leachate assessments.	Noted.	-
10	Insufficient information has been provided to support the argument that leachate impacted groundwater in the overburden unit is discharging to the north and west ditch and preventing off-site leachate migration. It should be adequately demonstrated that leachate impacted groundwater in the overburden unit is completely and always discharging to the north and west ditch.	Further discussion to be provided in the 2020 AMR. We understand a proposal to purchase additional lands to the northwest is being presented to the Township Council by staff in February 2021. A further update will be provided once available.	-
11	I disagree with the conclusion provided by Malroz that upward groundwater flow conditions are expected to mitigate any leachate impacts present in the bedrock unit. Vertical flow conditions are variable in the area indicating that leachate would be expected to migrate downward into the bedrock in some areas (confirmed at monitoring well 11-7). I also note that once leachate reaches the bedrock unit it would migrate both horizontally and vertically and an upward gradient would not necessarily mitigate impacts to the bedrock unit. Bedrock monitoring wells have been installed down-gradient of the site and should be used to confirm that leachate impacted groundwater is attenuating and delineated.	A PFAS analyses program is underway to further refine understand of leachate impacts. The program includes a more robust suite of parameters compared to previous PFAS analyses as well as lower detection limits.	Spring and Fall of 2021
12	The PFAS results from monitoring wells MW104 and MW105 provide evidence to suggest that leachate was not impairing groundwater quality within these monitoring wells at the time the samples were collected. However, these results should be interpreted with some caution as the sampling was conducted on only a single occasion and the method detection limits were higher than is ideal. PFAS concentrations at the site have also not been assessed in leachate or other wells to verify their presence and migration at the site.	See discussion in Point 11.	-
13	Condition 8.3(a) of the ECA requires the site is to be operated in compliance with Guideline B-7.	See discussion oin Point 11.	-
14a	Malroz concludes that the site is in compliance with Guideline B-7; however, I conclude that it is unclear/unknown if the site is in compliance with Guideline B-7 to the north and northeast, and in non-compliance to the northwest. -Malroz has ruled out the identified RUL exceedances at some compliance monitoring wells on the basis that they are related to natural geological however, it is possible that some of the identified RUL exceedances could be the result of leachate impacts. Additional sampling for conventional parameters and PFAS is required to determine whether the identified RUL exceedances are landfill related.	See discussion in Point 11.	-
14b	I disagree with the application of bedrock RULs at overburden monitoring wells MW106 and MW202. If any RUL (overburden) exceedances occur at a given location and are expected to be related to the bedrock geochemistry, this should be demonstrated through lines of evidence provided on a sample by sample basis.	Noted.	-
14c	Monitoring well MW104 was excluded from the Guideline B-7 assessment on the basis that leachate impacted groundwater discharges to the north ditch. Lines of evidence have been provided to support that this conclusion; however, uncertainty exists as to whether discharge is always occurring and whether it entirely prevents off-site migration. As such, monitoring well MW104 should be included in the B-7 assessment, and any identified RUL exceedances should be discussed and ruled out based on lines of evidence on a sample by sample basis.	Noted.	-
14d	I continue to have concerns that impacts may be extending off-site to the northwest of monitoring well 11-3. Unless it can be adequately demonstrated that leachate impacts are not and will not migrate beyond the western ditch, monitoring well 11-3 would be a compliance monitoring well and the site would be in non-compliance with Guideline B-7. If it cannot be adequately demonstrated that leachate impacted groundwater cannot migrate beyond the western ditch, additional actions should be taken to bring the site into compliance with Guideline B-7	See discussion in Point 10.	-
18	Condition 8.11 of the ECA requires that groundwater trigger mechanisms and a contingency action plan be developed for the site within one year of the issuance date of the amended ECA; however, trigger mechanisms have not been developed to date. Malroz recommends that groundwater triggers be developed. I recommend that trigger mechanisms be developed once the site is brought into compliance with Guideline B-7.	Groundwater trigger mechanisms are to be developed following confirmation of extents of leachate impacts and purchase of additional CAZ lands.	Fall 2021
19	The domestic well located at 572 Eden Grove Road is not currently interpreted to be impacted by landfill leachate; however, I recommend that it continue to be included in the monitoring program (so long as the owner/occupants of the property provide access).	Sampling of the domestic well to be continued in 2021.	2021
20	Leachate impacted groundwater is expected to discharge to and has the potential to impair surface water surrounding the site. A MECF Surface Water Scientist should continue to be consulted with respect to surface water monitoring and management associated with this site.	No comment.	-
21	Landfill gas monitoring confirms that landfill gas is being generated at the site; however, given the rural nature of the site I do not expect landfill gas to represent a current risk to off-site receptors. A comprehensive assessment of landfill gas monitoring and management is beyond the scope of this review.	No comment.	-
22	I support the ongoing routine monitoring and sampling programs as proposed by Malroz (i.e. no changes recommended).	No comment.	Spring 2021
23	I support the need for completing supplementary PFAS monitoring program; however, I recommended that a more comprehensive PFAS sampling program be conducted than that proposed by Malroz. The supplementary PFAS sampling program is required to distinguish the presence of leachate impacts and determine the sites compliance with Guideline B-7. It would be prudent for the township/Malroz to consult the ministry to ensure that an appropriate PFAS monitoring program is undertaken.	See discussion in Point 11.	Spring 2021
24	In addition, the outstanding issue regarding the site's approved capacity must be addressed. A request for an amendment to the ECA must be re-submitted to our ministry to either consider approving a revised design report or to approve a closure plan and a possible 'fill beyond the approved limits' situation. To address this concern, please submit (to my attention) a plan with implementation schedule before January 31, 2021.	For discussionwith the MECF. Based on previous discussions with the MECF, we understood that the ECA would be submitted following confirmation of leachate impacts and purchase of additional CAZ if needed.	Q1 2021

Appendix D
Site Photos



Photo 1: View of sign next to the Kidd Road South entrance to the landfill looking southeast.



Photo 2: View of the yard waste mound (centre) and active waste face (right) looking southeast.



Photo 3: View of tire storage next to the transfer facility.



Photo 4: View of the waste bins and transfer facility.



Photo 5: View of recycling bin from E360 Solutions.



Photo 6: View of methane vent looking south.



Photo 7: View of the northern watercourse looking southwest.



Photo 8: View of the northern watercourse in the vicinity of SW14 looking southeast.



Photo 9: View of the southern watercourse in the vicinity of SW13 looking northeast.



Photo 10: View of southern watercourse in the vicinity of SW15 looking southeast.



Photo 11: View of southern watercourse at SW1 looking northeast.



Photo 12: View of monitoring well MW201 and MW202 looking northwest. The northern watercourse is depicted to the right.



Photo 13: View of monitoring well MW101 looking north.



Photo 14: View of monitoring well 15-2 looking southwest.



Photo 15: View of monitoring well 91-1 looking southwest.



Photo 16: View of monitoring well 91-3 looking southwest.



Photo 17: View of monitoring well MW106 and MW203 looking southeast.



Photo 18: View of monitoring well 15-1 looking facing north.



Photo 19: View of monitoring well 11-3 looking northwest.



Photo 20: View of monitoring well 11-6 looking south.

Appendix E
Cover Material Summary

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
12/18/2019	2447

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

2051208

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
12/9/2019	Backhoe Rental - Dump	3	85.00	H	255.00
12/16/2019	Backhoe Rental - Dump	3	85.00	H	255.00
12/17/2019	Sandfill to Escott Dump	2	187.00	H	374.00
12/17/2019	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 Approval #2 <i>James P. [Signature]</i> Acct # <u>10-410-4300-6247 R</u> Sub-Acct # <u>10-410-4300-62705</u>					
Sales Tax Summary					
HST (ON)@13.0%		274.04			
Total Tax		274.04			
			Subtotal	\$2,108.00	
			Sales Tax Total	\$274.04	
			Total	\$2,382.04	
Thank you for your business			Payments/Credits	\$0.00	
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.			Balance Due	\$2,382.04	

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
12/31/2019	2450

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
12/31/2019	Sandfill to Escott Dump	2	187.00	H	374.00
12/31/2019	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
12/23/2019	Backhoe Rental @ Dump	3	85.00	H	255.00
12/28/2019	Backhoe Rental @ Dump	2	85.00	H	170.00
12/30/2019	Backhoe Rental @ Dump	3	85.00	H	255.00
	Approval #1 _____				
	Approval #2 <i>James P. [Signature]</i>				
	Acct # <u>10-410-4300-6270</u> \$1598				
	Sub-Acct # <u>10-410-4300-6247</u> \$680.15				

Sales Tax Summary		Subtotal	\$2,278.00
HST (ON)@13.0%	296.14	Sales Tax Total	\$296.14
Total Tax	296.14	Total	\$2,574.14
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$2,574.14

GST/HST No. 102000601

Approval #1 _____
 Approval #2 _____
 Acct # _____
 Sub-Acct # _____

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
1/16/2020	2455

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
1/2/2020	Backhoe Rental at Dump	3	85.00	H	255.00
1/6/2020	Backhoe Rental at Dump	3	85.00	H	255.00
1/9/2020	Backhoe Rental at Dump	3	85.00	H	255.00
1/13/2020	Backhoe Rental at Dump	3	85.00	H	255.00
1/14/2020	Sandfill to Escott Dump	2	187.00	H	374.00
1/14/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1					
Approval # <i>James P. [Signature]</i>					
Acct # <u>10-410-4300-6247</u> \$1020.					
Sub-Acct # <u>10-410-4300-6270</u> \$1598					

Sales Tax Summary		<i>KD</i>	Subtotal	\$2,618.00
HST (ON)@13.0%	340.34		Sales Tax Total	\$340.34
Total Tax	340.34		Total	\$2,958.34
Thank you for your business			Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.			Balance Due	\$2,958.34

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
1/30/2020	2458

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
1/15/2020	Backhoe Rental at Lansdowne Dump	3	85.00	H	255.00
1/20/2020	Backhoe Rental at Lansdowne Dump	3	85.00	H	255.00
1/24/2020	Backhoe Rental at Lansdowne Dump	3	85.00	H	255.00
1/28/2020	Sandfill to Escott Dump	2	187.00	H	374.00
1/28/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 _____ Approval #2 <i>James E. [Signature]</i> Acct # <i>10-410-4300-6247 165.00</i> Sub-Acct # <i>10-410-4300-6270 1598.00</i> <i>KJ</i>					

Sales Tax Summary HST (ON)@13.0% 307.19 Total Tax 307.19	Subtotal	\$2,363.00
	Sales Tax Total	\$307.19
	Total	\$2,670.19
	Payments/Credits	\$0.00
	Balance Due	\$2,670.19

Thank you for your business

Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
2/27/2020	2462

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
2/25/2020	Sandfill to Escott Dump	2	187.00	H	374.00
2/25/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 _____ Approval #2 _____ Acct # <u>10-410-4300-6270</u> Sub-Acct # _____					

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74 Thank you for your business Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.	Subtotal	\$1,598.00
	Sales Tax Total	\$207.74
	Total	\$1,805.74
	Payments/Credits	\$0.00
	Balance Due	\$1,805.74

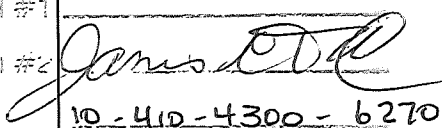
Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
3/12/2020	2465

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
3/10/2020	Sandfill to Escott Dump	2	187.00	H	374.00
3/10/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
3/3/2020	Backhoe Rental	3	85.00	H	255.00
3/3/2020	Backhoe Rental	3	85.00	H	255.00
Approval #1					
Approval #2					
Acct #	10-410-4300-6270				
Sub-Acct #	10-410-4300-6247				
ENTERED APR - 1 2020					

Sales Tax Summary HST (ON)@13.0% 274.04 Total Tax 274.04 Thank you for your business Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.	Subtotal	\$2,108.00
	Sales Tax Total	\$274.04
	Total	\$2,382.04
	Payments/Credits	\$0.00
	Balance Due	\$2,382.04

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
4/7/2020	2470

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
4/7/2020	Sandfill to Escott Dump	2	187.00	H	374.00
4/7/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 _____ Approval #2 <i>James C. Yell</i> Acct # <i>10-410-4300-6270</i> Sub-Acct # _____					

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74	Subtotal	\$1,598.00
	Sales Tax Total	\$207.74
	Total	\$1,805.74
	Payments/Credits	\$0.00
	Balance Due	\$1,805.74
Thank you for your business Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 KOE 1L0

Invoice

Date	Invoice #
5/7/2020	2473

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON KOE 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
5/5/2020	Sandfill to Escott Dump	2	187.00	H	374.00
5/5/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 <u>See attached</u> Approval #2 _____ Acct # <u>10-410-4300-6270</u> Sub-Acct # _____					

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 KOE 1L0

Invoice

Date	Invoice #
3/26/2020	2467

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON KOE 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
① 3/17/2020	Backhoe Rental	3	85.00	H	255.00
3/24/2020	Sandfill to Escott Dump	2	187.00	H	374.00
② 2/24/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00

Sales Tax Summary HST (ON)@13.0% 240.89 Total Tax 240.89	Subtotal	\$1,853.00
	Sales Tax Total	\$240.89
	Total	\$2,093.89
	Payments/Credits	\$0.00
	Balance Due	\$2,093.89

Thank you for your business

Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.

GST/HST No. 102000601

Approval #1
 ① Approval #2 *[Signature]*
 ② Acct # 10-410-4300-6247
 Sub-Acct # 10-410-4300-6276

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
4/21/2020	2471

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
4/21/2020	Sandfill to Escott Dump	2	187.00	H	374.00
4/21/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 Approval #2 Acct # Sub-Acct # 10-410-4300-6270					

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
4/24/2020	2468

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
3/24/2020	Crushed concrete used to improve access to Dump approved by James Tuck	2	300.00	H	600.00
Sales Tax Summary					
HST (ON)@13.0%		78.00			
Total Tax		78.00			
			Subtotal	\$600.00	
			Sales Tax Total	\$78.00	
			Total	\$678.00	
Thank you for your business			Payments/Credits	\$0.00	
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.			Balance Due	\$678.00	

GST/HST No. 102000601

Approval #1
 Approval #2 *James Tuck*
 Acct # 10-410-4300-0270
 Sub-Acct # _____

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
5/19/2020	2477

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
5/19/2020	Sandfill to Escott Dump	2	187.00	H	374.00
5/19/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
	Approval #1 _____				
	Approval #2 _____				
	Acct # 10-410-4300-6270 supplies				
	Sub-Acct # _____				

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74	Subtotal	\$1,598.00
	Sales Tax Total	\$207.74
	Total	\$1,805.74
	Payments/Credits	\$0.00
	Balance Due	\$1,805.74

Thank you for your business

Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

RECEIVED
 JUN - 5 2020

Invoice

Date	Invoice #
6/2/2020	2480

Invoice To
 Twp Leeds & the 1000 Islands
 1233 Prince Street
 PO Box 280
 Lansdowne, ON K0E 1L0

Terms
 Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
6/2/2020	Sandfill to Escott Dump	2	187.00	H	374.00
6/6/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 _____ Approval #2 _____ Acct # <u>10-410-4300-6270</u> Sub-Acct # _____					

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 KOE 1L0

Invoice

Date	Invoice #
6/16/2020	2486

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON KOE 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
6/16/2020	Sandfill to Escott Dump	2	187.00	H	374.00
6/16/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
6/17/2020	Crushed concrete	32	150.00	H	4,800.00

Sales Tax Summary		Subtotal	\$6,398.00
HST (ON)@13.0%	831.74	Sales Tax Total	\$831.74
Total Tax	831.74	Total	\$7,229.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$7,229.74

Approval #1 _____

Approval #2 _____

Acct # _____

Sub-Acct # _____

GST/HST No. 102000601

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
6/29/2020	2492

Invoice To
 Twp Leeds & the 1000 Islands
 1233 Prince Street
 PO Box 280
 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Served	Description	Qty	Rate	Tax	Amount
4/23/2020	Sandfill to Escott Dump	2	187.00	H	374.00
4/23/2020	Sandfill to Lansdowne Dump	10	153.00	H	1,530.00
Approval #1 _____					
Approval #2 _____					
Acct # 10-410-4300-6270					
Sub-Acct # _____					
Sales Tax Summary			Subtotal \$1,904.00		
HST (ON)@13.0% 247.52			Sales Tax Total \$247.52		
Total Tax 247.52			Total \$2,151.52		
Thank you for your business			Payments/Credits \$0.00		
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.			Balance Due \$2,151.52		

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
7/16/2020	2494

Invoice To
 Twp Leeds & the 1000 Islands
 1233 Prince Street
 PO Box 280
 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
7/16/2020	Sandfill to Escott Dump	2	187.00	H	374.00
7/16/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 <u>10-410-4300</u> Approval #2 <u>6320</u> Acct # <u>James P. Tub</u> Sub-Acct # _____					

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74	Subtotal	\$1,598.00
	Sales Tax Total	\$207.74
	Total	\$1,805.74
	Payments/Credits	\$0.00
	Balance Due	\$1,805.74

Thank you for your business

Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
7/28/2020	2495

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Approval #1 10-410-4300

Approval #2 0320

Acct # James Drill

Sub-Acct # _____

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
5/7/2020	Sandfill to Escott Dump	2	187.00	H	374.00
5/7/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
8/11/2020	2499

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
8/11/2020	Sandfill to Escott Dump	2	187.00	H	374.00
8/11/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 <u>10.410.4300</u> Approval #2 <u>10320</u> Acct # <u>James L. Till</u> Sub-Acct # _____					
Sales Tax Summary				Subtotal	
HST (ON)@13.0%				207.74	
Total Tax				207.74	
				Sales Tax Total	
				\$207.74	
				Total	
				\$1,805.74	
				Payments/Credits	
				\$0.00	
Thank you for your business				Balance Due	
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.				\$1,805.74	



Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
8/25/2020	2503

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
8/25/2020	Sandfill to Escott Dump	2	187.00	H	374.00
8/25/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1  Approval #2  Acct # <u>10-410-4300-6270</u> Sub-Acct # _____					

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74	Subtotal \$1,598.00
	Sales Tax Total \$207.74
	Total \$1,805.74
	Payments/Credits \$0.00
Thank you for your business Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.	Balance Due \$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

RECEIVED
 SEP 14 2020

Invoice

Date	Invoice #
9/10/2020	2507

Invoice To
 Twp Leeds & the 1000 Islands
 1233 Prince Street
 PO Box 280
 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
9/8/2020	Sandfill to Escott Dump	2	187.00	H	374.00
9/8/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 _____ Approval #2 _____ Acct # <u>10-410-4300-6270</u> Sub-Acct # _____					

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74	Subtotal	\$1,598.00
	Sales Tax Total	\$207.74
	Total	\$1,805.74
	Payments/Credits	\$0.00
	Balance Due	\$1,805.74
Thank you for your business Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		

Invoice

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 KOE 1L0

Date	Invoice #
9/22/2020	2509

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON KOE 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
9/22/2020	Sandfill to Escott Dump	2	187.00	H	374.00
9/22/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
<p>ENTERED OCT 06 2020</p> <p>Approval #1 _____</p> <p>Approval #2 <i>James C Tule</i></p> <p>Acct # <u>10-410-4300-6270</u></p> <p>Sub-Acct # _____</p>					
Sales Tax Summary			Subtotal		
HST (ON)@13.0% 207.74			\$1,598.00		
Total Tax 207.74			Sales Tax Total		
			\$207.74		
			Total		
			\$1,805.74		
Thank you for your business			Payments/Credits		
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.			\$0.00		
			Balance Due		
			\$1,805.74		

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
10/6/2020	2515

Invoice To
 Twp Leeds & the 1000 Islands
 1233 Prince Street
 PO Box 280
 Lansdowne, ON K0E 1L0

ENTERED OCT 29 2020

Approval #1 _____
 Approval # *James R. Tol*
 Acct # 10-410-4300-6270
 Sub-Acct # _____

Terms
 Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount	
10/6/2020	Sandfill to Escott Dump	2	187.00	H	374.00	
10/6/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00	
Sales Tax Summary					Subtotal	\$1,598.00
HST (ON)@13.0% 207.74					Sales Tax Total	\$207.74
Total Tax 207.74					Total	\$1,805.74
Thank you for your business					Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.					Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
10/22/2020	2516

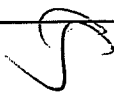
Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
10/20/2020	Sandfill to Escott Dump	2	187.00	H	374.00
10/20/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

ENTERED NOV 02 2020



Approval #1 _____

Approval #2 James C. Turk

Acct # 10-410-4300-6270

Sub-Acct # _____

GST/HST No. 102000601


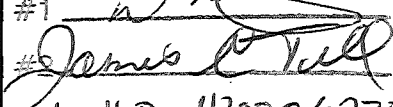

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
11/3/2020	2518

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
11/3/2020	Sandfill to Escott Dump	2	187.00	H	374.00
11/3/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1  Approval #2  Acct # 10-410-4300-6270 Sub-Acct # _____ ENTERED NOV 24 2020 					

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
11/17/2020	2524

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
11/17/2020	Sandfill to Escott Dump	2	187.00	H	374.00
11/17/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00

ENTERED DEC 0 2 2020

Approval #1 _____

Approval #2 *[Signature]*

Acct # 10-410-4300-6270

Sub-Acct # _____

Sales Tax Summary		Subtotal	\$1,598.00
HST (ON)@13.0%	207.74	Sales Tax Total	\$207.74
Total Tax	207.74	Total	\$1,805.74
Thank you for your business		Payments/Credits	\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		Balance Due	\$1,805.74

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
12/17/2020	2531

Invoice To
 Twp Leeds & the 1000 Islands
 1233 Prince Street
 PO Box 280
 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
12/17/2020	Sandfill to Escott Dump	2	187.00	H	374.00
12/17/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Sales Tax Summary			Subtotal		\$1,598.00
HST (ON)@13.0% 207.74			Sales Tax Total		\$207.74
Total Tax 207.74			Total		\$1,805.74
Thank you for your business			Payments/Credits		\$0.00
Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.			Balance Due		\$1,805.74

ENTERED DEC 29 2020

Approval # _____
 Approval # *James E Tull*
 Acct # 10-410-4300-6270
 Sub-Acct # _____

GST/HST No. 102000601

Gerald Best Excavating Ltd.
 575 Reynolds Rd. RR #1
 Lansdowne On.
 K0E 1L0

Invoice

Date	Invoice #
12/29/2020	2534

Invoice To
Twp Leeds & the 1000 Islands 1233 Prince Street PO Box 280 Lansdowne, ON K0E 1L0

Terms
Due on receipt

Serviced	Description	Qty	Rate	Tax	Amount
12/29/2020	Sandfill to Escott Dump	2	187.00	H	374.00
12/29/2020	Sandfill to Lansdowne Dump	8	153.00	H	1,224.00
Approval #1 _____ Approval #2 <i>James P. Hill</i> Acct # <i>10-410-4300-6270</i> Sub-Acct # _____					

Sales Tax Summary HST (ON)@13.0% 207.74 Total Tax 207.74	Subtotal	\$1,598.00
	Sales Tax Total	\$207.74
	Total	\$1,805.74
	Payments/Credits	\$0.00
	Balance Due	\$1,805.74
Thank you for your business Interest is charged at 2 % per month, 24% per annum on invoices over 30 days.		

Appendix F
Daily Inspections and Waste Logs Summary

Summary of Waste Logs

Day	Private Commercial Hauler Count (Truck Loads)	Truck Loads from Curbside Pickup	Residential (Households)	Day	Private Commercial Hauler Count (Truck Loads)	Truck Loads from Curbside Pickup	Residential (Households)
2-Jan-20		3	168	2-Mar-20		4	91
3-Jan-20	2	1	248	3-Mar-20		3	103
4-Jan-20	0.5		231	5-Mar-20		3	91
6-Jan-20	0.5	4	96	6-Mar-20			93
7-Jan-20		3	120	7-Mar-20			253
9-Jan-20		3	115	9-Mar-20		4	97
10-Jan-20	1.5		136	10-Mar-20		3	79
11-Jan-20	1.5		176	12-Mar-20	3.5	3	103
13-Jan-20		4	78	13-Mar-20	1.5		69
14-Jan-20		3	98	14-Mar-20	0.5		261
16-Jan-20	1	3	95	16-Mar-20	3	4	88
17-Jan-20	1		101	17-Mar-20	2	3	67
18-Jan-20			217	19-Mar-20	0.5	3	128
20-Jan-20		4	86	20-Mar-20			91
21-Jan-20		3	90	21-Mar-20			230
23-Jan-20	0.5	3	120	23-Mar-20		3	73
24-Jan-20			135	24-Mar-20		3	68
25-Jan-20			155	26-Mar-20		3	177
27-Jan-20		4	122	27-Mar-20			181
28-Jan-20		3	110	28-Mar-20	1		302
30-Jan-20		3	126	30-Mar-20		4	112
31-Jan-20			122	31-Mar-20		3	146
1-Feb-20				2-Apr-20		3	234
3-Feb-20		4	93	3-Apr-20	0.5		143
4-Feb-20	1	3	116	6-Apr-20	1	4	195
6-Feb-20		3	80	7-Apr-20		3	251
7-Feb-20			32	8-Apr-20		3	195
8-Feb-20			171	11-Apr-20	2.5		334
10-Feb-20		4	97	14-Apr-20	0.5	7	277
11-Feb-20		3	153	16-Apr-20	1	3	210
13-Feb-20		3	111	17-Apr-20	1		185
14-Feb-20			94	18-Apr-20	2.5		305
15-Feb-20			196	20-Apr-20	1	3	241
18-Feb-20		7	108	21-Apr-20		3	143
20-Feb-20		3	159	23-Apr-20	1.5	3	461
21-Feb-20	0.5		116	24-Apr-20			281
22-Feb-20	0.5		298	27-Apr-20		4	214
24-Feb-20		4	117	28-Apr-20	1	3	228
25-Feb-20		3	115	30-Apr-20	0.5	3	124
27-Feb-20		3	34	1-May-20	2		191
28-Feb-20	1		-	2-May-20	3.5		354
29-Feb-20	1		154	4-May-20	1.5	5	216

Summary of Waste Logs - Cont'd

Day	Private Commercial Hauler Count (Truck Loads)	Truck Loads from Curbside Pickup	Residential (Households)
5-May-20	1	3	198
7-May-20	1.5	3	243
8-May-20	1		162
9-May-20	1.5		241
11-May-20	1	4	161
12-May-20	0.5	3	193
14-May-20	1	3	246
15-May-20	1		180
16-May-20	1		301
19-May-20	1	7	272
21-May-20	2.5	3	254
22-May-20	2		202
23-May-20	2.5		312
25-May-20		4	215
26-May-20	1.5	3	204
28-May-20	1	3	264
29-May-20		1	237
30-May-20	1		378
1-Jun-20	4		127
2-Jun-20		2	118
4-Jun-20		0.5	205
5-Jun-20			228
11-Jun-20			199
12-Jun-20			184
13-Jun-20			312
15-Jun-20		4	158
16-Jun-20	4	3	145
18-Jun-20	3	0.5	210
19-Jun-20			204
20-Jun-20	2.5		254
22-Jun-20		5	164
23-Jun-20	1	3	161
25-Jun-20	1.5	4	219
26-Jun-20	1		208
24-Jun-20	1 truck load	0.5 private load	288
25-Jun-20		4 + 0.5 private load	178
26-Jun-20		2 + 3.5 private loads	176
27-Jun-20	1.5		319
29-Jun-20	2.5	4	217
30-Jun-20		4	175
2-Jul-20			186
3-Jul-20	1		205
4-Jul-20	1		276
6-Jul-20	1.5	4	196
7-Jul-20	4	4	162

Day	Private Commercial Hauler Count (Truck Loads)	Truck Loads from Curbside Pickup	Residential (Households)
9-Jul-20		4	194
10-Jul-20			177
11-Jul-20	1		265
13-Jul-20	0.5	4	186
14-Jul-20		4	186
16-Jul-20	3	4	187
17-Jul-20	0.5		202
18-Jul-20	5		294
20-Jul-20	2	4	173
21-Jul-20		4	163
23-Jul-20	1	4	209
24-Jul-20	1		190
25-Jul-20	3.5		267
27-Jul-20	0.5	4	166
28-Jul-20		3	180
30-Jul-20	1	3	215
31-Jul-20	1	1	188
1-Aug-20			284
4-Aug-20	3	7	226
6-Aug-20	1	3	233
7-Aug-20	3.5		219
8-Aug-20	1.5		308
10-Aug-20	3	4	195
11-Aug-20		3	168
13-Aug-20		3	214
14-Aug-20	3.5		203
15-Aug-20	2		270
17-Aug-20	1	4	184
18-Aug-20		3	177
20-Aug-20	1.5	4	201
21-Aug-20	2		178
22-Aug-20	2		310
24-Aug-20	1	1	156
25-Aug-20		3	172
27-Aug-20	1	1	126
28-Aug-20	3		202
29-Aug-20	1		265
31-Aug-20			201
1-Sep-20		3	146
3-Sep-20			168
4-Sep-20			187
5-Sep-20	1		313
8-Sep-20		7	248
10-Sep-20	2	3	169
11-Sep-20	0.5		225

Summary of Waste Logs - Cont'd

Day	Private Commercial Hauler Count (Truck Loads)	Truck Loads from Curbside Pickup	Residential (Households)
12-Sep-20			275
14-Sep-20	2	4	165
15-Sep-20		3	132
17-Sep-20	1	3	181
18-Sep-20	3		159
19-Sep-20	2.5		306
21-Sep-20		4	144
22-Sep-20	1	3	143
24-Sep-20		3	176
25-Sep-20	1		157
26-Sep-20	4		244
28-Sep-20	3	4	179
29-Sep-20		3	137
1-Oct-20		3	194
2-Oct-20	1.5		125
3-Oct-20	1.5		326
5-Oct-20	2	2	152
6-Oct-20		1	147
8-Oct-20	1		118
9-Oct-20	1		226
10-Oct-20			302
13-Oct-20		8	219
15-Oct-20	3	3	220
16-Oct-20			155
17-Oct-20	2		294
19-Oct-20		4	109
20-Oct-20	2	3	153
22-Oct-20	1	3	178
23-Oct-20	1		169
24-Oct-20	4		327
26-Oct-20	4	1	89
27-Oct-20	1	3	143
29-Oct-20	0.5	3	178
30-Oct-20			174
31-Oct-20	1		301
2-Nov-20	0.5	4	131
3-Nov-20	1	3	101
5-Nov-20		3	220
6-Nov-20	3.5		184
7-Nov-20	3		320
9-Nov-20	3	5	154
10-Nov-20	2.5		163
12-Nov-20	1		171
13-Nov-20	3.5		153
14-Nov-20	1		283

Day	Private Commercial Hauler Count (Truck Loads)	Truck Loads from Curbside Pickup	Residential (Households)
16-Nov-20	1	4	135
17-Nov-20	1	3	157
19-Nov-20	0.5	4	167
20-Nov-20	1.5		173
21-Nov-20	4		322
23-Nov-20		4	114
24-Nov-20	1.5	4	134
26-Nov-20	1.5	3	120
27-Nov-20			162
28-Nov-20	2		265
30-Nov-20		4	75
1-Dec-20	1	4	117
3-Dec-20	0.5	3	131
4-Dec-20	1		94
5-Dec-20	3.5		304
7-Dec-20		4	144
8-Dec-20	1	3	114
10-Dec-20		3	138
11-Dec-20	1		147
12-Dec-20	2		254
14-Dec-20	1		86
15-Dec-20		3	108
17-Dec-20	1	3	101
18-Dec-20			154
19-Dec-20	1		244
21-Dec-20	1	3	157
22-Dec-20		3	214
24-Dec-20	1	3	150
28-Dec-20	2	4	145
29-Dec-20	1	3	321
31-Dec-20	4.5	3	140



DATE: Jan 2/20 TIME: 8:00 am STAFF: P. [Signature]

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)
9-11 AM	FURCHER	GARBAGE	3 T/C	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 168

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 3rd / 20 TIME: 8:00 am STAFF: Dustin Jackson - Amy P.

DEFICIENCIES OBSERVED:

	Yes / <input checked="" type="radio"/> No	Description / Location
Ponded Water:	Yes / <input checked="" type="radio"/> No	
Windblown Litter:	Yes / <input checked="" type="radio"/> No	<u>BY Boundries</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	
Animals:	Yes / <input checked="" type="radio"/> No	<u>Birds, Rodents</u>
Other:	Yes / <input checked="" type="radio"/> 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)
<u>10:20am</u>	<u>Ray Pengelly</u>	<u>household</u>	<u>T/L</u>	<u>Yes</u>
<u>11:30am</u>	<u>Clint Fletcher</u>	<u>household</u>	<u>T/L</u>	<u>Yes</u>
<u>3:37pm</u>	<u>Ryan Hunter</u>	<u>household</u>	<u>T/L V/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 248

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: Too cold

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: _____



W-1

DATE: Jan 4/20 TIME: 8:00 AM STAFF: Paul T / Amy P

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Description / Location <u>Puddles & Ditches</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

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)
<u>1:30</u>	<u>Private</u>	<u>Garbage</u>	<u>1/2 T/C</u>	<u>Go</u>

TOTAL COUNT OF HOUSEHOLD USERS: 231

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 6/20 TIME: 8⁰⁰ AM STAFF: PAUL / [Signature]

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Jerry in to Pack Brains

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9³⁰ AM</u>	<u>FLITCHER</u>	<u>GARBAGE</u>	<u>4 T/L</u>	<u>No</u>
<u>4:30</u>	<u>PRIVATE</u>	<u>CONST</u>	<u>1/2 T/L</u>	<u>60.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 96

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: _____



W-1

DATE: Jan 7/20 TIME: 8:00 am STAFF: Paul T / John S

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

Plastic & Cardboard Bin's Overtaken.
Empty Oil Containers Picked up

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9-11:00 am</u>	<u>FUTURE</u>	<u>Garbage</u>	<u>3 T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 120

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 9/20 TIME: 8:00 am STAFF: Rout / Amy P.

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

DOZER IN WED. JAN 8/20
JERRY IN WITH BACKHUS THURS JAN 9/20

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 11:00</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>3 T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 115

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 10/20 TIME: 8:00 am STAFF: Paul / Amy A.

DEFICIENCIES OBSERVED:

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

Description / Location

High Winds

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Cardboard & Plastic Bins Delivered

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:25	PRIVATE	CONST	1 T/L	120.00
4:20	"	"	1/2 T/L	60.00

TOTAL COUNT OF HOUSEHOLD USERS: 136

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 11/20 TIME: 8:00 AM STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain +9</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>High winds</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	
Animals:	Yes / <input checked="" type="radio"/> No	
Other:	Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

WATER OUT
Called Repair Guy

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:00 AM</u>	<u>Parvate</u>	<u>CONST.</u>	<u>1/2 T/K</u>	<u>60.00</u>
<u>11:30</u>	<u>"</u>	<u>GARBAGE</u>	<u>1 T/K</u>	<u>Annex 7</u>

TOTAL COUNT OF HOUSEHOLD USERS: 176

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: JAN 13/20 TIME: 8:00 AM STAFF: PAUL / DUSTIN

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

JERRY IN / ASKED HIM TO COME OVER WITH BACKHOE.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:00 AM - 9:30</u>	<u>FRATONER</u>	<u>COMBAGE</u>	<u>4 T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 78

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: _____



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: Jan 14/20 TIME: 8⁰⁰ AM STAFF: Paul / John S.

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:

2 Park - Orange Bin's Paper & Plastic
Delivered
Plastic & Card Board Deleted

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Sand Broom - in for cover
Dozer in

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰ - 11⁰⁰</u>	<u>Fraser</u>	<u>Coarse</u>	<u>3 TIL</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 98

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: Pick up around CARBON & GARBAGE 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): POT HOLES IN ROAD

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 16/20 TIME: 8:00 AM STAFF: Paul T / Dustin J.

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Guy stuck in brush area / let him use my prong
to cut unique towing
originally told him to back in (he drove in)

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Plastic & Card Boxes Delivered 8 AM

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 11:00</u>	<u>FUTURE</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / No
<u>2:45</u>	<u>PRIVAGE</u>	<u>GARBAGE</u>	<u>1 T/L</u>	<u>AMNESTY</u>

TOTAL COUNT OF HOUSEHOLD USERS: 95

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: SNOW SAW OVER NIGHT ABOUT 10 AM

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 17/20 TIME: 8:00 am STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TRUCK IN BUSHY PLACE WOULDN'T START
UNIQUE TOWING CAME & TOWED HIM AWAY

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>1:30</u>	<u>PRIVATA</u>	<u>CONST</u>	<u>1/2 T/K</u>	<u>CO.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 101

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): Per Works in Road

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

W-1
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 18/20 TIME: 8:00 AM STAFF: PAUL T / Amy P.

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PEOPLE IN AT NIGHT LIES OFF BATTERY 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: 217

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): POTHoles IN Road

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Jan 20/20 TIME: 8:00 am STAFF: PAUL / AMY F

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / 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:

SNOW SHOULDERING

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

JERRY IN WITH BACK MAT TODAY FOR BINS

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30 AM</u>	<u>FLORANCE</u>	<u>CARBON</u>	<u>4 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 86

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 21/20 TIME: 8:00 am STAFF: PAUL T / JOHN S

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

Plastic & Paper Bins DELIVERED
Plastic - CARBON & SCRAP METAL ORDERED.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:50-10:00</u>	<u>FLETCHER</u>	<u>CARBON</u>	<u>3 T/C</u>	<u>Yes</u>

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: TACKLE BAG IN WITH DOZER

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: _____



W-1

DATE: Jan 23/20 TIME: 8⁰⁰ am STAFF: Paul / Amy P

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:

People in Area Hours
Compost Bins Covered Wed.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Case Board - Plastic & Scrap Metal
Picked Up Today

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰-11⁰⁰</u>	<u>FURBER</u>	<u>Garbage</u>	<u>3 T/L</u>	<u>Yes</u>
<u>3⁰⁰ pm</u>	<u>Private</u>	<u>Cont Waste</u>	<u>1/2 T/L</u>	<u>CO. 00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 120

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 kept off Ramp

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

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: JAN 24/20 TIME: 8:00 am STAFF: PAUL / Amy P

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 / <u>No</u>	_____

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: 135

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): RETURNS IN ROAD

SIGNATURE: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Jan 25/20 TIME: 8:00 Am STAFF: PAUL / DUSTIN J.

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: 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): PO 12045

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

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jan 27/20 TIME: 8:00 AM STAFF: Paul / Dustin

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

Flat Tires on Trailer - 12.5 x 15 FI TIRE & TUBE

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30 AM</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>4 T/C</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 122

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): PO-110475

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



W 1

DATE: Jan 28/20 TIME: 8:00 AM STAFF: PAUL T / JOHN S

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:

CAUSE HIS RE FEB. SWEETS FOR
REMOVAL + BSCOT / TO ADD FEB. 1/20

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PEOPLE IN OURNIGHT
PRR ORANGE BINS PAPER + PLASTIC DRAWERS

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:30</u>	<u>Franco</u>	<u>Garbage</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 110

ORANGE PLASTIC / CARDBOARD + METAL

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: TACKLING IN / COVER HOLES IN.

APPLICATION OF DUST SUPPRESSANT: Yes / No

DETAILS: _____

DAILY INSPECTION FORM COMPLETED: Yes / No

DETAILS: _____

COMPLAINTS RECEIVED: Yes / No

If YES, Complaint File Number (s): PERMITS

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Jan 30/20 TIME: 8⁰⁰ am STAFF: PAUL T / DUSTIN J

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
FOR ADDS TO GEAR TRACTOR (5 GAL)

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PLASTIC - CARD BOARD & METAL BINS
CHANGED

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰ - 10⁰⁰</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 126

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): XXXXXXXXXX

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Jan 31/20 TIME: 8⁰⁰am STAFF: PAULT / DUSTIN J

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:

Dustin went to pick up Truck with James 2:15 to 3:15

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
140	PRIVATE	4 BLACK BAGS 1 TAG

OTHER COMMENTS / OBSERVATIONS

Propane at night / LIDS OFF BATTERY BENT.

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: 122

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:

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Feb 11/20 TIME: 8⁰⁰am STAFF: PAUL / DUSTIN J.

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

People in AREA House.
Start Feb Hourly Sweep 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: _____

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: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Feb 3/20 TIME: 8:00 AM STAFF: Paul T / Amy P

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Paper Tote at Back Gate / People in Sunday

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Amy cleaned up Garbage at Back Gate
4 hours

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9 AM</u>	<u>FUTURE</u>	<u>GARBAGE</u>	<u>4 T/L</u>	<input checked="" type="radio"/>

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: _____

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: 8 Feb 20 TIME: 8:00 am STAFF: PAUL / JOHN S

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / 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:

ORDERED CARDBOARD + PLASTIC FOR THURS.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

CRUSHER IN TODAY FOR GARBAGE
PAPER + PLASTIC BINS CHANGED

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8 ³⁰ / 10 ⁰⁰	ENTERAL	GARBAGE	3 T/L	<input checked="" type="radio"/>
10 ²⁰	PRIVATE	GARBAGE	1 T/L	AMNESTY

TOTAL COUNT OF HOUSEHOLD USERS: 116

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: July 6/20 TIME: 8:00am STAFF: Rue-T / Amy P.

DEFICIENCIES OBSERVED:

Description / Location

Ponded Water: Yes / No
 Windblown Litter: Yes / No Snow & Wind.
 Leachate Springs: Yes / No
 Animals: Yes / No
 Other: Yes / No

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Manco Brought Cardboard & Plastic Bins.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Snow Shoveling.
Any Plastic Cardboard - Manually - / CLEAN UP / BRUSH STICK BIN.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:00</u>	<u>FURUKAWA</u>	<u>Cardboard</u>	<u>3 T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 80

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Feb 7/20 TIME: 8:00 am STAFF: Paul / Amy R

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Low User Count Due to Snow Storm

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: 32

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: Snow Sweeping

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: _____

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

W-7
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Feb 8/20 TIME: 8:00 am STAFF: Proctor / Dustin J

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

DUSTIN WENT TO CLEAR SNOW AT JAMES'S REQUEST.

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: 171

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Feb 10/20 TIME: 8:00 am STAFF: Paul T / D...

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / 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:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Taxi down for Berra hoc Book.
Dustin working Roads Tim Need

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-9:00	Fluence	Coarse	4 T/L	Visual P.V.

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: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: 22.11.20 TIME: 8:00 am STAFF: PAUL T / JAMES

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

TACKLEBERRY IN WITH CRUSHER & JERRY
BRINGING IN FILL.
TOOK TRACTOR IN FOR FUEL (60L.)

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PLASTIC & PAPER BINS (PREORDERED) RECEIVED.
ORDERED PLASTIC & CARDBOARD FOR THURSDAY.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 11:00</u>	<u>FITCHER</u>	<u>COARBAL</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 153

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: Feb 13/20 TIME: 8:00 am STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

Description / Location

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Smells

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in Waste Site After Hours

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

MANAGER BROUGHT PLASTIC & CRIB BOARD BINS

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-11:00</u>	<u>FUTURUM</u>	<u>COALSHED</u>	<u>3 TIC</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 19

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Feb 19/20 TIME: 8⁰⁰am STAFF: PAUL / DUSTIN J

DEFICIENCIES OBSERVED:

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

Description / Location AMY R

RECOMMENDED ACTIONS / ACTIONS TAKEN:

-24°C

Lisa CANNON Re County Pumping 3 TANDAM HOADS OR AN OLD STAB. SAID I WOULD NEED APPROVAL FROM JAMES OR ADAM.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>10¹⁵</u>	<u>COUNTY</u>	<u>TANDAM HOADS ABOVE.</u>

OTHER COMMENTS / OBSERVATIONS

DUSTIN CAME IN TO ROAD'S 6^{AM}

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: [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

W-1 **WASTE DISPOSAL SITE**
DAILY INSPECTION FORM

DATE: Feb 15/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J

DEFICIENCIES OBSERVED:

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

Description / Location

SNOW

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Dustin went to get snowing truck for Hill & Ramp.

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: 196

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: Feb 18/20 TIME: 8:00 AM STAFF: Paul / Jean S

DEFICIENCIES OBSERVED:

Description / Location

Ponded Water: Yes / No

Windblown Litter: Yes / No

Snow + Wind

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Properly in Waste Site After Hours -

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Private Carrier Double Runs Due To Holiday
Paper + Plastic Bins Per Order.
ORDERED Plastic + Curbside For Trucks.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-9:30	Fletcher	Garbage	Village 4 TL	<u>Yes</u>
9:30-12	"	"	Private Route 3 TL	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 108

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: Truckin Time In To Pick up Some Times.

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Jul 20/20 TIME: 8:00 AM STAFF: Paul T / Amy P

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:

Proper in Site After Hours
Manga in Wagon To Change Compost Bin

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Plastic - Cargo Boards Ordered For Today or Tomorrow

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-9:30</u>	<u>FURTERER</u>	<u>GARBAGE</u>	<u>3 T/K</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 159

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: Temporary With Pallet To Sides Hill

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: Feb 2/12 TIME: 8:00 am STAFF: Paul T / Amy P

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / 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:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

CARD BOARD & PLASTIC BIN DELIVERED.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:10</u>	<u>Private</u>	<u>CONCRETE</u>	<u>1/2 T/L</u>	<u>60.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 116

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: 2022/20 TIME: 8 am STAFF: Paul T / Dustin J.

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)
2 ³⁰ pm	Private	GARBAGE	1/2 T/L	60.00

TOTAL COUNT OF HOUSEHOLD USERS: 298

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: 2-22 TIME: 8:00 AM STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Dustin Took Terminate in For Fuel

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

E-WASTE Bin Ordered
Per Ordered Paper & Plastic Bins Arrived.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:00 AM</u>	<u>FLUTEKRA</u>	<u>Garbage</u>	<u>4 TIL</u>	<u>Yes</u>

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): Per Review

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

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: July 25/20 TIME: 8:00 am STAFF: Paul T / John S

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:

Large Brought in Cover Free.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Entrance + Exit Covered / Load of Stork
Put Down.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 11:00</u>	<u>FERTCHLA</u>	<u>Garbage</u>	<u>3 TL</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 115

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: TACKLEBARRY IN WITH DOZER

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

W-7

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Feb 27/20 TIME: 8:00 am STAFF: Paul / Dustin J.

DEFICIENCIES OBSERVED:

Description / Location

Ponded Water: Yes / No

Windblown Litter: Yes / No

Snow + Wind

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

Dustin went to shovel snow at library's office 9AM to 1:30

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-11:00</u>	<u>FUTURA</u>	<u>COARSE AGG</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 34

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: HIGH WINDS

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: Feb 28/20 TIME: 8:00 AM STAFF: Paul / Dustin

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Called for snow on Hill 10:20 AM can't
get tractor up Hill - wasn't snowed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Dustin on Roads for snow removal
Plastic + Core Board Orange Tires. Delivered today

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>4:15</u>	<u>Private</u>	<u>Garbage</u>	<u>1T/1L</u>	<u>Amnesty</u>

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: Snow Shoveling

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: 

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: July 29/20 TIME: 8:00am STAFF: PAUL T / DUSTIN J

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Waste Site Plowed & Sandpiled when I got here.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:45</u>	<u>Private</u>	<u>Coarse</u>	<u>1 T/L</u>	<u>Amber</u>

TOTAL COUNT OF HOUSEHOLD USERS: 154

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: Mar 2/20 TIME: 8:00 AM STAFF: PAUL / Amy P.

DEFICIENCIES OBSERVED:

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

Description / Location
Rain in AFTERNOON

RECOMMENDED ACTIONS / ACTIONS TAKEN:

NAED GARAGES + A COUNTER.
CALLD JERRY FOR BACKUP

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

People in AFTER Hours
Amy PACKED PLASTIC + STEEL BINS -

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30 AM</u>	<u>FURTERMAN</u>	<u>Garbage</u>	<u>4 T/L</u>	<input checked="" type="radio"/>

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: [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

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: MAR 3/20 TIME: 8:00 AM STAFF: PAUL / JOAN

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location
Rain
Skunk & Cows

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Tackability in To Doz 8am-1pm

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Per OASIS BINS DAMAGED PAPERS PLASTIC
CAME IN PLASTIC & CARBOARD FOR THURS

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-11:00</u>	<u>FLATICA</u>	<u>COARBON</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No

TOTAL COUNT OF HOUSEHOLD USERS: 103

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: MAR 5/20 TIME: 8:00 am STAFF: Paul T / Amy P

DEFICIENCIES OBSERVED:

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

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in After Hours.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PLASTIC & CARDBOARD DEVIATED

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-10³⁰</u>	<u>FLEXCORP</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

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: [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

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Mar 6/20 TIME: 8:00am STAFF: Paul / [Signature]

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

Worked Above 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: 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: _____

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: March 7/20 TIME: 8:00am STAFF: PAUL / DUSTIN J.

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)

TOTAL COUNT OF HOUSEHOLD USERS: 253

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: 

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 9/20 TIME: 8:00 am STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location

MELTED SNOW

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in AFTER HOURS - LIDS OFF BATTERY BINS.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

CAUSED SKIPPY BEST TO COMPACT BINS.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:00-9:30</u>	<u>FURTERER</u>	<u>Garbage</u>	<u>4 T/K</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> 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: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Mar 10/20 TIME: 8:00 AM STAFF: Paul T / Janis

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>COONS</u>
Other:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

CAUSE MAJOR FOR PLASTIC - PAPER -
SCRAP METAL & CARDBOARD BINS -
PAPER & PLASTIC DECURSED (PER ORDER)

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACKLEBARRE IN WITH DAZER / JERRY BERT
BROOK IN FILL.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 10:00</u>	<u>FULTON</u>	<u>GRASS</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

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: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Mar 12/20 TIME: 8:00 am STAFF: Paul / Dustin

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / 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:

People in A.H. Loss of Batteries 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)
8:30-11:00	FURCOIL	Garbage	3 T/L	<input checked="" type="radio"/>
8:55	PRIONTS	CONST	1/2 T/L	60.00
10:45	"	"	1 T/L	120.00
11:30	"	"	1/2 T/L	60.00
11:45	"	"	1 T/L	120.00
4:30	"	"	103 1/2 T/L	60.00

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: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



W-1

DATE: Mar 13/20 TIME: 8:00 am STAFF: PAUL / DUSTIN

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Windy</u>
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Plastic - Paper & Metal Bins Cleaned
Card Board

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>1245</u>	<u>PAULATIS</u>	<u>Victoria Ave CANADIAN (HAD TICKETS)</u>

OTHER COMMENTS / OBSERVATIONS

Backlog BROUGHT OUT FOR TODAY

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>130</u>	<u>PAULATIS</u>	<u>Garbage</u>	<u>1 T/L</u>	<u>Answered</u>
<u>255</u>	<u>"</u>	<u>"</u>	<u>1/2 T/L</u>	<u>60.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 69

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Mar 14 / 20 TIME: 8:00 am STAFF: PAUL / DUSTIN

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)
2:50	Pr... ..	Gravel	1/2 T/C	60.00

TOTAL COUNT OF HOUSEHOLD USERS: _____

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

IF NO: Waste Sent To: 261

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: DUSTIN TO BRING OUT BACKHUR.

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: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: MAR 16 / 20 TIME: 8:00 AM STAFF: PAUL T / Amy P

DEFICIENCIES OBSERVED:

	Yes / <input checked="" type="radio"/> No	Description / Location
Ponded Water:	<input checked="" type="radio"/> No	
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in BATTERY BINS A.M.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Amy Picked up GARBAGE AROUND Paper Bins
& Office 4 Hours.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:00-9:30	FUTCHER	Garbage	4 T/L	<input checked="" type="checkbox"/>
10:30	PAULATH	CONST WASTE	1 T/L	120.00
11:50	"	" "	1/2 T/L	60.00
11:55	"	AMMUNITY	1 T/L	<input checked="" type="checkbox"/>
12:00	"	CONST WASTE	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 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: Visual Pickup

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Mar 17/20 TIME: 8⁰⁰ am STAFF: Paul T / Jean S

DEFICIENCIES OBSERVED:

Ponded Water: Yes/No Yes No

Windblown Litter: Yes/No Yes No

Leachate Springs: Yes/No Yes No

Animals: Yes/No Yes No

Other: Yes/No Yes No

Description / Location

Road

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Talk to ABC with Donna to push
Back Curbs (No Fee)

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Pre ordered Plastic + Paper Bins Delivered
Cable Boxes + Plastic Ordered For Thursday

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰-10⁰⁰</u>	<u>FLITCHER</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<u>2¹⁰</u>	<u>PRIVATE</u>	<u>CONST</u>	<u>1 T/L</u>	<u>120.00</u>
<u>2²⁰</u>	<u>"</u>	<u>AMMUNITION</u>	<u>1 T/L</u>	<u>30.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 67

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes No

DETAILS: CAUSED JERRY WITH BACK JOB TO DO BINS.

APPLICATION OF DUST SUPPRESSANT: Yes/No Yes No

DETAILS: _____

DAILY INSPECTION FORM COMPLETED: Yes No

DETAILS: _____

COMPLAINTS RECEIVED: Yes/No Yes No

If YES, Complaint File Number (s): _____

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: MAR 19/20 TIME: 8:00 AM STAFF: PAUET / Amy P.

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:

What To Do - ABOUT TAGS & LARGE ITEM TAGS &
Remove Tags. / CALLED LIA WAITING TO HERE
Back

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Adam Called Tues. re Virus - Toilet - Grabbers
I Had Sanitizer Talked About -

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30-10:00	FULTON	COARBAGS	3 T/C	<input checked="" type="radio"/> Yes / <input type="radio"/> No
10:50	PRIVATE	CONST	1/2 T/C	60.00

TOTAL COUNT OF HOUSEHOLD USERS: 128

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: COARBAGS & PLASTIC DELIVERED

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Mar 20/20 TIME: 8⁰⁰am STAFF: Pavett / Dussan

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location

Rain

High Winds

Cart

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: 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: BACKMARK IN TO PUSH GRASS

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: Mar 21/20 TIME: 8:00 am STAFF: Pacit / Dostin

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)

TOTAL COUNT OF HOUSEHOLD USERS: _____

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

IF NO: Waste Sent To: 230

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: 

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Mar 23/20 TIME: 8:00 am STAFF: Paul T / Dustin

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:

Dustin took backhoe to BSCOTT TO
REPLACE PLASTIC BIN

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TEXTED ADAM INFO FOR MASKS & GLOVES

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:00 - 9:30	FURCHER	GARBAGE	4 T/L	<input checked="" type="radio"/> Yes / No

TOTAL COUNT OF HOUSEHOLD USERS: 73

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: DUSTIN WENT FOR BACKHOE

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: MAR 24/20 TIME: 8:00 am STAFF: Paul T

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:

TACKLE BARR Y IN WITH DOZER
DRAG LAD WITH FILL

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PLASTIC & PAPER BINS CHANGED
JOHN NOT IN.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 10:00</u>	<u>FUTCHER</u>	<u>CONCRETE</u>	<u>3 T/C</u>	<input checked="" type="radio"/>

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: CAUSE FOR PLASTIC & CONCRETE BOARD FOR THURSDAY

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: _____



W-1

DATE: Mar 20/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J

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:

Plastic - Cardboard BINS DELIVERED

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

People in A.M. - Battery BINS etc
New Tractor Arrived

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:30</u>	<u>FURCHER</u>	<u>Garbage</u>	<u>3 TL</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No

TOTAL COUNT OF HOUSEHOLD USERS: 177

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: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: Mar 27/20 TIME: 8:00 am STAFF: Paul / Dustin

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Leachate Springs:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Other:	<input checked="" type="radio"/> Yes / <input type="radio"/> 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: 181

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: DUSTED BROOMS OUT BACKLOG

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: Mar 28/20 TIME: 8⁰⁰ am STAFF: Paul T

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
10:30	Private	Garage Address Lansdowne

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)
2:30	Private	Garbage	1 T/L	Amnesty

TOTAL COUNT OF HOUSEHOLD USERS: 302

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: _____

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

W-1 **WASTE DISPOSAL SITE**
DAILY INSPECTION FORM

DATE: Mar 30/20 TIME: 8:00 am STAFF: Paul / Duffin

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location
Rain

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)
<u>8:00 - 9:30</u>	<u>FUTURE</u>	<u>CONCRETE (VIA AGG)</u>	<u>4 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 112

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: _____



W-1

DATE: Mar 31/20 TIME: 8⁰⁰am STAFF: Paul T / Jean S

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Removed Plastic Cans Board & Scrap Metal
For Friday

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Paper & Plastic Bags Devalued.
Tackling in with odor (no fill).

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰-10⁰⁰</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> 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: [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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April TIME: 8:00 am STAFF: Paul T / Dustin

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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:

Propane in A.M. - Battery Boxes & Gasoline kept

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>8:30 / 1:00</u>	<u>FULLON</u>	<u>Gasoline</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 234

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: _____

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: April 3/20 TIME: 8:00 am STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Tyler James Re loc Books For Here
of John.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Proper in A.M.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:5 am</u>	<u>Private</u>	<u>CONST</u>	<u>1/2 T/L</u>	<u>GO. 00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 142

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: DUSTIN GOT BACK HERE (TO BE LEFT HERE)

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

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 4/20 TIME: 8⁰⁰ am STAFF: PAUL

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:

Proper in A.M

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: 309

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 6/20 TIME: 8:00 AM STAFF: Paul T /

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

People in A.M.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:00-9:30</u>	<u>FURTERIA</u>	<u>Wine & Pickup</u>	<u>4 T/C</u>	<input checked="" type="radio"/>
<u>1:50</u>	<u>Private</u>	<u>Garbage</u>	<u>1 T/C</u>	<u>120.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 195

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 7/20 TIME: 8:00 am STAFF: PAUL / JONES

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

WATER TESTING (MOE)

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACABERRY IN - FILL BROUGHT

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-930</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>3 T/C</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No

TOTAL COUNT OF HOUSEHOLD USERS: 251

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 8/20 TIME: 8:00 am STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Shrink Wrap Bin Decks

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Proper In A.M.
Garbage - Paper + Plastic Bin Decks

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>FLETCHER</u>	<u>COMBAGE</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No

TOTAL COUNT OF HOUSEHOLD USERS: 195

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 11/20 TIME: 8:00 am STAFF: Paul J /

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

PEOPLE IN AM
CORRAL AT GATE

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
12:40	Perisach	Garbage	1 T/K	Ample
1:40	"	"	1/2	60.00
2:40	"	"	1 T/K	120.00

TOTAL COUNT OF HOUSEHOLD USERS: 334

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: 

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: April 14/20 TIME: 8:00 am STAFF: Paul T / Jones

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Two Days of Garbage Pick up Due to Holiday.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-11:00	FURCHER	Garbage	7 T/L	<input checked="" type="radio"/> Yes / <input type="radio"/> No
8:35	Private	Const	1/2 T/L	60.00

TOTAL COUNT OF HOUSEHOLD USERS: 277

Plastic & Paper Bin's Delivered

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: April 16 TIME: 8:00 am STAFF: Paul / Dustin

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:

TACKLE BERTY IN WITH DOZER

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Plastic - CARP BOARDS + Metal Bins
Delivered

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30 - 10:30</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>3 TIL</u>	<u>Yes</u>
<u>1:05 PM</u>	<u>877 Fessell rd</u>	<u>Household</u>	<u>1 TIL</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 210

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: April 17/20 TIME: 8:00 am STAFF: Paul / Dustin

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:

Mi Hofman in (TACK BARRY) moving BRUSH &
 Slipping Bins

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Proper in A-H. Stuff kept at GATE
 Electronic's Bin changed.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>4:00</u>	<u>PRIVATE</u>	<u>GARBAGE</u>	<u>1 T/L</u>	<u>120.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 185

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: Swings up Back 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): _____

SIGNATURE: [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



W-1

DATE: April 18/20 TIME: 8:00 am STAFF: PAUL T /

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
1130	PRIVATE	GAR RESIDENT
1215	"	"

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)
130	PRIVATE	GARBAGE	1 TIL	AMNASTY
315	"	CONST	1/2 TIL	65.00
330	"	GARBAGE	1 TIL	AMNASTY

TOTAL COUNT OF HOUSEHOLD USERS: 305

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE**
DAILY INSPECTION FORM

DATE: April 20/20 TIME: 8⁰⁰ Am STAFF: Paul T / Dustin J

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>1⁰⁰ pm</u>	<u>Private</u>	<u>Car Resident</u>

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>8-930</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>3 T/L</u>	<u>VIKAR P.O.</u>
<u>11⁰⁰</u>	<u>Private</u>	<u>CONST.</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>1230</u>	<u>"</u>	<u>"</u>	<u>1/2 T/L</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 241

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: April 21/20 TIME: 8⁰⁰am STAFF: PAUL / JOHN S

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location

RAIN

HIGH WIND

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PAPER + PLASTICS BIN RECEIVED.
ORDERED - CARDBOARD - PLASTIC - PAPER + METAL FOR THURS

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰-10</u>	<u>FURCULL</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 143

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: TACO BERRY IN WITH DOZER + FILL

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 23/20 TIME: 8:00 am STAFF: Paul T / Dussain

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

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 - 10:30	Francine	Garbage	3 T/K	
11:25	Private	Const.	1/2 T/K	60.00
3:30	"	"	1 T/K	120.00

TOTAL COUNT OF HOUSEHOLD USERS: 237

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 23/20 TIME: 8:00 am STAFF: PAUL / JUSTIN

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

CRACK BOARD - Paper - Scrap Metal & Plastic
Bins Delivered.

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: 224

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: April 24/20 TIME: 8am STAFF: Paul T / [Signature]

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: 281

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: _____



Township of
Leeds and the
Thousand Islands

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: April 27/20 TIME: 8:00 am STAFF: P. A. C. T.

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

People in A.M.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30</u>	<u>FLEETMAN</u>	<u>COAL</u>	<u>4 T/L</u>	<u>VILLAGE P.U.</u>

TOTAL COUNT OF HOUSEHOLD USERS: 214

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: _____



DATE: April 28/12 TIME: 8:00 am STAFF: Paul / Jones

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
3:50	PRIVATE	Can Resident

OTHER COMMENTS / OBSERVATIONS

TACKLING IN WITH DOZER
THOMSON PICKED UP EMPTY OIL CONTAINERS

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30-10:00	FRANCO	COARSE	3 T/L	<u>Yes</u>
10:50	PRIVATE	COARSE	1/2 T/L	65.00
2:50	"	"	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 228

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: April 30/20 TIME: 8:00 am STAFF: Paul / Dustin

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location
Rain

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Trackway in with MONROE - CLEANING UP
BEVERLY RIVER - MOVE GARBAGE ON FRONT SCOPE

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30-10	FURTERMAN	CONCRETE	3 T/L	
12:20	PRIVATA	CONST	1/2 T/L	65.00

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: 

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: May 1/20 TIME: 8⁰⁰am STAFF: PAUL T / DUSTIN J

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>High Winds Overnight</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	
Animals:	Yes / <input checked="" type="radio"/> No	
Other:	Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Person - Carboards & Stacks - Today
Plastic & Paper on - Wed (April 29)

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
830	Private	Const	1 T/L	120.00
145	"	Amnesty	1 T/L	✓

TOTAL COUNT OF HOUSEHOLD USERS: 191

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: 

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: May 2/20 TIME: 8:00 AM STAFF: Paul T / [Signature]

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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:

TRUCK FULLY IN I ASKED HIM IF HE HAD
ANY CONTACTS AT OPP RB TRAILER

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TRUCK AT BACK GATE / CALLED JAMES
SENT PHOTO NO PLATE

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:20	Private	COARBON	1 TIL	Amnesty
11:05	"	"	1 TIL	"
2:00	"	"	1 TIL	"
2:30	"	CONST	1/2 TIL	C5.00

TOTAL COUNT OF HOUSEHOLD USERS: 354

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1
**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: May 4/20 TIME: 8:00 am STAFF: Paul T / Dustin J

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

Proper in A.M.
Tractor Gork From Back Gate

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-9 ⁴⁵	FLATCHER	GARBAGE	5 TIK	Village P.U.
9:20	Parsons	CONSTR.	1/2 TIK	65.00
1:15	"	GARBAGE	1 TIK	Amnesty

TOTAL COUNT OF HOUSEHOLD USERS: 216

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: May 5/20 TIME: 8:00am STAFF: Paul T / John S

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:

PAPER & PLASTIC BINS DROPPED

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACKBOARD IN WITH DOZER / FIRE BRACKET IN

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30 - 9:30	FURTERIA	GARBAGE	3 T/L	<input checked="" type="radio"/> Yes / <input type="radio"/> No
10:25	PRIVATE	"	1 T/L	AMNASTY

TOTAL COUNT OF HOUSEHOLD USERS: 198

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: May 7/20 TIME: 8⁰⁰ am STAFF: Paul T / Dustin J.

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:

Ordered Plastic - Paper - Cardboard &
Metal Bin Tuesday

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 -10 ⁰⁰	Flatenka	COOK BAGS	3 T/L	
12 ⁰⁰	Perward	"	1 T/L	Amnesty
1 ⁰⁵	"	CONST.	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 243

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: May 8/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J.

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Windy</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	
Animals:	Yes / <input checked="" type="radio"/> No	
Other:	Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

GARBAGE AT BACK GATE
DUSTIN CLEANED UP WITH B-H.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

BINS DELIVERED.

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:40	PRINCE	CONCRETE	1/2 T/L	65.00
3:05	"	"	1/2 T/L	60.00

TOTAL COUNT OF HOUSEHOLD USERS: 162

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: _____



Township of
**Leeds and the
Thousand Islands**

1233 Prince Street, P.O. Box 280
Lansdowne, ON K0E 1L0

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: May 9/20 TIME: 8:00 am STAFF: Pau T /

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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:

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)
10:10	Private	CONST.	1/2 TIL	65.00
3:30	"	GARBAGE	1 TIL	AMMUNITION

TOTAL COUNT OF HOUSEHOLD USERS: 241

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: May 11/20 TIME: 9:00 am STAFF: PAUL / DUSTIN

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)
8-10 ⁰⁰	Franco	Garbage	4 T/L	<u>Yes</u>
12 ³⁰	Power	"	1 T/L	AMHERSTY

TOTAL COUNT OF HOUSEHOLD USERS: 161

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: Clean up Franco King Road

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: May 12/20 TIME: 8:00 am STAFF: PAUL T / JOHN S

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Prop - in A.H.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Plastic - Composites & Street Bin's ORDERED
For late in week

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30 - 10:00	Fletcher	Garbage	3 T/C	<u>Yes</u>
3:45	Private	"	1/2 T/C	(50)

TOTAL COUNT OF HOUSEHOLD USERS: 193

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

IF NO: Waste Sent To: _____

DESCRIPTION OF LITTER CONTROL: Yes / No

DETAILS: TACKLING IN WITH DOZER

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

W-1 **WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: May 14/20 TIME: 8:00 am STAFF: Paul / Dustin

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Plastic - Card Boards + Scrap Metal
Beats Decayed

WASTE DISPOSAL SITE DAILY INSPECTION FORM

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30-10	FLATMAN	COARBAGA	3 T/C	<input checked="" type="radio"/> Yes / <input type="radio"/> No
2:00	PRIVATE	"	1 T/C	Amnesty

TOTAL COUNT OF HOUSEHOLD USERS: 246

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: 

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



DATE: May 15/20 TIME: 8⁰⁰ AM STAFF: PAUL / DUSTIN

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / 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:

People in A.H.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Clean up at Bush Pick & Around Steel 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	PAWATA	CONST.	1 T/L	<input checked="" type="radio"/> Yes / No 120.00

TOTAL COUNT OF HOUSEHOLD USERS: 180

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: _____



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 16/20 TIME: 8:00 am STAFF: Paul T /

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE
 DATES BINS WERE PICKED UP: / / TYPE

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)
1:00	PRIVATE	CONST	1/2 TIL	<input checked="" type="radio"/> 65.00
3:15	"	"	1/2 TIL	<input checked="" type="radio"/> 65.00

TOTAL COUNT OF HOUSEHOLD USERS: 301

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: Paul T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: May 19/20 TIME: 8:00 am STAFF: PAUL / JAMES

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

See Ontario Bins Discussed
PAPER - PLASTIC

RECYCLING:

DATE BINS WERE ORDERED: 19/05/20 TYPE: PLASTIC - CARDBOARD - STEEL
 DATES BINS WERE PICKED UP: 1/1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACKLE BERRY IN WITH DOZER (FILL BROUGHT IN)

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-9:30	FLETCHER	GARBAGE	4 T/L	VILLAGE RD.
9-11:30	"	"	3 T/L	PRIVATE ROUTE
12-5	PREVARTZ	GARBAGE	1 T/L	AMUNISTY

TOTAL COUNT OF HOUSEHOLD USERS: 272

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: A. Thompson

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: May 21/20 TIME: 8⁰⁰ am STAFF: Paul T / [Signature]

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Dustin Took Day Off.

RECYCLING: TYPE Electronics
 DATE BINS WERE ORDERED: 19/05/20
 DATES BINS WERE PICKED UP: 20/05/20

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Called Lisa Tues for Tier Pick up.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰-10</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>3 T/C</u>	
<u>11⁰⁰</u>	<u>PRIVATE</u>	<u>CONST</u>	<u>1/2 T/C</u>	<u>65.00</u>
<u>11⁴⁵</u>	<u>"</u>	<u>GARBAGE</u>	<u>1 T/C</u>	<u>AMMISTY</u>
<u>1⁴⁵</u>	<u>"</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>
<u>2-30</u>	<u>"</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 254

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: PT [Signature]

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: May 22/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J.

DEFICIENCIES OBSERVED:		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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A-M

RECYCLING: _____ TYPE _____
 DATE BINS WERE ORDERED: 1/1
 DATES BINS WERE PICKED UP: 22/05/20 Plastic Paper + Metal

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>2:45</u>	<u>Private</u>	<u>Grass</u>	<u>1 T/C</u>	<u>Amnesty</u>
<u>3:30</u>	<u>"</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>
<u>4:20</u>	<u>"</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 202

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 Put Down

DAILY INSPECTION FORM COMPLETED: Yes / No
 DETAILS: _____

COMPLAINTS RECEIVED: Yes / No
 If Yes, complaint file number(s) and topic: _____

SIGNATURE _____ Print Staff Name: Paul T / Dustin J.

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: May 23/20 TIME: 8⁰⁰ am STAFF: PAUL T

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

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)
1100	Private	CONST	1/2 T/C	<u>Yes</u> 65.00
130	"	"	1/2 T/C	65.00
255	"	"	1 T/C	120.00
350	"	"	1/2 T/C	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 312

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: P. TRAVERS

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: May 25/20 TIME: 8:00 am STAFF: P. T. ... / ...

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in Over Workload

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE: _____

DATES BINS WERE PICKED UP: / / TYPE: _____

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>8:00-9:30</u>	<u>FURTERER</u>	<u>GARBAGE</u>	<u>4 T/C</u>	<u>VISUAL OK</u>

TOTAL COUNT OF HOUSEHOLD USERS: 215

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:** P. T. ...

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: May 26/20 TIME: 8:00 am STAFF: P. T. / D. JOHNS

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in AM

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 1/1
 DATES BINS WERE PICKED UP: 26/5/20 Per Ordered Plastic & 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)
8:30-10	FLITCHER	GARBAGE	3 T/L	<u>Yes</u>
120	PRIVATE	CONST.	1/2 T/L	65.00
155	"	"	1 T/L	120.00

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: People in TO PUSH 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: P. TRAFFORD

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: May 28/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in AH
STUFF LEFT AT BACK GATR -

RECYCLING: DATE BINS WERE ORDERED: 26/5/20 TYPE: PLASTIC - PAPER - CARDBOARD & SCRAP METAL
 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>8:30-10</u>	<u>FUTONAR</u>	<u>Garbage</u>	<u>3 T/C</u>	<u>(Yes/No)</u>
<u>11:15</u>	<u>PRIVATE</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>
<u>11:30</u>	<u>"</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 264

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: P. TRAFFORD

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: 8 May 29/20 TIME: 8:00 am STAFF: PAUL / DUSTIN

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M.

RECYCLING:

TYPE

DATE BINS WERE ORDERED: 1/1
 DATES BINS WERE PICKED UP: 29/5/20 Plastic - Paper - Metal - Cardboard

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Problem with Fuel Pumps at Shop.
Finally got to work after many turns.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:55</u>	<u>FURCHER</u>	<u>Garbage</u>	<u>1 TIL</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 237

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: P. TRAFFORD

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: May 30/20 TIME: 8:00 am STAFF: PAUL T

DEFICIENCIES OBSERVED:

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

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

RECYCLING:

TYPE

DATE BINS WERE ORDERED: / /

DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Chris stopped by + Dumped Trailer.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
12:50	PRIVATE	CONST	1/2 T/K	<input checked="" type="radio"/> 65.00
4:25	"	GARBAGE	1/2 T/K	<input checked="" type="radio"/> 65.00

TOTAL COUNT OF HOUSEHOLD USERS: 378

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: P. Trappero

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: June 1/20 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

Boulders
birds

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

TYPE

DATE BINS WERE ORDERED: / /

DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>10:30</u>	<u>?</u>	<u>Flon Jan</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:00</u>	<u>Chnt</u>	<u>household</u>	<u>T/L</u>	<u>Yes</u>
	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 127

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: June 2/20 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>Bantries</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>Birds, cats, Sasquatch</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Picked up litter for an hour

RECYCLING:

DATE BINS WERE ORDERED: Jun/02/20 TYPE: Plastic cardboard metal
 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>8:00</u>	<u>CLINT</u>	<u>household</u>	<u>7/6</u>	<u>yes</u>
<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 118

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: June 4 2020 TIME: 8:30 am STAFF: Chels Kirkland

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	<input checked="" type="radio"/> Yes / No	<u>Birds, cats, skunks</u>
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)
<u>9:45</u>	<u>Clint Fletcher</u>	<u>House Hold garbage</u>	<u>Half load</u>	<u>Yes</u>

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: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 2/20 TIME: 8:30 STAFF: Austin Techer

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

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

COMMERCIAL HAULER OR LARGE LOADS

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

TOTAL COUNT OF HOUSEHOLD USERS: 186

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: July 3/20 TIME: 8:00 STAFF: Paul T

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>None</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Other:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

TYPE

DATE BINS WERE ORDERED: 1/1

DATES BINS WERE PICKED UP: 3/7/20 Paper - Scrap Metal

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Proper in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>2:45</u>	<u>Private</u>	<u>Garbage</u>	<u>1 T/C</u>	<u>120.00</u>

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: P. TRAFLETTO

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 4/20 TIME: 9:00 STAFF: Paul T /

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:

Propane in A.M.

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)
1020	PRIVATE	CONST	1/2 T/C	65.00
315	"	"	1/2 T/C	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 276

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: P. Teasdale

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 6/20 TIME: 8:00 STAFF: PAUL T

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Other:	<input type="radio"/> Yes / <input checked="" 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>9:30</u>	<u>PRIVATE</u>	<u>CONST WASTE FROM GAR.</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30</u>	<u>FURCHER</u>	<u>Garbage</u>	<u>4 T/C</u>	<u>Visual OK PU</u>
<u>12:30</u>	<u>PRIVATE</u>	<u>Const</u>	<u>1/2 T/C</u>	<u>65.00</u>
<u>2:45</u>	<u>"</u>	<u>Garbage</u>	<u>1 T/C</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 196

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: PAUL T

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 7/20 TIME: 8:00 am STAFF: PAUL T

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	<u>COONS</u>
Other:	Yes / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.H.

RECYCLING:

DATE BINS WERE ORDERED: 1/1 TYPE _____

DATES BINS WERE PICKED UP: 7/20/20 PRE ORDERED BINS
PLASTIC & PAPER

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
JACKBERRY IN WITH COMPACTOR

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>4 T/C</u>	<u>Yes</u>
<u>8:40</u>	<u>PRIVATE</u>	<u>Garbage</u>	<u>1 T/C</u>	<u>Amnesty</u>
<u>11:00</u>	<u>"</u>	<u>"</u>	<u>1 T/C</u>	<u>Amnesty</u>
<u>11:15</u>	<u>"</u>	<u>"</u>	<u>1 T/C</u>	<u>"</u>
<u>12:15</u>	<u>"</u>	<u>CONST</u>	<u>1/2 T/C</u>	<u>65.00</u>
<u>1:30</u>	<u>"</u>	<u>"</u>	<u>1/2 T/C</u>	<u>65.00</u>

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:** P. Thompson

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 9/20 TIME: 8am STAFF: P. T...

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	<u>COONS</u>
Other:	Yes / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

TYPE

DATE BINS WERE ORDERED: 7/7/20
 DATES BINS WERE PICKED UP: 7/9/20 PLASTIC - CARDS PAPER - METAL

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>4:35</u>	<u>PRIVATE</u>	<u>CON RESIDENT</u>

OTHER COMMENTS / OBSERVATIONS

Prople in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30</u>	<u>Fletcher</u>	<u>COMBAGE</u>	<u>4 TIL</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 194

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: P. T...

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 9-22-20 TIME: 8:00 am STAFF: PAUL T

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:

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 [Signature] Print Staff Name: P. TRAPPA

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 11/20 TIME: 9:00 am STAFF: Paul

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Other:	<input checked="" type="radio"/> Yes / <input type="radio"/> 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

Proper in Garsden at Back Gate.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>1230</u>	<u>Leisure</u>	<u>Garsden</u>	<u>1 TR</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 265

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: R. T. RIFE RO

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 13/20 TIME: 8:00 AM STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:

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

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30</u>	<u>FURTERMAN</u>	<u>GARBAGE</u>	<u>4 T/C</u>	<u>VISUAL CHECK</u>
<u>12:15</u>	<u>PRIVATE</u>	<u>GARBAGE</u>	<u>1/2 T/C</u>	<u>6 T. 00</u>

TOTAL COUNT OF HOUSEHOLD USERS: ~~186~~ 186

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: P. T. [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

<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE
DAILY INSPECTION FORM**

DATE: July 14th TIME: 8:00 am STAFF: PAUL T /

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

TACKLEBARRY IN WITH CRUSHER
ALSO FILL BROUGHT IN.

RECYCLING:	TYPE
DATE BINS WERE ORDERED: <u>14/7/20</u>	_____
DATES BINS WERE PICKED UP: <u>1/1</u>	<u>CARD BOARD - PLASTIC - PAPER</u> <u>SCRAP METAL.</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

PROBLEM IN A.M. - GARBAGE AT BACK GATE
PRE ORDERED PLASTIC & PAPER DELIVERED.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>FLETCOR</u>	<u>GARBAGE</u>	<u>4 TIL</u>	<input checked="" type="radio"/>

TOTAL COUNT OF HOUSEHOLD USERS: 186

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: P. T. [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: July 16/20 TIME: 8:00 am STAFF: PAUL T

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 / <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)
8:30-10	FLITONER	CONCRETE	4 TIL	<u>Yes</u>
9:50	PRIVATE	CONST.	1/2 TIL	65.00
10:10	"	"	1/2 TIL	65.00
10:20	"	CONCRETE	1 TIL	AMNESTY
12:10	"	"	1 TIL	"

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 [Signature] Print Staff Name: P. T. [Name]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 17/20 TIME: 8:00 am STAFF: Paul T /

DEFICIENCIES OBSERVED:

	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Called Lisa Resnik Wrap Bin.
OK To have removed next week.

RECYCLING:

DATE BINS WERE ORDERED: 1/1 TYPE: _____

DATES BINS WERE PICKED UP: 17/7/20 Plastic - Paper - Card Board
Scrap Metal

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Proper ID A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:15</u>	<u>Paul T</u>	<u>Garbage</u>	<u>1/2 T / 1/2</u>	<u>65-00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 202

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: R. T. [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: July 18/20 TIME: 8:00 am STAFF: PAUL

DEFICIENCIES OBSERVED:	Yes / No	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: <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)
9:10	Private	Garbage	1 TIL	AMNESTY
10:20	"	"	1 TIL	"
10:20	"	"	1 TIL	"
1:00	"	CONST	1/2 TIL	65.00
2:15	"	"	1/2 TIL	65.00
3:15	"	"	1/2 TIL	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 294

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: P. TRAPPERS

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 20/20 TIME: 8 AM STAFF: PAUL T

DEFICIENCIES OBSERVED:

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

Proper in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-10	FRITCHAK	CARSABER	4 T/L	Village & P.U.
10-45	PRIVATE	CARSABER	1 T/L	ANNEX 7
3:30	"	"	1 T/L	"

TOTAL COUNT OF HOUSEHOLD USERS: 173

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:** P. T. [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: July 21/20 TIME: 10:00 AM STAFF: PAUL T / JAMES

DEFICIENCIES OBSERVED:		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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING: TYPE
DATE BINS WERE ORDERED: / / PER ORDERED
DATES BINS WERE PICKED UP: / / PLASTIC & PAPER

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
TACABERRY IN WITH DOZER

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:00</u>	<u>FLETCHER</u>	<u>COARSE</u>	<u>4 T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 163

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: P. T. [Name]

OFFICE USE:
Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 23/20 TIME: 2:00 STAFF: PAUL / DUSTIN

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

DATE BINS WERE ORDERED: 21/7/20 TYPE: PLASTIC - CARDBOARD - METAL REMOVE SHANK WRAP BIN

DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
DUSTIN TOOK BACKPACK TO ESCOTT TO PACK BIN

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual-Check (Yes/No)
<u>8:00-9:30</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>4T/L</u>	<input checked="" type="radio"/> (Yes/No)
<u>2:30</u>	<u>Private</u>	<u> </u>	<u>1T/L</u>	<u>Amnasing</u>

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: _____

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: Paul [Signature]

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 24/20 TIME: 8:00 STAFF: Paul T

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

DATE BINS WERE ORDERED: 1/1

DATES BINS WERE PICKED UP: 27/7/20 TYPE: PLASTIC - CARDBOARD - METAL
SHRINK WRAP REMOVED

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>1:00</u>	<u>Private</u>	<u>Cardboard</u>	<u>1 TRL</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 190

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: P. T...

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 25/20 TIME: 8:00 am STAFF: Paul T / [Signature]

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

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)
12:00	Private	Garbage	1 T/L	Amber
12:15	"	"	"	"
12:30	"	"	"	"
1:15	"	Const.	1/2 T/L	65.40

TOTAL COUNT OF HOUSEHOLD USERS: 267

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: P. Traverso

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 27/20 TIME: 8:00 AM STAFF: PAUL T / DUSTIN W

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

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
People in A.H. (Electronics & Batteries)

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-10:00	Fletcher	Garbage	4 T/L	<u>Yes</u>
2:30	Private	Const.	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 166

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: P. Thompson

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: July 28/20 TIME: 8:00 am STAFF: POUT / JONES

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.H.

RECYCLING:

DATE BINS WERE ORDERED:	TYPE
<u> / / </u>	<u>PRE ORGANO BINS</u>
<u> / / </u>	<u>DEURKO</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
TACKLE GRAY IN CURB DOZER.
FIRE BEACON T.N

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>FURCHER</u>	<u>COARSE</u>	<u>3 T/C</u>	<input checked="" type="radio"/> Yes / No

TOTAL COUNT OF HOUSEHOLD USERS: 180

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:** P. Trappard

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: July 30/20 TIME: 800 STAFF: PAUL /

DEFICIENCIES OBSERVED:		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 / <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)
8:30	FLORISSA	Garbage	3 T/L	<u>Yes</u>
10:20	Private	Garbage	1 T/L	Amnesty

TOTAL COUNT OF HOUSEHOLD USERS: 215

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: Paul Carraro

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 9.27 31/20 TIME: 8:00 am STAFF: Paul / Dustin

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Leach</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 1/1
 DATES BINS WERE PICKED UP: 31/7/20 Plastic - Paper - Card Board
Scrap metal

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Taxied Lisa For Tire P.U.
(Pickup for Aug. 19/20)

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:45</u>	<u>2788 hiscocks</u>	<u>Amnesty</u>	<u>T/K</u>	<u>Yes</u>
<u>3:40</u>	<u>Private</u>	<u>"</u>	<u>1 T/K</u>	<u>✓</u>

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: P. T. [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: Aug 11 20 TIME: 8:00 am STAFF: P. T...

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 / <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: 284

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: P. T...

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: Aug 4/20 TIME: 2:00 am STAFF: Paul T /

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Animals:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Other:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in AM
Askep James about video / said OPP will be getting involved.

RECYCLING:

DATE BINS WERE ORDERED: 1/1 TYPE: PRE ORDERED BINS

DATES BINS WERE PICKED UP: 1/1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACABAREY in with DORAL

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-11 ⁰⁰	Ferrante	Garbage	7 T/L	Visual OK + Reason for
9 ¹⁰	PRIVAT	"	1 T/L	120.00
12 ⁵⁰	"	"	1/2 T/L	65.00
1 ³⁰	"	"	1/2 T/L	65.00
1 ⁴⁰	"	"	1 T/L	125.00

TOTAL COUNT OF HOUSEHOLD USERS: 226

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:** P. TARTON

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 6/20 TIME: 8:00 am STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

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

Proper in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>3 T/L</u>	<input checked="" type="checkbox"/>
<u>12:15</u>	<u>PRIVATE</u>	<u> </u>	<u>1 T/L</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 233

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: P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 7/20 TIME: 8:00 am STAFF: Paul T /

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

RECYCLING:

DATE BINS WERE ORDERED:	TYPE
<u>1/1</u>	<u>Plastic - Card Board</u>
<u>7/29/20</u>	<u>Scrap</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>4:15</u>	<u>Private</u>	<u>Can RBS. (White Mar. Said He Bought Tickets at Office)</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:45</u>	<u>Private</u>	<u>Garbage</u>	<u>1 TIL</u>	<u>Amnesty</u>
<u>11:45</u>	<u>"</u>	<u>"</u>	<u>1 TIL</u>	<u>"</u>
<u>1:30</u>	<u>"</u>	<u>"</u>	<u>1 TIL</u>	<u>"</u>
<u>2:45</u>	<u>"</u>	<u>"</u>	<u>1/2 TIL</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 219

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: P. Trapano

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 8/20 TIME: 8⁰⁰ am STAFF: P. T. [Signature]

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 / <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)
<u>10 30</u>	<u>PRIVATE</u>	<u>CARGAGE</u>	<u>1/2 TIK</u>	<u>CS.09</u>
<u>11 15</u>	<u>IC</u>	<u>IC</u>	<u>1 TIK</u>	<u>125.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 308

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: P. T. [Signature]

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 10/20 TIME: 8:00 AM STAFF: PAUL T

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING: TYPE Oil Jugs + Filters
 DATE BINS WERE ORDERED: 10/18/20
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
RESIDENT BROUGHT IN HIS PLATE # OF CAR
HERE SUNDAY - TALKED TO JAMES.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8-9:30	Future	GARBAGE	4 T/K	Village P-U
11:15	Private	CONST.	1/2 T/K	65-00
12:00	"	GARBAGE	1 T/K	AMNESTY
12:45	"	"	1 T/K	"
4:30	"	"	1/2 T/K	65-00

TOTAL COUNT OF HOUSEHOLD USERS: 195

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: PAUL T

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: Aug 11/20 TIME: 8:00 am STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

RECYCLING:

DATE BINS WERE ORDERED: 10/8/20 TYPE: PRE ORDERED BINS DELIVERED
 DATES BINS WERE PICKED UP: 1/1 10:30 CAUSE FOR REJECTION TYPE: ELECTRONICS BIN ORDERED
PLASTIC - PAPER - CARDBOARD
 REJECTED LOADS: SCRAP

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACONAGERY IN - FIRE BRIGADE IN

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>FORTUNA</u>	<u>GARBAGE</u>	<u>3 T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 168

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: P. T. [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: Aug 13/20 TIME: 8:00 am STAFF: PAUL T

DEFICIENCIES OBSERVED:		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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING: TYPE

DATE BINS WERE ORDERED: 1/1

DATES BINS WERE PICKED UP: 12/8/20 Paper + Scrap.

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>8:30-10</u>	<u>Fletcher</u>	<u>Concrete</u>	<u>3 T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 214

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: P. T. [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: Aug 14/20 TIME: 8:00 am STAFF: P. T. /

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN: Proper in A.M.

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 1/1 Electronic Picked up
 DATES BINS WERE PICKED UP: 1/1 Plastic Debris

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)
830	PRIVATE	Garbage	1/2 T/C	65.00
925	"	CONST	1/2 T/C	65.00
100	"	"	1/2 T/C	65.00
215	"	GARBAGE	1 T/C	AMMURBY
300	"	CONST	1 T/C	120.00

TOTAL COUNT OF HOUSEHOLD USERS: 203

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: P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 15/20 TIME: 8:00 am STAFF: P. T. [Signature]

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 / <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
<u>2:30</u>	<u>PRIVATE</u>	<u>GAN RESIDENT</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:45</u>	<u>PRIVATE</u>	<u>CONCRETE</u>	<u>1 T/L</u>	<u>AMNESIA</u>
<u>1:05</u>	<u>"</u>	<u>CONCR</u>	<u>1 T/L</u>	<u>125.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 270

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:** P. T. [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 checked="" type="checkbox"/> Lansdowne
<input type="checkbox"/> Lyndhurst
<input type="checkbox"/> Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: Aug 17/20 TIME: 8:00 am STAFF: Paul T / Dustin

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<u>Yes</u> / No	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	Yes / <u>No</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)
<u>8-9:00 AM</u>	<u>PALWAN</u>	<u>Garbage</u>	<u>1 TIL</u>	<u>Amnesty</u>
<u>8:30-9:30</u>	<u>FLATIRON</u>	<u>"</u>	<u>4 TIL</u>	<u>Village</u>

TOTAL COUNT OF HOUSEHOLD USERS: 184

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:** PETREMO

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 18/20 TIME: 9:00 am STAFF: PAUL T / JOHN S

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Took away 10 with 2222

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: / /
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>3:30</u>	<u>PRICOR</u>	<u>CONST WASTE</u>
		<u>NO TAG'S / DOUBLE ARM TRAILER</u>
		<u>6X10 FULL</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>ELKEM</u>	<u>GARBAGE</u>	<u>3 T/C</u>	<u>Yes</u>

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 [Signature] Print Staff Name: PAUL T / JOHN S

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: Aug 20/20 TIME: 8:00 am STAFF: PAUL T / DOSTIN J

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:
 DATE BINS WERE ORDERED: 18/8/20 TYPE: Plastic - Card Board
 DATES BINS WERE PICKED UP: 1/1 Scrap

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>8:30/10</u>	<u>Fuller</u>	<u>Cardboard</u>	<u>4 T/L</u>	<u>(Yes/No)</u>
<u>10:20</u>	<u>Parsons</u>	<u>"</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>10:35</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>Amount 55.4</u>

TOTAL COUNT OF HOUSEHOLD USERS: 201

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: P. TRAPCOLO

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 21/20 TIME: 8:00 am STAFF: P. T. / DUSTIN J.

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No Rain Description / Location
 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

People in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
2:00	P. WATER	Garbage	1 T/C	AMNESTY
4:20	"	"	1 T/C	AMNESTY

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: _____

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: P. T. / DUSTIN J.

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Aug 22/20 TIME: 8:00 AM STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:	Yes / No	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
<u>11:30</u>	<u>Parvatek</u>	<u>Garbage - Full Dumps After hours.</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>2:30</u>	<u>Parvatek</u>	<u>Construction</u>	<u>255 T/L - 85</u>	<u>Amnesty</u>
<u>3:15</u>	<u>"</u>	<u>"</u>	<u>255 T/L - 85</u>	<u>"</u>
	<u>Parvatek</u>	<u>Construction</u>	<u>45 85 85</u>	
	<u>Parvatek</u>	<u>Construction</u>	<u>85 85 85</u>	

TOTAL COUNT OF HOUSEHOLD USERS: 85 310

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

IF NO: Waste Sent To: _____

LITTER CONTROL: **Yes / No** 85

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:** P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 24/20 TIME: 8:30 AM 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>BIRDS, cat</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Rain for half the 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)
<u>8:00-11:00</u>	<u>Chris Fletcher</u>	<u>household</u>	<u>T/L</u>	<u>Yes</u>
<u>10:45</u>	<u>136 driveway</u>	<u>Amnest/cord</u>	<u>T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 156

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

LITTER CONTROL: Yes / No
 DETAILS: Cleaned by paper 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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 25/2020 TIME: 8:00 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	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: Aug 25/2020 OCC mixed steel paper
 DATES BINS WERE PICKED UP: Aug 25/2020 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	Fletcher	Garbage	FULL	Y
10:30	"	Recycling	"	"
11:20	"	"	"	"

TOTAL COUNT OF HOUSEHOLD USERS: 172

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

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: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 27/20 TIME: 8:30 am STAFF: Dustin Tarnish

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>By Jeter bins</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 with backhoe
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

Rain off and on all day

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30^{am}</u>	<u>Clint Fletcher</u>	<u>household</u>	<u>T/L</u>	<u>Yes</u>
<u>9:45</u>	<u>1045 Parkway</u>	<u>household</u>	<u>T/L</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 126

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: 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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 28/20 TIME: 8:30 AM STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <u>No</u>	_____
Windblown Litter:	<u>Yes</u> / No	<u>Poundies</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

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE _____
 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)
10:20	Murray K-705	Amnesty cardboard	T/L 7/L	Yes Yes
1:31	Michelle Jussie	Amnesty cardboard	card T/L	Yes
2:20	Penna fulfillment	Amnesty		

TOTAL COUNT OF HOUSEHOLD USERS: 202

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 29/20 TIME: 8:30 AM STAFF: RUSTIN JACKSON

DEFICIENCIES OBSERVED:		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:

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)
<u>2:46</u>	<u>Wanda hery</u>	<u>Amnest+ covd</u>	<u>T/C</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 265

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Aug 31/20 TIME: 8:30 STAFF: Austin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	<u>Dry</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 around bins

RECYCLING:	TYPE
DATE BINS WERE ORDERED: <u> / / </u>	
DATES BINS WERE PICKED UP: <u> / / </u>	

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>4:30</u>	<u>?</u>	<u>from gen</u>

OTHER COMMENTS / OBSERVATIONS

Busy

COMMERCIAL HAULER OR LARGE LOADS

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

TOTAL COUNT OF HOUSEHOLD USERS: 201

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: SEP 1 / 2010 TIME: 8:10 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: 1 / 1
 DATES BINS WERE PICKED UP: SEP 1 / 2010 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)
9:05	FLETCHER	Garbage	Full	✓
10:10	"	Recycling	"	✓
10:50	"	"	"	✓

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: Garbage Compacted

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: sep 3/20 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>Boundaries</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:
Cleaned up metal on garbage

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: 168

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 4th / 20 TIME: 8:30 Am STAFF: DUSTIN JACKSON

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>BANDRIES, BINS</u>
Leachate Springs:	Yes / <u>No</u>	
Animals:	<u>Yes</u> / No	<u>BIRDS, COYOTES</u>
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Cleaned up around bins and by the goods table

RECYCLING: TYPE
 DATE BINS WERE ORDERED: / /
 DATES BINS WERE PICKED UP: 09/04/20 Plastic, 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)

TOTAL COUNT OF HOUSEHOLD USERS: 197

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 DUSKY

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: SEP 5/20 TIME: 8:30 STAFF: DUSTIN JACKSON

DEFICIENCIES OBSERVED:		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:

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)
<u>10:30</u>	<u>216 RAKWOF</u>	<u>AMNESTY</u>	<u>T/E</u>	<u>YES</u>

TOTAL COUNT OF HOUSEHOLD USERS: 313

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
 DETAILS: _____

DAILY INSPECTION FORM COMPLETED: Yes / No
 DETAILS: _____

COMPLAINTS RECEIVED: _____ **Yes / No** No
 If Yes, complaint file number(s) and topic: _____

SIGNATURE _____ **Print Staff Name:** _____

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Sept 20 TIME: 8:00 am STAFF: Paul T

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<u>Yes</u> / No	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	Yes / <u>No</u>	_____
Other:	Yes / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
TACKLE BERRY IN

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 8/19/20 COLORED BINS - PLASTIC - SCRAP
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
PAPER IN A.M. / PLASTIC & PAPER BINS DELIVERED.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:00 - 10</u>	<u>FLATCHER</u>	<u>GARBAGE</u>	<u>7 TIL</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 248

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: P. TRAFFORD

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 10/20 TIME: 8:00 am STAFF: PAUL T /

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.H. made a mess
of Electronics Bin.

RECYCLING: _____ **TYPE** _____
 DATE BINS WERE ORDERED: 1/1 _____
 DATES BINS WERE PICKED UP: 10/9/20 As ordered

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>Flanagan</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<input checked="" type="checkbox"/>
<u>10:30</u>	<u>Private</u>	<u>"</u>	<u>1 T/L</u>	<u>Amnesty</u>
<u>2:47</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 169

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

LITTER CONTROL: Yes / No
 DETAILS: _____

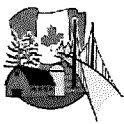
APPLICATION OF DUST SUPPRESSANT: Yes / No
 DETAILS: _____

DAILY INSPECTION FORM COMPLETED: Yes / No
 DETAILS: _____

COMPLAINTS RECEIVED: Yes / No

If Yes, complaint file number(s) and topic: _____
 SIGNATURE [Signature] Print Staff Name: P. Trepanier

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: 25/11/20 TIME: 8:00 am STAFF: P. T. [Signature]

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:

People in Electronics Bin Again A.M.

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>3:30</u>	<u>Pawarr</u>	<u>Garbage</u>	<u>1/25/c</u>	<u>65.00</u>

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 [Signature]

Print Staff Name: P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____

DATE: 8/27/20 TIME: 8:00 AM STAFF: P. T...

DEFICIENCIES OBSERVED:

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

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

CONTACT AT GATE.

RECYCLING:

TYPE

DATE BINS WERE ORDERED: / / _____

DATES BINS WERE PICKED UP: / / _____

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

HAD TO GO TO TRUCK THEM TO LEAVE PROPER ON HIGH AT 8 AM / SAME PEOPLE.

COMMERCIAL HAULER OR LARGE LOADS

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

TOTAL COUNT OF HOUSEHOLD USERS: 275

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: P. T...

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
 DAILY INSPECTION FORM**

DATE: Sept 17/20 TIME: 8:00 am STAFF: Paul T

DEFICIENCIES OBSERVED:

Ponded Water: Yes / No

Windblown Litter: Yes / No

Leachate Springs: Yes / No

Animals: Yes / No

Other: Yes / No

Description / Location
<u>Rain</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)
<u>8:10</u>	<u>Furton</u>	<u>Garbage</u>	<u>4 T/L</u>	<u>Village PD</u>
<u>1:15</u>	<u>Prison</u>	<u>"</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>1:20</u>	<u>"</u>	<u>"</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>4:15</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>Amherst</u>

TOTAL COUNT OF HOUSEHOLD USERS: 165

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: P. T. [Name]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/> Lansdowne
<input type="checkbox"/> Lyndhurst
<input type="checkbox"/> Escott

DATE: Sept 15/20 TIME: 8:00 AM STAFF: PAUL T

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
TACKLING IN WITH PAPER

RECYCLING:		TYPE
DATE BINS WERE ORDERED:	<u> / / </u>	<u>PRE-ORDERED PLASTIC</u>
DATES BINS WERE PICKED UP:	<u> / / </u>	<u>PAPER DELIVERED</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Proper in A.M. MASSIMO U
BATTERY BINS & ELECTRONIC BINS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>3 T/C</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No

TOTAL COUNT OF HOUSEHOLD USERS: 132

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:** P. Tinsman

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 17/20 TIME: 8:00 AM STAFF: P. Traverso

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
GARBAGE AT BACK GATE

RECYCLING:

DATE BINS WERE ORDERED:	<u>15/9/20</u>	TYPE: <u>Plastic - CARBONATED</u>
DATES BINS WERE PICKED UP:	<u>17/9/20</u>	<u>PAPER - METAL - ELECTRONICS</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Problem in A.M. Messed up Electronics & Scrap Bins -

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>Fletcher</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<u>Yes</u>
<u>11:30</u>	<u>Private</u>	<u>CONST.</u>	<u>1 T/L</u>	<u>125.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 181

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:** P. Traverso

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 18/20 TIME: 8:00 Am STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:		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 / <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
1045	PRIVATE	Car Res.

OTHER COMMENTS / OBSERVATIONS People in A.H.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
1145	PRIVATE	CONST		<u>Yes</u>
1230	"	EMERSON	1 T/L	AMMUNITION
135	"	"	1 T/L	"

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:** P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 19/20 TIME: 8:00 am STAFF: Paul T /

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 / <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 Proper in A.M.
More Garbage at Back Gate

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	PRIVATE	GARBAGE	1/2 T/c	<u>65.00</u>
10:30	"	"	1 T/c	Amnesty
11:45	"	"	1 T/c	"

TOTAL COUNT OF HOUSEHOLD USERS: 306

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: P. T. ROBERTS

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 21/20 TIME: 8⁰⁰ am STAFF: Paul T / Dustin J

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

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>8-10M</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>1.5 TONS</u>	<u>P.O.</u>

TOTAL COUNT OF HOUSEHOLD USERS: 144

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: P. TRAVERS RD

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: Jan 22/20 TIME: 8:00 AM STAFF: Paul T / Jones

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / No	
Windblown Litter:	Yes / No	
Leachate Springs:	Yes / No	
Animals:	Yes / No	
Other:	Yes / No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Propane in A.M. Street + Electronics
are over Ramp

RECYCLING:	TYPE
DATE BINS WERE ORDERED: <u> / / </u>	
DATES BINS WERE PICKED UP: <u> / / </u>	

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>2 45</u>	<u>PAWATA</u>	<u>Load From GAN (SHWOLIS)</u>
<u>3 30</u>	<u>"</u>	<u>Load From UNKNOWN (NO TAGS)</u>

OTHER COMMENTS / OBSERVATIONS

TACKLE IN + FILL

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30/10</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>3 T/K</u>	
<u>10:00</u>	<u>PAWATA</u>	<u>"</u>	<u>1 T/K</u>	<u>120.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 143

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: P. Tassano

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Sept 27/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J.

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

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>8:30/10</u>	<u>FLATCHER</u>	<u>Garbage</u>	<u>3 T/C</u>	<u>Yes</u>

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: _____

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: Paul T. [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: Sept 25/20 TIME: 8:00 am STAFF: PACULT / DESTIN J.

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

RECYCLING: _____ **TYPE** _____

DATE BINS WERE ORDERED: 22/9/20

DATES BINS WERE PICKED UP: 25/9/20 Card Board - Plastic - Metal

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Garbage at Far South Gate
(Large Freeze)

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:30</u>	<u>Pawate</u>	<u>Garbage</u>	<u>1 T/L</u>	<u>125.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 157

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:** P. Trapano

OFFICE USE: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 26/20 TIME: 8:00 am STAFF: Paul T /

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Propane in A.H.

RECYCLING:

TYPE

DATE BINS WERE ORDERED: / /
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

DORR BROKEN INTO CARRO JAMES

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:40	PRIVATE	CONST	1 T/L	120 (10307)
12:00	"	GARBAGE	1 T/L	AMNRSBY
12:40	"	"	1 T/L	"
2:50	"	CONST	1/2 T/L	65.00
3:15	"	"	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 244

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: P. Traverso

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: Sept 28/20 TIME: 8:00 am STAFF: P. T. [Signature]

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.M.

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE: _____

DATES BINS WERE PICKED UP: / / _____

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:35</u>	<u>Private</u>	<u>Municipal Address</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-10</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>4 T/K</u>	<u>Yes</u>
<u>9:50</u>	<u>Private</u>	<u>"</u>	<u>1 T/K</u>	<u>125.00</u>
<u>2:05</u>	<u>"</u>	<u>"</u>	<u>1 T/K</u>	<u>Amnesty</u>
<u>3:35</u>	<u>"</u>	<u>"</u>	<u>1 T/K</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 179

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: P. T. [Signature]

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Sept 29/20 TIME: 8:00 am STAFF: PAUL

DEFICIENCIES OBSERVED:

Ponded Water: Yes/No Rain Description / Location
 Windblown Litter: Yes/No
 Leachate Springs: Yes/No
 Animals: Yes/No
 Other: Yes/No

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.H. Garbage Pail Station.
More Garbage at Back Gate

RECYCLING:

DATE BINS WERE ORDERED: 1/1 TYPE PER ORDERED BINS
 DATES BINS WERE PICKED UP: 1/1

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>1:20</u>	<u>Private</u>	<u>OWN RESIDENT</u>

OTHER COMMENTS / OBSERVATIONS

DOZOR IN TO POSY GARBAGE

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:00</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>3 T/L</u>	<u>Yes/No</u>

TOTAL COUNT OF HOUSEHOLD USERS: 137

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: PAUL

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 02/1/20 TIME: 8:00 am STAFF: P. J. H. Ford

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in Courag James. / They Tries
to Break in to Shack.

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

Garbage in Paper Bin
Garbage at Back Gate

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:00</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>3 T/C</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No

TOTAL COUNT OF HOUSEHOLD USERS: 194

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: P. J. H. Ford

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 05/2/20 TIME: 8:00 am STAFF: P. T. / DUSTING

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain</u>	Description / Location
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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		

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING: TYPE

DATE BINS WERE ORDERED: 29/9/20

DATES BINS WERE PICKED UP: 2/10/20 Plastic - Cardboard - Scrap

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Proper in A.M. (BATTERY BINS)

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>10:30</u>	<u>Private</u>	<u>Concrete</u>	<u>1 TL</u>	<u>Ample</u>
<u>12:45</u>	<u>"</u>	<u>Concrete</u>	<u>1/2 TL</u>	<u>65.0%</u>

TOTAL COUNT OF HOUSEHOLD USERS: 125

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: P. T. / DUSTING

OFFICE USE: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 023/20 TIME: 2:00 AM STAFF: P. Tranter

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:

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE

DATES BINS WERE PICKED UP: / / TYPE

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
10:30	Private	MALDEN TOWN RES.
3:45	"	CANADIAN RES.

OTHER COMMENTS / OBSERVATIONS

People in A.M.
Street + Electronic Bins

COMMERCIAL HAULER OR LARGE LOADS:

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
12:40	Private	Construction	55 / TPY	125.00
1:50	Private	0 0 0 0 0 0	55 / TPY	65.00
2:45	Private	And wood		

TOTAL COUNT OF HOUSEHOLD USERS: 85 326

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:** P. Tranter

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Oct 5/20 TIME: 8:30 STAFF: Devin Jackson

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / <u>No</u>	
Windblown Litter:	<u>Yes</u> / No	<u>By Roundies</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:

Tractor trailer had a flat tire black dot
came said it needed new tire wont be fixed

RECYCLING: fill wed 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)
5:00	Clint Fletcher	household	T/K	Yes
8:30	"	"	"	"
10:25	167 Clark dr	Amnesty	T/C	Yes
10:36	27 King st	Amnesty	T/C	Yes

TOTAL COUNT OF HOUSEHOLD USERS: 152

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

IF NO: Waste Sent To: _____

LITTER CONTROL: Yes / No

DETAILS: Cleaned 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 [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 6/2020 TIME: 8:05 STAFF: John Stafford

DEFICIENCIES OBSERVED:	Yes / No	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: OCT 16/2020 Steel / paper / mixed / occ
 DATES BINS WERE PICKED UP: OCT 16/2020 mixed / paper

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)
8:30	Fletcher 3 loads	Garbage Recycling	Full	Y

TOTAL COUNT OF HOUSEHOLD USERS: 147

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 type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 8/20 TIME: 8:30 STAFF: Dustin Jackson

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <input checked="" type="radio"/> No	_____
Windblown Litter:	Yes / <input checked="" type="radio"/> No	<u>BY BOUNCERS</u>
Leachate Springs:	Yes / <input checked="" type="radio"/> No	_____
Animals:	Yes / <input checked="" type="radio"/> No	<u>CATS, BIRDS</u>
Other:	Yes / <input checked="" type="radio"/> No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Cleaned up metal bin

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE _____
 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>11:30</u>	<u>1103 Prince St</u>	<u>household</u>	<u>T/c</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 118

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: Dura D

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 9/20 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 bounded</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:

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)
<u>11:20</u>	<u>460 Cunningham</u>	<u>household</u>	<u>Amnesty</u>	<u>Yes</u>

TOTAL COUNT OF HOUSEHOLD USERS: 226

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, cold

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Oct 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>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:
LOTS of garbage today

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: / /
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Rain for most of the day, still busy

COMMERCIAL HAULER OR LARGE LOADS

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

TOTAL COUNT OF HOUSEHOLD USERS: 302

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: 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: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 05/13/20 TIME: 8:00 am STAFF: Paul T

DEFICIENCIES OBSERVED:

Ponded Water: Yes/No Rain Description / Location
 Windblown Litter: Yes/No
 Leachate Springs: Yes/No
 Animals: Yes/No
 Other: Yes/No

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in AM.
CARBON AT BACK GATE

RECYCLING:

DATE BINS WERE ORDERED: 1/1 TYPE Paper Ordered Bins
 DATES BINS WERE PICKED UP: 1/1 PAPER & PLASTIC

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>8:00-10</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>VILLAGE P (4T/L)</u>	<u>Private Road</u>
<u>9-11</u>	<u>"</u>	<u>"</u>	<u>4T/L</u>	<u>Private Road</u>

TOTAL COUNT OF HOUSEHOLD USERS: 219

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: P. T. [Name]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 05/15/20 TIME: 8 am STAFF: Paul T /

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<u>Yes</u> / No	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 13/10/20 PLASTIC - CARD BOARD -
 DATES BINS WERE PICKED UP: 15/10/20 Scrap Metal

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>8³⁰-10</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<u>(Yes/No)</u>
<u>9:45</u>	<u>PRIVATE</u>	<u>CONST</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>11:05</u>	<u>"</u>	<u>"</u>	<u>1/2 T/L</u>	<u>60.00</u>
<u>12:15</u>	<u>"</u>	<u>GARBAGE</u>	<u>1 T/L</u>	<u>Amnesty</u>
<u>1:45</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 220

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: P. T...

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/> Lansdowne
<input type="checkbox"/> Lyndhurst
<input type="checkbox"/> Escott

DATE: 03/16/20 TIME: 8:00 am STAFF: P. T...

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Rain GUTTERS</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	

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

came in early went & 95% fuel for Receiver in 56oz can.

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 [Signature] Print Staff Name: P. T...

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 05/17/20 TIME: 8:00 am STAFF: PAUL

DEFICIENCIES OBSERVED:

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

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in AM.
More Garbage at Back Gate

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)
8:50	Private	Garbage	1 TIL	Amnesty
12:00	"	Const	1 TIL	125.00

TOTAL COUNT OF HOUSEHOLD USERS: 294

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: P. Troffard

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 07/19/20 TIME: 8:00 am STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

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>8-10</u>	<u>FLITCHER</u>	<u>GARBAGE</u>	<u>4 T/C</u>	<u>Visual OK PL</u>

TOTAL COUNT OF HOUSEHOLD USERS: 109

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: P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Oct 20/20 TIME: 8:00 am STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<u>Row</u>
Windblown Litter:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Leachate Springs:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Animals:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	
Other:	<input type="radio"/> Yes / <input checked="" type="radio"/> No	

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M.

RECYCLING:

TYPE

DATE BINS WERE ORDERED: 1/1 Plastic Bins

DATES BINS WERE PICKED UP: 20/10/20 Paper & Plastics

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>1:15</u>	<u>PRIVATE</u>	<u>GANANOUR RES.</u>

OTHER COMMENTS / OBSERVATIONS

TACKLEBOX IN W/IN
DOZER - FIRE BARRETT IN

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-9:30</u>	<u>FURCHER</u>	<u>GRAVEL</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<u>10:35</u>	<u>PRIVATE</u>	<u>''</u>	<u>1 T/L</u>	<u>Amnesty</u>
<u>3:00</u>	<u>''</u>	<u>''</u>	<u>1 T/L</u>	<u>Amnesty</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: P. T. [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: 05/22/20 TIME: 8⁴⁵ AM STAFF: PAUL T /

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.V. / Stopped in WAO. Around 4pm
Truck at Gate with Tires - Person in Site
ASKED THEM TO LEAVE.

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: 1/1
 DATES BINS WERE PICKED UP: 21/10/20 PLASTIC - PAPER - CARDBOARD
SCRAP METAL

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
MARCO - 613 354 1822 21
Re Composite Bins. (Called James)

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰ - 10</u>	<u>FLETCHER</u>	<u>COARSE</u>	<u>3 T/K</u>	<input checked="" type="radio"/>
<u>1:30</u>	<u>PRIMA</u>	<u>GARAGE</u>	<u>1 T/K</u>	<u>AMNASTY</u>

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: _____

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: P. T. TRAPPO

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: 05/23/20 TIME: 8:00 am STAFF: PAUL T

DEFICIENCIES OBSERVED:

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

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M. Battery Bin -
electronic & 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)
3:10	Prunora	Garbage	1 T/L	AMNRSTY

TOTAL COUNT OF HOUSEHOLD USERS: 169

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: P. T. [Name]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/> Lansdowne
<input type="checkbox"/> Lyndhurst
<input type="checkbox"/> Escott

DATE: 02/24/20 TIME: 8:00 AM STAFF: P. T. RAPPAS

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in AM / Electronic & Street 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)
9:45	PAINA	Garbage	1 T/C	Amnesty
9:55	"	"	1 T/C	"
10:45	"	"	1 T/C	125.00
11:50	"	"	1 T/C	Amnesty

TOTAL COUNT OF HOUSEHOLD USERS: 327

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:** P. T. RAPPAS

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 08/26/20 TIME: 8:00 am STAFF: PAUL T

DEFICIENCIES OBSERVED:

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:
Proper in A.M.
Tires at Gate - Garbage on Ramp.

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE _____

DATES BINS WERE PICKED UP: / / TYPE _____

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>8-10</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>4 TRL</u>	<u>Visual P.V</u>
<u>9:45</u>	<u>PRIVATE</u>	<u>"</u>	<u>1 TRL</u>	<u>Amnasty</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: _____

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:** P. T. ...



Lansdowne
 Lyndhurst
 Escott

DATE: 05 27/20 TIME: 8:00 am STAFF: PAUL T

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M. - STUFF LEFT AT GATE
Electronics ~~Put~~ Pulled out of Bin.

RECYCLING:

DATE BINS WERE ORDERED:	<u>1/1</u>	TYPE	<u>PRE ORDERED PAPER &</u>
DATES BINS WERE PICKED UP:	<u>1/1</u>		<u>PLASTIC</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACKLEBOX IN WITH DOZER

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>FITCHER</u>	<u>COALASH</u>	<u>3 T/C</u>	
<u>1:20</u>	<u>PERWAT</u>	<u>"</u>	<u>1 T/C</u>	<u>AMWRSTY</u>

TOTAL COUNT OF HOUSEHOLD USERS: 143

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: P. TARRANT



Lansdowne
 Lyndhurst
 Escott

DATE: 03/29/20 TIME: 8:00 am STAFF: Paul T

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M. - Battery Bins -
Electronic Bin - STEEL BIN HAD TO
Replace for Marco

RECYCLING: DATE BINS WERE ORDERED: 1/1 TYPE: Plastic - CARDBOARD -
 DATES BINS WERE PICKED UP: 29/10/20 Scrap.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
	<u>Francis</u>	

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10:00</u>	<u>FRANCIS</u>	<u>CARDBOARD</u>	<u>3 T/L</u>	<u>Yes</u>
<u>2:15</u>	<u>PAWATA</u>	<u>CONST.</u>	<u>1/2 T/L</u>	<u>65.00</u>

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: _____

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: P. T...

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: 03/30/20 TIME: 8:00 am STAFF: Paul T

DEFICIENCIES OBSERVED:

Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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:

Proper in A.M. Street & Electronics

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE _____
 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: 174

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: Paul T

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: 02/31/20 TIME: 8:00 am STAFF: Paul T/

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in AM Electronic +
Steel 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)
<u>3:55</u>	<u>Private</u>	<u>Garbage</u>	<u>1 TC</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 301

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: Paul T...

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 2/20 TIME: 8:00 am STAFF: P. TRAVERS

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Problems in A.M.
STUFF LEFT AT GATE

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE _____
 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)
8-9:30	FRANCIS	BARBARA	4 T/L	Village P.U.
4:25	PRIVATIZ	CONST	1/2 T/L	65-00

TOTAL COUNT OF HOUSEHOLD USERS: 131

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: P. TRAVERS

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Nov 3/20 TIME: 8:00 am STAFF: P. T. [Signature]

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.H.

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 3/11/20 PRE ORDERED PAPER & PLASTIC
 DATES BINS WERE PICKED UP: 1/1 FOR FRIDAY PLASTIC - PAPER CARDBOARDS & SCRAP.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
TACKLEBOX IN WITH DIRT
FIL BROUGHT IN

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:30-11:30</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>3 T/L</u>	
<u>11:50</u>	<u>PRIVATE</u>	<u>"</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>2:15</u>	<u>"</u>	<u>"</u>	<u>1/2 T/L</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 101

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: P. T. [Signature]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Escott _____

DATE: Nov 5/20 TIME: 8:00 AM STAFF: V. Au

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper id A.M.

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>9-11:30</u>	<u>Fletcher</u>	<u>Coarse</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / No

TOTAL COUNT OF HOUSEHOLD USERS: 220

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:** P. T. ...

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 6/20 TIME: 8⁰⁰ am STAFF: Paul T

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.H.
Dumpso Plastic All Over Ramp

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 1/1 Electronics Bin.
 DATES BINS WERE PICKED UP: 6/11/20 Plastic - Cargo Boxes -

REJECTED LOADS: Scrap - Paper

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)
11:30	<u>Private</u>	<u>Garbage</u>	<u>1 T/K</u>	<u>Amnesty</u>
1:00	<u>"</u>	<u>"</u>	<u>1 T/K</u>	<u>"</u>
2:55	<u>"</u>	<u>CONST</u>	<u>1/2 T/K</u>	<u>65.00</u>
3:05	<u>"</u>	<u>Garbage</u>	<u>1 T/K</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 184

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: P. T. [Name]

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 7/20 TIME: 8⁰⁰ am STAFF: Paul T

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.H.

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)
10 ⁴⁵	Paulson	Grass	1 T/L	Amnesty
11 ⁴⁵	"	"	1 T/L	"
2 ⁰⁰	"	"	1 T/L	"

TOTAL COUNT OF HOUSEHOLD USERS: 320

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: Paul T

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 9/20 TIME: 8:00 am STAFF: Paul T.

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M.

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE _____
 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)
8-10:30	FURCHER	GARBAGE	5 T/L	✓ Village Rd
10:45	PAWATA	"	1 T/L	Amnksy
1:15	"	"	1 T/L	"
1:30	"	"	1 T/L	"

TOTAL COUNT OF HOUSEHOLD USERS: 154

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: P. T. PROKO

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 10/20 TIME: 8:00 am STAFF: Paul T/

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

RECYCLING:

DATE BINS WERE ORDERED:	TYPE
<u>1/1</u>	<u>Recyclable Paper &</u>
<u>1/1</u>	<u>Plastic</u>

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
TRUCKS IN WITH COMPACTOR.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:50</u>	<u>Private</u>	<u>Garage</u>	<u>Amnesty</u>	
<u>9:35</u>	<u>"</u>	<u>"</u>	<u>"</u>	
<u>11:30</u>	<u>"</u>	<u>CONST</u>	<u>1/2 T/L</u>	<u>65.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 163

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:** P. TARRARO

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: 12/11/20 TIME: 8:00 AM STAFF: P. Tarrago

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in TUES. NIGHT.
JAMES WAS HERE.

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 1/1 Compost Bins / Pre Ordered
 DATES BINS WERE PICKED UP: 11/11/20

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>2:15</u>	<u>Private</u>	<u>Black Bags No Tags. (Probably Gas Res)</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>11:25</u>	<u>Private</u>	<u>CONST</u>	<u>1 T/C</u>	<u>125.00</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: P. Tarrago

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: Nov 13/20 TIME: 8:00 AM STAFF: PAUL T

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.H (BATTERIES)

RECYCLING:	TYPE
DATE BINS WERE ORDERED: <u>10/11/20</u>	
DATES BINS WERE PICKED UP: <u>13/11/20</u>	<u>PLASTIC - PAPER CARDBOARD - SCRAP METAL</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)
10:00	PAUL T	CONST	1 T/K	125.00
12:00	"	"	1/2 T/K	65.00
12:10	"	GARBAGE	1 T/K	AMMUNITION
1:05	"	CONST	1/2 T/K	65.00
1:35	"	"	1/2 T/K	65.00

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: P. T. [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: Nov 17/20 TIME: 8:00 am STAFF: Paul T /

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M. Battery Bin & Garbage Left at Gate Brought Down Fee

RECYCLING:	TYPE
<u>None</u>	_____
DATE BINS WERE ORDERED: <u> / / </u>	_____
DATES BINS WERE PICKED UP: <u> / / </u>	_____

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>8:30</u>	<u>Private</u>	<u>Com. Resident</u>

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>Private</u>	<u>Garbage</u>	<u>1 T/L</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 283

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: P. Trappero

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: Nov 16 / 20 TIME: 8:00 am STAFF: P. Tait

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.
More Garbage at Back Gate

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)
8-9:30	FURTERER	Garbage	4 T/L	Visual P.O.
2:10	Private	Const.	1/2 T/L	65.00
2:30	"	"	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 135

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

LITTER CONTROL: Yes / No
 DETAILS: _____

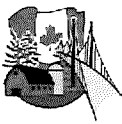
APPLICATION OF DUST SUPPRESSANT: Yes / No
 DETAILS: _____

DAILY INSPECTION FORM COMPLETED: Yes / No
 DETAILS: _____

COMPLAINTS RECEIVED: Yes / No
 If Yes, complaint file number(s) and topic: _____

SIGNATURE _____ **Print Staff Name:** P. Tait

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 17/20 TIME: 8:00 AM STAFF: Paul T

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	_____
Windblown Litter:	<input checked="" type="radio"/> Yes / <input 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	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M. Scrap Bin +
BATTERIES

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: 1/1 Per Ontario Bins
 DATES BINS WERE PICKED UP: 1/1 Plastic & Paper

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
TACKLEBOX IN WITH COMPACTOR
FILE BROUGHT IN.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-10 AM</u>	<u>FRITCHER</u>	<u>COARBAGS</u>	<u>3 T/C</u>	<input checked="" type="radio"/>
<u>11:30</u>	<u>PRIVATE</u>	<u>CONST</u>	<u>1 T/C</u>	<u>125.00</u>

TOTAL COUNT OF HOUSEHOLD USERS: 157

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:** Paul T

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 19/20 TIME: 8:00 am STAFF: P. T. [Signature]

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	Yes/ <u>No</u>	_____
Windblown Litter:	Yes/ <u>No</u>	_____
Leachate Springs:	Yes/ <u>No</u>	_____
Animals:	Yes/ <u>No</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)
<u>8:30-10</u>	<u>Furman</u>	<u>Concretes</u>	<u>4 T/c</u>	<u>(Yes/No)</u>
<u>10:40</u>	<u>Parsons</u>	<u>"</u>	<u>1/2 T/c</u>	<u>65.00</u>

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 [Signature] Print Staff Name: P. T. [Signature]

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 20/20 TIME: 8:00 am STAFF: P. T...

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING: TYPE
 DATE BINS WERE ORDERED: 17/11/20 CARDBOARD - PLASTIC
 DATES BINS WERE PICKED UP: 20/11/20 SCRAP METAL

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
9:50	PRIVATE	GAN RESIDENT

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
10:30	PRIVATE	CONST	1/2 T/K	65.00
3:45	"	CARDBOARD	1 T/K	AMMUNITION

TOTAL COUNT OF HOUSEHOLD USERS: 173

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:** P. Tr...
OFFICE USE:

Date Reviewed: _____ **Reviewer:** _____ **File Number:** _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 21/20 TIME: 8:00 am STAFF: PAUL

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:	Yes / <u>No</u>	
Other:	Yes / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.M. - BATTERIES:

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: / /
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
9:25	PRIVATE	Gar Resident
3:48	"	" "

OTHER COMMENTS / OBSERVATIONS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
8:30	PRIVATE	CONST.	1 T/C	125.00
9:45	"	GARBAGE	1 T/C	AMNESTY
10:00	"	"	1 T/C	"
12:35	"	"	1 T/C	"

TOTAL COUNT OF HOUSEHOLD USERS: 322

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:** P. TRAFFORD

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 23/20 TIME: 8:00 am STAFF: PAUL

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<u>Yes</u> / No	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	Yes / <u>No</u>	_____
Other:	Yes / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

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>8-930</u>	<u>FLETCHER</u>	<u>Garage</u>	<u>4 T/C</u>	<u>Village P.U.</u>

TOTAL COUNT OF HOUSEHOLD USERS: 114

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: P. TAYLOR

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: Nov 27/20 TIME: 8:00 AM STAFF: Paul T

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 / <u>No</u>	

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.M.

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: / /
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION
<u>10⁰⁰</u>	<u>PRIVATE</u>	<u>CAN RAS (CONST LOAD - SENT BACK TO OFFICE)</u>

OTHER COMMENTS / OBSERVATIONS
CALLED MELISA - 4 BINS. CARRY ON HOLIDAYS - PAPER - PLASTIC - CARDBOARD - SCRAP FOR FUTURE

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8³⁰</u>	<u>FURTCALL</u>	<u>GARBAGE</u>	<u>4 T/K</u>	
<u>12⁴⁵</u>	<u>PRIVATE</u>	<u>CONST.</u>	<u>1/2 T/K</u>	<u>65.00</u>
<u>2¹⁵</u>	<u>"</u>	<u>GARBAGE</u>	<u>1 T/K</u>	<u>AMNHSTY</u>

TOTAL COUNT OF HOUSEHOLD USERS: 134

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: P. TRAFFORD

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: Nov 26/20 TIME: 8⁰⁰ am STAFF: PAUL

DEFICIENCIES OBSERVED:

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

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.
Garbage at Back Gate

RECYCLING:

TYPE

DATE BINS WERE ORDERED: 24/11/20
 DATES BINS WERE PICKED UP: 25/11/20 Cardboard + 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)
8 ⁰⁰ -9 ³⁰	FLETCHER	GARBAGE	3 T/L	<input checked="" type="radio"/> Yes / <input type="radio"/> No
9 ¹⁰	PRIVATE	GARBAGE	1 T/L	AMMUNITION
1 ¹⁵	"	CONST	1/2 T/L	65.00

TOTAL COUNT OF HOUSEHOLD USERS: 120

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: P. TRAFFORD

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

Lansdownie
 Lyndhurst
 Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: Nov 27/20 TIME: 8:00 am STAFF: Paul T

DEFICIENCIES OBSERVED:

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.H.

RECYCLING:

DATE BINS WERE ORDERED: 24/11/20 TYPE: _____

DATES BINS WERE PICKED UP: 27/11/20 PLASTIC & Scrap.

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: 162

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: P. Tappero

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Nov 28/20 TIME: 2:00 am STAFF: PAUL T

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M. (BATTERIES & ELECTRONICS ALSO ON HIGH)

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>12⁰⁰</u>	<u>Private</u>	<u>Garbage</u>	<u>1 T/L</u>	<u>Amnesty</u>
<u>4⁰⁰</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 265

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:** P. T...

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: Nov 30/20 TIME: 8⁰⁰ am STAFF: P. T. [Signature]

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A-H.

RECYCLING:

DATE BINS WERE ORDERED:	TYPE
<u>30/11/20</u>	<u>Called For Battery Pickup</u>
<u>1/1</u>	<u>Called For Tire Pickup.</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>8-930</u>	<u>FLETCHER</u>	<u>Garbage</u>	<u>4T/C</u>	<u>Visual PO</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: _____

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:** P. T. [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: Dec 11/20 TIME: 8:00 AM STAFF: PAUL

DEFICIENCIES OBSERVED:		Description / Location
Ponded Water:	<u>Yes</u> / No	_____
Windblown Litter:	<u>Yes</u> / No	_____
Leachate Springs:	Yes / <u>No</u>	_____
Animals:	Yes / <u>No</u>	_____
Other:	Yes / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M. (Scrap + Electronics)

RECYCLING:

DATE BINS WERE ORDERED: 1/14/20 TYPE: Plastic - CROBOARD - SCRAP
 DATES BINS WERE PICKED UP: 1/1 PRE ORDERED PLASTIC DELIVERED
PAPER WILL BE DOWN WED.

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACKLEBOX IN WITH DOZER
FILE BUCKET IN

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30</u>	<u>FLETCHER</u>	<u>CARBON</u>	<u>4 T/C</u>	<u>Yes</u>
<u>10:30</u>	<u>PRIVATE</u>	<u>"</u>	<u>1 T/C</u>	<u>AMNESIA</u>

TOTAL COUNT OF HOUSEHOLD USERS: 117

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: P. TRAFFORD

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Dec 3/20 TIME: 8:00 AM STAFF: Paul J. [Signature]

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

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>8:30-10</u>	<u>Ferraro</u>	<u>Garbage</u>	<u>3 T/L</u>	<u> </u>
<u>11:30</u>	<u>PRIVATE</u>	<u> </u>	<u>1/2 T/L</u>	<u>65 02</u>

TOTAL COUNT OF HOUSEHOLD USERS: 131

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:** P. T. [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: Dec 4/20 TIME: 8:00 am STAFF: PAUL T

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:

Proper in A.M.

RECYCLING:

TYPE

DATE BINS WERE ORDERED: 2/12/20

DATES BINS WERE PICKED UP: 4/14/20 Plastic - Carbon - Scrap

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>3:20</u>	<u>Private</u>	<u>Concrete</u>	<u>1 T/W</u>	<u>120.00</u>

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

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: P. Traciano

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Dec 5/20 TIME: 8:00 am STAFF: Paul T /

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

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)
10:45	Private	Garbage	1 T/L	Amnesty
11:00	"	"	1/2 T/L	65.00
12:15	"	"	1 T/L	Amnesty
3:15	"	"	1 T/L	"

TOTAL COUNT OF HOUSEHOLD USERS: 304

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: Paul T. Raffero

OFFICE USE:
Date Reviewed: _____ Reviewer: _____ File Number: _____



<input checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Dec 7/20 TIME: 8:00 am STAFF: P. Tappard

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

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>8-9:30</u>	<u>FURTERER</u>	<u>GARBAGE</u>	<u>4 T/C</u>	<u>Visual OK</u>

TOTAL COUNT OF HOUSEHOLD USERS: 144

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: P-T TAPPARD

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Dec 10 / 20 TIME: 8:00 am STAFF: P. T...

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.H.

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: 8/12/20
 DATES BINS WERE PICKED UP: 10/12/20 Completed

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>8:30-10</u>	<u>FURBY 22</u>	<u>CONCRETE</u>	<u>3 T/C</u>	<u>(Yes/No)</u>

TOTAL COUNT OF HOUSEHOLD USERS: 138

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: P. T...

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 11/20 TIME: 8:00 am STAFF: P. Tr...

DEFICIENCIES OBSERVED:		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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M.

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: 8/12/20
 DATES BINS WERE PICKED UP: 11/12/20 Plastic & 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>10:00</u>	<u>PRIVATE</u>	<u>COAL</u>	<u>1 T/L</u>	<u>Amnesty</u>

TOTAL COUNT OF HOUSEHOLD USERS: 147

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: P. Tr...

OFFICE USE:
 Date Reviewed: _____ Reviewer: _____ File Number: _____



Lansdowne
 Lyndhurst
 Escott

DATE: Dec 12/10 TIME: 8:00 am STAFF: P. Scott

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:
People in A.M.

RECYCLING: _____ TYPE _____
 DATE BINS WERE ORDERED: / / _____
 DATES BINS WERE PICKED UP: / / _____

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

DUSTY TRUCKS

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
9:30	PRIVATE	CONCRETE	5 YDS	OK
1:30	PRIVATE	CONCRETE	125.00	OK

TOTAL COUNT OF HOUSEHOLD USERS: 254 76.5

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: P. Scott

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: Dec 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>Bunnies</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 the front gate

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>10:30</u>	<u>121 comm hauler</u>	<u>Amnesty curbs</u>	<u>T/C</u>	<u>Yes</u>

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: _____

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/15/2020 TIME: 8:05 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: / /
 DATES BINS WERE PICKED UP: Dec/15/2020 glass / paper / mixed

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Tires picked up

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>9:45</u>	<u>Fletcher</u>	<u>Garbage</u>	<u>Full</u>	<u>X</u>
<u>10:25</u>	<u>"</u>	<u>recycling</u>	<u>"</u>	<u>"</u>
<u>11:00</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 108

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

DATE: Dec 17/20 TIME: 8:00 am STAFF: Paul T /

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE Per Orange Plastic

DATES BINS WERE PICKED UP: / / Scrap

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)
8-9:30	FERRARA	Garbage	3 T/L	<u>Yes</u>
10:15	PRIVATE	"	1 T/L	Amnesty

TOTAL COUNT OF HOUSEHOLD USERS: 101

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: P. Thompson

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 18/20 TIME: 8:00 am STAFF: PAUL T / DUSTIN J

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

People in A.M.

RECYCLING: TYPE _____
 DATE BINS WERE ORDERED: 18/12/20 Plastic & Paper
 DATES BINS WERE PICKED UP: 18/12/20

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: 154
12/11/20

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: P. Thompson
 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 19/20 TIME: 8⁰⁰ am STAFF: PAUL / A-M

DEFICIENCIES OBSERVED:	Yes / No	Description / Location
Ponded Water:	Yes / No	_____
Windblown Litter:	Yes / No	_____
Leachate Springs:	Yes / No	_____
Animals:	Yes / No	_____
Other:	Yes / No	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:
Proper in A.M.

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>9:15</u>	<u>PAUL</u>	<u>Garbage</u>	<u>1 T/C</u>	<u>A.M.</u>

TOTAL COUNT OF HOUSEHOLD USERS: 244

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: P. TARRON

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 21/20 TIME: 8:00 am STAFF: P. Tracton / Dustin / A.L.M.

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

_____ Proper in A.M.

RECYCLING: _____ **TYPE** _____

DATE BINS WERE ORDERED: / / _____

DATES BINS WERE PICKED UP: / / _____

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

Dustin + AL cleaned up
GARBAGE ON BURN + DOWN ROADWAY

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:00</u>	<u>FURTERMAN</u>	<u>GARBAGE</u>	<u>3T/C</u>	<u>Yes</u>
<u>1:45</u>	<u>PERDARE</u>	<u>"</u>	<u>1T/C</u>	<u>AMNIST</u>

TOTAL COUNT OF HOUSEHOLD USERS: 157

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:** P. Tracton

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 22/20 TIME: 8:00 AM STAFF: Paul / Jones / A-M

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A-H

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE: Pre Recycled Plastic &

DATES BINS WERE PICKED UP: / / Paper

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

All cleaned up more

Garbage

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-10</u>	<u>Furber</u>	<u>Garbage</u>	<u>3 TL</u>	<u>(Yes/No)</u>

TOTAL COUNT OF HOUSEHOLD USERS: 214

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: P. T...

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 checked="" type="checkbox"/>	Lansdowne
<input type="checkbox"/>	Lyndhurst
<input type="checkbox"/>	Escott

**WASTE DISPOSAL SITE
 DAILY INSPECTION FORM**

DATE: Dec 24/20 TIME: 8:00 am STAFF: PAUL / PUSTINJ

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

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.M.

RECYCLING: _____ TYPE _____
 DATE BINS WERE ORDERED: / / _____
 DATES BINS WERE PICKED UP: / / _____

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS
Closed AT 12:00 AM FOR
CHRISTMAS EVE

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9³⁰</u>	<u>Flycatcher</u>	<u>Grass</u>	<u>3 T/L</u>	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<u>11⁰⁰</u>	<u>Private</u>	<u>Const</u>	<u>1 T/L</u>	<u>Amnesty</u>

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 [Signature] Print Staff Name: P. Trattone

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 28/20 TIME: 8:00 am STAFF: PAUL / JUSTIN / AL

DEFICIENCIES OBSERVED:

Ponded Water:	Yes / <u>No</u>	<u>Snow</u>	Description / Location
Windblown Litter:	<u>Yes</u> / No		
Leachate Springs:	Yes / <u>No</u>		
Animals:	Yes / <u>No</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 People in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8-9:30</u>	<u>Furman</u>	<u>Garbage</u>	<u>4 TIL</u>	<u>Visual OK PD</u>
<u>9:25</u>	<u>Private</u>	<u>"</u>	<u>1 TIL</u>	<u>Amnesty</u>
<u>10:40</u>	<u>"</u>	<u>"</u>	<u>1 TIL</u>	<u>"</u>

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 [Signature] **Print Staff Name:** P. Tatters

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 29/20 TIME: 8:00 am STAFF: Paul / AL / John

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

Description / Location

RECOMMENDED ACTIONS / ACTIONS TAKEN:

Proper in A.H.

RECYCLING:

DATE BINS WERE ORDERED: / / TYPE PRE ORDERED PLASTIC & PAPER
 DATES BINS WERE PICKED UP: / /

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS

TACKLE BEHIND IN WITH COMPACTOR + FILE. AL PICKED UP GARBAGE

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight)	Visual Check (Yes/No)
<u>8:30-9:30</u>	<u>FLETCHER</u>	<u>GARBAGE</u>	<u>3 T/L</u>	<u>(Yes/No)</u>
<u>2:55</u>	<u>PRIVATE</u>	<u>"</u>	<u>1 T/L</u>	<u>ANNISBY</u>

TOTAL COUNT OF HOUSEHOLD USERS: 321

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: P. TROTTER

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 31 / 20 TIME: 8:00 am STAFF: PAUL T / DUSTIN V

DEFICIENCIES OBSERVED:

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 / <u>No</u>	_____

RECOMMENDED ACTIONS / ACTIONS TAKEN:

RECYCLING:

DATE BINS WERE ORDERED: 29/12/20 TYPE: CRAY BOARDS & PLASTIC

DATES BINS WERE PICKED UP: 30/12/20

REJECTED LOADS:

TIME	HAULER NAME	REASON FOR REJECTION

OTHER COMMENTS / OBSERVATIONS People in A.M.

COMMERCIAL HAULER OR LARGE LOADS

Time	Hauler	Material	Quantity (estimate volume & weight) / T/L	Visual Check (Yes/No)
<u>11:30</u>	<u>PRIVATE</u>	<u>COMBES</u>	<u>1 T/L</u>	<u>Amnasty</u>
<u>8:30-10</u>	<u>FURTERER</u>	<u>COMBES</u>	<u>3 T/L</u>	<u>Amnasty</u>
<u>10:20</u>	<u>PRIVATE</u>	<u>COMBES</u>	<u>1/2 T/L</u>	<u>65.00</u>
<u>10:55</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>Amnasty</u>
<u>10:55</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>"</u>
<u>11:05</u>	<u>"</u>	<u>"</u>	<u>1 T/L</u>	<u>"</u>

TOTAL COUNT OF HOUSEHOLD USERS: 140

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: P-T address

OFFICE USE:

Date Reviewed: _____ Reviewer: _____ File Number: _____

Appendix G
Malroz Inspections

Lansdowne Site Inspection

Date: April 7, 2020

Time: 15:30

Inspected by: MW

Weather Conditions: Sunny (12°C)

Inspection Item	Condition	Notes
Signage is displayed per section 2 (2) and (3) of the ECA.	Yes	Good
Was a site attendant present during operational hours of the landfill?	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?		Litter present along Western & Eastern fence lines. Appears to be dumping going on along Western fence. Lots of sea gulls present.
Is windblown litter present at the site? If yes, has a schedule been set for removal?	Yes	Usually send in a crew in Spring, but not sure because of COVID-19.
Are brush and clean wood segregated from other wastes?	Yes	
Did any waste burning occur at the site?	No	
Is interim cover being applied to the site?	Yes	Tuesdays.

Is the property locked outside of posted hours?	Yes	
Drainage conditions (e.g. ponded water).	- Some South of the recycling bin wall head the brush pile.	
Are surface water features obstructed?	No	
Are there seep present?	No	
What is the condition of the methane venting system?	Good	
Was waste observed outside of the approved fill area?	No	
Condition of the waste cap (Erosion, repairs needed?)	Good	
Were any unapproved wastes deposited or observed at the site?	No	
Are on-site structures in good condition?	Yes	inside attendants Steel nr-hv
Other:		

General Comments

Signature

M. [Signature]

Lansdowne Site Inspection

Date: Nov. 18, 2020

Time: 11:15

Inspected by: Mallory Wright

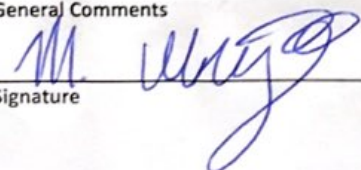
Weather Conditions: Sun/clear/wind (-4°C)

Inspection Item	condition	notes
Signage is displayed per section 2 (2) and (3) of the ECA.	Yes	
Was a site attendant present during operational hours of the landfill?	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 litter -lots of Seagulls
Is windblown litter present at the site? If yes, has a schedule been set for removal?	Yes	-Unsure of a Schedule for cleanup
Are brush and clean wood segregated from other wastes?	Yes	
Did any waste burning occur at the site?	No evidence that this had occurred	
Is interim cover being applied to the site?	Yes later	Was observed when on site Tuesday

Is the property locked outside of posted hours?	Yes	
Drainage conditions (e.g. ponded water).	Part Good	ponded water near Wood.
Are surface water features obstructed?	No	
Are there seep present?	No	
What is the condition of the methane venting system?	Good	
Was waste observed outside of the approved fill area?	No	
Condition of the waste cap (Erosion, repairs needed?)	Good	
Were any unapproved wastes deposited or observed at the site?	No	
Are on-site structures in good condition?	Yes	Attendants shed repairs FG:NR ME:- PID:NR
Other:		

General Comments

Signature



Appendix H
Tables

Table 1
Groundwater Monitoring Well Description

Well	Elevation		UTMs		Notes
	TOP	Grade	(NAD 83, Zone 18)		
			Northing (m)	Easting (m)	
91-1	98.61	97.83	4916714	416268	located southwest of the waste fill area within an agricultural field owned by the Township.
91-3	97.52	96.20	4916564	416427	located south of the waste fill area along the unopened portion of the Kidd Road South road allowance.
91-4	98.32	97.36	4916670	416341	located southwest and nearly adjacent to the waste fill area along the unopened portion of the Kidd Road South Road allowance.
11-1	97.71	96.98	4917187	416382	located at the northern property boundary, north of the transfer station area, and south of both Eden Grove Road and the ditch along the southern side of Eden Grove Road. 11-1 is sited in order to be a replacement for historical monitoring well 89-6.
11-2	98.94	98.34	4917006	416430	located in the east landfill
11-3	98.09	97.39	4917061	416343	located north of the waste fill area within the buffer zone between Kidd Road and the on-site access road. 11-3 is intended to replace 89-4.
11-4	98.58	97.71	4916942	416184	located west of the waste fill area at the western property boundary and represents the background groundwater water quality for the Site.
11-6	97.97	97.01	4916938	416521	located east of the Site along the eastern boundary of the agricultural field and was advanced to delineate leachate impacts to the east of the Site.
11-7	96.47	95.49	4916895	416617	located east of the Site along the southern boundary of the agricultural field and was advanced to delineate leachate impacts to the east of the Site."
15-1	97.42	96.61	4916609	416336	located southwest of the waste fill area on the east edge of the agricultural field owned by the township.
15-2	96.91	96.03	4916427	416234	located southwest of the waste fill area at the southern edge of the agricultural field owned by the township.
MW101	101.75	100.84	4916881	416447	located along the east side of the landfill within the waste mound.
MW102	98.35	97.47	4917088	416178	bedrock well, located at the northwest corner of the CAZ to the west of the landfill.
MW103	98.38	97.43	4917088	416177	located at the northwest corner of the CAZ to the west of the landfill.
MW104	96.88	96.99	4917233	416371	bedrock well, located north of the landfill across Eden Grove Road.
MW105	97.99	97.13	4917232	416371	located north of the landfill across Eden Grove Road.
MW106	96.70	95.87	4916976	416743	located at the eastern extent of the eastern CAZ.
MW107	98.28	97.40	4916965	416479	bedrock well located east of the landfill. Installed in February 2018.
MW201	97.37	96.59	4917222	416640	bedrock well located east of landfill. Installed in October 2019.
MW202	97.36	96.60	4917222	416639	overburden well located east of landfill. Installed in October 2019.
MW203	96.79	95.96	4916977	416742	bedrock well located east of landfill. Installed in October 2019.

Notes: UTM coordinates reference NAD 83 datum, Zone 18
 - data not available / well not measured / well not located

monitoring wells 91-2 and 11-5 are inferred to be destroyed and are not included in this table.

Elevations based on survey data completed by Malroz Engineering on December 2, 2019, using a Trimble R10 GNSS

Data Input: MW

Data Check: RF

Table 2
Surface Water Station Descriptions

Station	April UTMs		November UTMs		Flow Conditions		Notes
	(NAD 83, Zone 18)		(NAD 83, Zone 18)		Apr-20	Nov-20	
	Northing (m)	Easting (m)	Northing (m)	Easting (m)			
Southern Surface Water Stations							
SW1	4916520	416490	4916517	416490	lentic	not flowing	Located on the downstream side of the drainage feature flowing northeast from the marshy area south of the waste fill area. This location is downstream of the potentially impacted marsh south of the fill area
SW11	4916505	416287	4916509	416302	lentic	dry	Located in the marshy area south of the Site upstream of SW1 and SW2 and downstream of SW15.
SW15	4916427	416239	4916415	416226	lentic	not flowing	Located in the marshy area south of the Site upstream of SW1, SW2 and SW11. SW15 is intended to represent background surface water quality for the southern surface water stations
Northern Surface Water Stations							
SW4	4917164	416313	4917172	416315	lotic	not flowing	Located on the upstream (western) side of the culvert running under Kidd Road south. This location is downstream of the swale flowing northeast into the ditch along the southern side of County Road 34. Waters from SW4 flow into the County Road 34 ditch and east towards SW8
SW6	4917064	416215	4917067	416208	lotic	not flowing	Located upstream (west) from SW4, south of the Chrombach property. Waters from SW6 flow north toward SW4.
SW8	4917211	416453	4917211	416452	lentic	not flowing	Located in the drainage ditch along the southern side of County Road 34 at the northeast property boundary of the Site. The location is on the downstream (eastern) side of the culvert flowing under the exit to the Site. SW8 is downstream of SW4, SW12 and SW16.
SW12	4917172	416453	4917179	416457	lentic	not flowing	Located in the drainage ditch running north-south along the eastern property boundary of the Site. Waters from SW12 flow north towards SW8 and into the ditch along County Road 34
SW16	4917222	416376	4917217	416379	lentic	lotic	Located on the northern side of County Road 34 on the upstream (northern) side of the culvert running north-south under County Road 34. SW16 is intended to represent background surface water conditions for the northern portion of the Site and is upstream of SW8.
Downstream Surface Water Stations							
SW13	4917252	417050	4917251	417057	lotic	not flowing	Located in the southern watercourse to the east of the landfill, downgradient from the south wetland and SW1. Located prior to confluence of north and south watercourses.
SW14	4917267	417057	4917264	417055	lotic	lentic	Located in the ditch running along the southern edge of County Road 34. SW14 is located upstream of the confluence of the southern and the northern watercourses. SW14 is downstream from SW4, SW8, SW12 and SW16. SW14 also receives waters discharged from the tile drain system located east of the Site.

Data Input: MW
 Data Check: JMP

Table 3
Well Inspection Results

Well ID	Well Type	Well Construction	Well Integrity			Well Observations
	Protective Casing	Material	Locked	Capped	Condition[1]	Remarks
11-1	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
11-2	Steel AG	2" Sched. 40 PVC	Y	Slip cap	Fair	-
11-3	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
11-4	Steel AG	2" Sched. 40 PVC	Y	Slip Cap	Good	-
11-6	Steel AG	2" Sched. 40 PVC	Y	Slip Cap	Good	-
11-7	Steel AG	2" Sched. 40 PVC	Y	Slip Cap	Good	-
15-1	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
15-2	Steel AG	2" Sched. 40 PVC	Y	Slip Cap	Good	-
91-1	Steel AG	1.25 " Sched. 40 PVC	Y	J-plug	Fair	-
91-3	Steel AG	1.25 " Sched. 40 PVC	Y	J-Plug	Fair	-
91-4	Steel AG	1.25 " Sched. 40 PVC	Y	J-Plug	Fair	-
Malroz Wells						
MW101	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
MW102	Steel AG	1.5" Sched. 40 PVC	Y	J-Plug	Good	-
MW103	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
MW104	Alum FG	1.5 " Sched. 40 PVC	N	J-Plug	Good	-
MW105	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
MW106	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
MW107	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
MW201	Steel AG	1.5" Sched. 40 PVC	Y	J-Plug	Good	-
MW202	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-
MW203	Steel AG	2" Sched. 40 PVC	Y	J-Plug	Good	-

Notes: Well inspection completed on April 7th and 8th, 2020 and November 17 and 18th, 2020

[1] Well conditions ranked as:

good (no maintenance required)

fair (meets minimum requirements of O. Reg 903)

poor (requires maintenance or abandonment, as per O. Reg 903)

AG - denotes above grade

FG - denotes flush grade

Data Input: MW

Data Check: RF

Table 4
Historical Groundwater Elevations

Location	Elevation Top of Casing (mASL)	Elevation Ground (mASL)	Apr-12		Oct-12		Jul-13	Oct-13	Jun-14	Oct-14	May-15	Nov-15	Aug-17	Nov-17	May-18	Nov-18	May-19	Nov-19	Apr-20		Nov-20			
			Static Water Level (mbTOC)	Water Elevation (mASL)	Static Water Level (mbTOC)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Water Elevation (mASL)	Static Water Level (mbTOC)	Water Elevation (mASL)	Static Water Level (mbTOC)	Water Elevation (mASL)	
Overburden Groundwater Monitoring Wells																								
91-1	98.61	97.83	1.27	97.34	2.57	96.04	96.47	96.95	96.98	97.35	96.84	97.19	96.91	97.24	97.00	97.14	97.15	97.18	1.51	97.10	1.81	96.80		
91-2	97.14	96.26	1.12	96.02	blocked		95.28	96.08	96.02	95.99	damaged (could not located)													
91-3	97.52	96.20	0.95	96.57	1.24	96.28	95.92	96.40	96.26	96.38	95.76	96.00	96.03	96.16	96.19	95.81	96.23	96.19	1.37	96.15	1.86	95.66		
91-4	98.32	97.36	1.29	97.03	2.30	96.02	96.54	97.04	97.11	97.08	97.09	96.76	97.02	96.78	97.12	96.71	97.21	97.19	1.14	97.18	2.07	96.25		
03-2	97.30	96.06	0.94	96.36	1.39	95.91	95.74	96.32	96.30	96.21	96.15	replaced												
11-1	97.71	96.98	0.84	96.87	1.10	96.61	96.23	96.80	96.54	96.80	96.62	96.69	96.26	96.85	96.67	96.84	96.80	96.82	0.92	96.79	1.13	96.58		
11-2	98.94	98.34	1.43	97.505	1.53	97.41	97.45	97.66	98.07	97.93	not located			97.34	97.72	97.59	97.55	1.34	97.60	1.48	97.46			
11-3	98.09	97.39	0.96	97.13	1.40	96.69	96.53	96.89	96.71	97.09	96.91	96.99	96.89	97.23	96.98	97.12	97.07	97.11	1.03	97.06	1.31	96.78		
11-4	98.58	97.71	1.15	97.43	1.92	96.66	96.80	97.30	97.42	97.54	97.07	97.36	97.05	97.47	96.63	97.51	97.35	97.33	1.32	97.26	1.55	97.03		
11-5	97.53	97.02	0.96	96.57	1.30	96.23	95.82	96.35	96.15	96.29	96.17	destroyed												
11-6	97.97	97.01	0.86	97.11	1.25	96.72	96.13	96.77	96.57	96.61	96.77	96.42	96.42	96.94	96.77	96.88	96.70	96.81	1.23	96.74	1.93	96.04		
11-7	96.47	95.49	1.45	95.02	2.00	94.47	94.95	95.40	95.35	95.49	95.44	95.35	95.31	95.47	95.40	95.57	95.46	95.43	1.15	95.32	1.23	95.24		
15-1	97.42	96.61	-	-	-	-	-	-	-	-	-	96.08	96.12	96.47	96.28	96.14	96.42	96.44	1.00	96.42	1.54	95.88		
15-2	96.91	96.03	-	-	-	-	-	-	-	-	-	96.09	96.06	96.31	96.23	96.06	96.31	96.40	0.64	96.27	0.96	95.95		
MW101	101.75	100.84	installed in September 2017										-	-	97.98	-	-	-	-	-	-	-	-	-
MW103	98.38	97.43	installed in September 2017										97.37	97.05	97.27	97.12	97.28	1.25	97.13	1.39	96.99			
MW105	97.99	97.13	installed in September 2017										96.95	96.71	97.01	96.71	96.88	1.27	96.72	1.28	96.71			
MW106	96.70	95.87	installed in September 2017										95.87	95.73	95.60	95.81	95.82	0.85	95.85	1.54	95.16			
MW202	97.36	95.96	installed in October 2019										95.96	1.52	95.84	1.54	95.82							
Bedrock Groundwater Monitoring Wells																								
MW102	98.35	97.47	installed in September 2017										97.26	97.26	98.19	97.14	97.31	1.17	97.18	1.36	96.99			
MW104	96.88	96.99	installed in September 2017										95.76	96.87	96.87	96.57	96.88	0.05	96.83	0.00	96.88			
MW107	98.28	97.40	installed in February 2018										97.17	97.19	97.25	97.21	1.00	97.28	1.64	96.64				
MW201	97.37	96.59	installed in October 2019										95.85	1.52	95.85	1.51	95.86							
MW203	96.79	95.96	installed in October 2019										95.68	0.94	95.85	1.72	95.07							

Notes: Elevations based on survey data completed by Malroz Engineering on December 2, 2019, using a Trimble R10 GNSS.
 mASL - meters above geodetic average sea-level
 mbTOC - meters below top of PVC casing on monitoring well
 Data prior to August 2017 summarized and provided by TLTI
 - denotes not monitored/data unavailable or dry conditions

Data Input: MW
Data Checked: AP

upward hydraulic gradient (bedrock is discharging)
 downward hydraulic gradient (bedrock is recharging)
 equal

Table 5
Methane Concentrations

Location	2020-Apr	2020-Nov
	Methane Concentrations (% LEL)	Methane Concentrations (% LEL)
Overburden Groundwater Monitors		
91-1	nr	nr
91-3	<1[a]	nr
91-4	<1[a]	nr
11-1	nr	nr
11-2	nr	<1[a]
11-3	nr	nr
11-4	nr	nr
11-6	nr	nr
11-7	nr	nr
15-1	nr	nr
15-2	nr	nr
MW101	<1[a]	nr
MW103	nr	nr
MW105	nr	nr
MW106	<1[a]	nr
MW202	nr	nr
Bedrock Groundwater Monitors		
MW102	nr	nr
MW104	nr	nr
MW107	nr	nr
MW201	nr	nr
MW203	<1[a]	nr
Landfill Gas Vents		
North Vent	6	3
Middle Vent	22	4
South Vent	>100	>100

Data Input: MW

Data Checked: AP

Notes:

% LEL denotes percent of the lower explosive limit

nr denotes no response

- denotes not measured

[a] methane elimination was not taken therefore this value refers to full gas response

methane concentrations measured using an RKI Eagle II combustible gas indicator, equipped with a methane elimination switch. Methane concentrations calculated as the difference between full gas response and methane elimination.

Table 6
Groundwater to Surface Water Comparison

Location	Invert Elevation (m)	Nearest Groundwater Monitor	Elevations (m)*		Groundwater Elevations Relative to Water Body Inverts (m)	
			Spring 2020	Fall 2020	Spring 2020	Fall 2020
North Water Course						
Inv. 7	96.48	11-1	96.79	96.58	+0.31	+0.10
Inv. 8 ^[a]	95.94				+0.85	+0.64
Inv. 9 ^[a]	95.53				+1.26	+1.05
Inv. 10 ^[a]	95.61				+1.18	+0.97
SW16	96.64				+0.15	-0.06
West Water Course						
SW4	95.97	11-1	96.79	96.58	+0.82	+0.61
SW6	95.93	MW103	97.13	96.99	+1.20	+1.06
Inv. 1	97.87	11-3	97.06	96.78	-0.81	-1.09
Inv. 2	97.75				-0.69	-0.97
Inv. 3	96.67				+0.39	+0.11
Inv. 4	96.48				+0.59	+0.31
Inv. 5	96.54				+0.52	+0.24
Inv. 6	96.17				+0.89	+0.61
South Water Course						
SW1	95.00	91-3	96.15	95.66	+1.15	+0.66

Notes:

* groundwater elevations taken from nearest shallow groundwater monitoring well

ditch invert elevations obtained from August 2013, November 2015 surveys by TLTI staff, and 2018 and 2019 surveys by Malroz

^[a] refusal reached at approximately 0.2 m below grade, based on field observations and confirmed by reports from Township staff

Inv. denotes invert

Input: MW

Checked: JMP

Table 7 Groundwater Chemistry

PARAMETERS			Alkalinity, total	Ammonia as N	BOD	Chemical Oxygen Demand	Dissolved Organic Carbon	Conductivity	Hardness	pH	Phenolics	Phosphorus, total	Total Dissolved Solids	Total Suspended Solids	Total Kjeldahl Nitrogen	Chloride	Nitrate as N	Nitrite as N	Sulphate	Mercury	Aluminum	Arsenic	
Groundwater Sampling Location	Date	Sample ID	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	
			RL (2020)	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	0.001
			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	
			PWQO	(note a)							0.001	0.020								0.0002	0.075 ^b	0.005	
			RUL (overburden)	403			4.7		200				439			127	12.9	0.288	257	0.0003	0.07	0.0028	
			RUL (bedrock)	447			5.6		361				633			218	3.11	0.269	279	0.0003	0.09	0.0027	
Overburden Wells																							
11-1	20/Apr/07	20-W016	LF	645	0.03	3	56	4.5	2340	1020	7.39	< 0.02	18.2	1300	40000	1.8	403	<	<	48	<	0.06	0.0042
	20/Nov/18	20-W051		634	0.05	<	<	3.5	2390	1080	7.26	<	0.06	1330	36	0.2	402	<	<	49	<	0.1	0.0073
11-2	20/Apr/07	20-W014	LF	786	1.14	<	87	19.2	2050	965	7.38	<	0.13	1130	140	3.6	103	0.07	<	279	<	0.09	0.0008
	20/Nov/18	20-W050	LF	606	0.96	<	48	17.5	1790	917	7.42	<	0.09	984	4	2.5	55.9	<	<	343	<	0.12	0.0006
11-3	20/Apr/07	20-W015		558	0.04	<	320	4.8	1990	985	7.53	< 0.02	8.63	1100	18600	1.0	283	<	<	119	<	0.04	0.0002
	20/Nov/18	20-W048		468	0.05	<	92	3.7	1600	805	7.51	<	9.6	873	8400	1.0	194	<	<	92	<	0.10	0.0004
11-4	20/Apr/07	20-W006	LF	234	0.01	<	11	6.3	549	291	7.71	<	0.05	285	17	0.6	2.1	16.7	<	9	<	0.02	0.0002
	20/Nov/17	20-W033	LF	251	0.03	<	<	3.5	735	372	7.93	<	0.05	383	10	0.5	3	26.1	0.06	13	<	0.05	0.0003
11-6	20/Apr/07	20-W024		229	0.04	<	53	7.1	777	329	7.73	<	2.33	407	2650	0.9	42.6	0.06	<	101	<	0.03	0.0003
	20/Nov/17	20-W042		216	0.04	<	9	3.6	761	326	7.83	<	0.42	398	410	0.9	43.9	0.62	<	112	<	0.06	0.0002
11-7	20/Apr/07	20-W026		421	0.73	3	47	12.3	1030	460	7.93	<	0.98	551	2400	1.5	72.7	0.07	<	15	<	0.04	0.0003
	20/Nov/17	20-W041		387	0.86	<	34	13.1	887	475	7.91	<	0.28	470	610	1.4	46.3	<	<	16	<	0.07	0.0006
91-1	20/Apr/07	20-W005		337	0.02	<	51	3.3	733	492	7.79	<	3.30	382	5400	0.4	3.7	10.4	<	7	<	0.90	0.0003
	20/Nov/17	20-W034		334	0.04	<	127	1.4	736	409	7.81	<	5.73	384	7300	0.8	4.2	9.13	<	8	<	0.05	0.0001
91-3	20/Apr/07	20-W008		241	0.04	<	12	2.9	539	310	7.80	0.002	0.15	279	760	0.1	6.0	0.07	<	35	<	0.28	0.0002
	20/Nov/17	20-W039		237	0.07	<	<	1.6	545	287	8.03	<	1.23	282	2180	0.3	6.3	<	<	34	<	0.11	0.0002
91-4	20/Apr/07	20-W007		761	7.30	<	118	15.8	1460	822	7.44	< 0.02	6.10	795	13200	10.5	17.4	0.07	<	25	<	0.53	0.0090
	20/Nov/17	20-W040		701	7.42	<	49	11.2	1420	762	7.42	<	4.29	770	13300	10.9	15.8	<	<	30	<	0.13	0.0096
15-1	20/Apr/07	20-W004		482	0.21	4	630	7.7	966	792	7.74	< 0.02	35.1	514	29600	5.7	20.8	0.13	<	18	<	2.12	0.0019
	20/Nov/17	20-W037		585	0.28	<	412	5.2	1260	693	7.57	<	48.1	681	61800	3.7	48.4	<	<	26	<	0.11	0.0021
15-2	20/Apr/07	20-W002		336	0.13	<	14	6.7	645	334	8.07	<	1.45	335	18300	0.3	3.1	0.11	<	3	<	<	0.0003
	20/Nov/17	20-W035		332	0.16	<	6	5.3	649	328	8.09	<	0.79	337	9920	0.3	3.5	<	0.08	3	<	0.03	0.0005
MW101	20/Apr/07																						
	20/Nov/17																						
dry conditions																							
MW103	20/Apr/07	20-W011		384	0.05	<	122	8.0	1320	638	7.57	<	8.38	715	15600	2.4	83.9	25.9	0.13	94	<	0.05	0.0005
	20/Nov/18	20-W056		312	0.2	<	241	82.3	1580	702	7.63	<	2.76	861	7500	10.3	112	23.5	<	264	<	0.1	0.0031
MW105	20/Apr/08	20-W019		344	0.02	<	59	2.2	1220	579	7.87	<	4.70	658	5900	0.6	173	<	<	36	<	0.04	0.0006
	20/Nov/18	20-W060	LF	334	< 0.01	<	<	1.8	1240	589	7.80	<	< 0.01	672	5	< 0.1	179	<	<	40	<	0.07	0.0003
MW106	20/Apr/07	20-W027		481	0.34	<	116	6.6	1120	523	7.97	<	9.96	602	18800	1.3	68.9	0.05	<	13	<	0.65	0.0009
	20/May/12	20-W031 [b]		472	0.33	5	79	8.4	1090	578	8.05	<	3.89	585	13500	0.9	65.7	0.06	<	13	<	0.05	0.0003
	20/Nov/18	20-Nov-17	LF	481	0.30	<	14	3.8	1130	564	7.96	<	0.05	608	35	0.7	72.4	<	<	13	<	0.06	0.0003
MW202	20/Apr/07	20-W023		403	0.03	<	480	2.9	1120	503	7.90	<	20.5	602	20800	2.1	96.9	4.32	<	28	<	0.04	0.0002
	20/Nov/17	20-W043		387	0.03	<	188	0.6	1110	514	7.90	<	28.2	598	26900	3.4	105	3.8	<	31	<	0.06	0.0003
Bedrock Wells																							
MW102	20/Apr/07	20-W010		383	0.05	<	23	4.6	1360	619	7.56	<	4.43	738	6100	0.6	177	3.24	<	56	<	0.05	0.0001
	20-Nov-18	20-W055		349	0.05	<	24	3.3	1580	653	7.71	<	1.9	865	3620	0.5	266	<	<	50	<	0.1	0.0002
MW104	20/Apr/08	20-W020		339	0.04	<	<	3.0	1090	527	7.86	<	1.41	585	22700	0.1	130	0.07	<	32	<	0.04	0.0002
	20-Nov-18	20-W053		327	0.05	<	51	1.6	1210	593	7.87	<	4.56	651	9480	0.4	174	<	<	35	<	0.07	0.0003
MW107	20/Apr/07	20-W025	LF	660	0.01	<	33	7.1	2320	1040	8.01	<	0.61	1290	890	0.7	129	0.62	<	517	<	0.07	0.0006
	20-Nov-18	20-W058		748	0.01	<	27	8.0	2400	1160	7.78	<	0.13	1330	8	0.7	134	0.9	<	468	<	0.11	0.0006
MW201	20/Apr/08	20-W022		435	0.04	-	93	3.0	1460	242	8.26	<	8.33	795	12600	0.8	125	1.52	<	129	<	0.01	0.0032
	20-Nov-17	20-W044		441	0.06	4	132	0.7	1480	219	8.46	<	10.4	807	289000	0.9	123	1.81	<	142	<	0.03	0.002
MW203	20/Apr/07	20-W028		379	0.14	<	23	6.1	952	445	7.99	<	0.18	506	120	0.4	62.5	0.06	<	20	<	0.28	0.0014
	20/May/12	20-W032 [b]		377	0.15	<	21	7.1	931	455	8.00	<	0.12	494	630	0.5	65.6	<	<	22	<	0.05	0.0010
	17/Nov/20	20-W046	LF	367	0.14	<	10	5.3	922	408	8.08	<	0.05	489	24	0.4	61.7	<	<	21	<	0.05	0.0012

(table cont'd)

Table 7 Groundwater Chemistry (cont'd)

PARAMETERS			Barium	Boron	Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Potassium	Silver	Sodium	Strontium	Uranium	Vanadium	Zinc	pH (field)	Temperature (field)	Dissolved Oxygen (field)	Conductivity (field)	Ammonia, unionized [1]			
Groundwater Sampling Location	Date	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	mg/L	mg/L	pH units	°C	mg/L	mS/cm	mg/L			
			RL (2020)	0.001	0.005	0.000015	0.02	0.001	0.0001	0.0001	0.005	0.0002	0.02	0.001	0.1	0.0001	0.2	0.001	0.00005	0.0001	0.005	-	-	-	-	-	0.001	
			ODWS	1 CS	5 CS	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	6.5 - 8.5 OG	15 AO					
			PWQO		0.200	(note c)		(note d)	0.0009	0.0005 ^e	0.3	0.005 ^f				0.0001				0.005	0.006	0.02						0.020
			RUL (overburden)	0.301	1.3	0.0013		0.013		0.501	0.175	0.00258			0.030			110		0.00559		2.5						
RUL (bedrock)	0.894	1.3	0.0013		0.013		0.501	0.405	0.0025			0.276			121		0.00723		2.5									
Overburden Wells																												
11-1	20/Apr/07	20-W016	LF	0.645	0.036	<	218	<	0.0042	0.0014	5.82	0.00013	115	1.31	2.3	<	137	1.15	0.00252	< 0.005	<	6.93	5.96	0.00	2.36	<		
	20-Nov-18	20-W051		0.655	0.05	< 0.000029	229	<	0.0041	0.0005	8.04	< 0.00009	123	1.31	2.6	<	133	1.32	0.00219	< 0.0004	<	6.96	8.96	1.23	2.50	<		
11-2	20/Apr/07	20-W014	LF	0.209	0.900	0.000101	286	0.001	0.0059	0.0053	7.28	0.00026	60.9	10.6	14.4	<	96.9	2.14	0.00221	< 0.005	0.01	6.56	7.29	2.94	2.11	<		
	20-Nov-18	20-W050	LF	0.259	1.11	0.000074	285	<	0.0042	0.0024	0.81	0.0001	49.7	9.57	20.1	<	83	2.4	0.00158	0.0003	0.005	7.24	3.59	8.49	1.81	0.002		
11-3	20/Apr/07	20-W015		0.224	0.205	0.000028	218	<	0.0018	0.0020	0.099	0.00016	107	0.193	3.0	<	79.0	0.821	0.00438	< 0.005	<	6.99	8.71	16.71	2.02	<		
	20-Nov-18	20-W048		0.187	0.165	0.000023	174	<	0.001	0.0016	0.03	0.00011	90.1	0.121	3.1	<	62.6	0.73	0.00443	0.0007	<	7.06	8.22	10.53	1.70	<		
11-4	20/Apr/07	20-W006	LF	0.050	<	<	68.1	<	0.0002	0.0025	0.027	0.00005	29.3	0.001	0.7	<	10.8	0.312	0.00125	< 0.005	<	7.34	8.83	2.92	0.413	<		
	20-Nov-17	20-W033	LF	0.073	0.008	<	88.3	<	<	0.0032	<	<	36.7	<	1	<	15.1	0.403	0.00162	0.0023	<	7.89	9.52	10.40	0.732	<		
11-6	20/Apr/07	20-W024		0.052	0.211	<	84.4	<	0.0004	0.0012	0.078	0.00008	28.7	0.039	0.5	<	50.4	0.207	0.00056	< 0.005	<	7.98	5.67	0.81	0.829	<		
	20-Nov-17	20-W042		0.06	0.19	<	84.9	<	0.0001	0.0028	0.017	0.00004	27.6	0.012	0.7	<	47.1	0.21	0.00039	0.0019	<	7.19	8.13	13.49	0.819	<		
11-7	20/Apr/07	20-W026		0.443	0.050	<	97.9	<	0.0002	0.0005	2.04	0.00003	52.3	0.091	2.9	<	16.9	0.846	<	< 0.005	<	7.86	7.29	6.44	0.982	0.008		
	20-Nov-17	20-W041		0.438	0.059	<	107	<	0.0002	0.0001	3.01	0.00005	50.6	0.169	3.1	<	17.8	0.865	0.00011	0.0004	<	7.53	8.36	12.04	0.905	0.005		
91-1	20/Apr/07	20-W005		0.164	0.008	0.000418	113	0.005	0.0080	0.0047	1.73	0.00117	50.9	0.111	1.1	0.0005	13.6	0.428	0.00157	< 0.005	0.008	7.06	7.81	7.47	0.537	<		
	20-Nov-17	20-W034		0.142	0.013	0.000217	95.8	0.006	0.0024	0.0024	0.007	0.00002	41.3	0.007	1.1	<	14.2	0.401	0.0016	0.0005	0.005	7.85	9.49	8.70	0.749	<		
91-3	20/Apr/07	20-W008		0.317	0.101	<	72.8	0.002	0.0005	0.0010	1.03	0.00037	31.1	0.119	1.6	<	13.8	0.687	0.00021	< 0.005	<	7.97	9.66	5.69	0.588	<		
	20-Nov-17	20-W039		0.333	0.107	<	69.1	<	0.0002	0.0017	0.572	0.00012	27.7	0.074	1.6	<	14.3	0.66	0.00017	0.0005	0.005	8.19	9.16	12.53	0.554	0.002		
91-4	20/Apr/07	20-W007		0.631	0.652	<	200	0.002	0.0089	0.0022	19.1	0.00767	78.4	0.186	19.3	<	49.7	1.02	0.00083	< 0.005	0.006	7.17	8.54	6.14	1.55	0.018		
	20-Nov-17	20-W040		0.633	0.644	<	193	<	0.0079	0.0009	17.9	0.00012	68.1	0.099	19.6	<	45.3	0.979	0.00047	0.00110	<	7.28	10.00	5.83	1.41	0.026		
15-1	20/Apr/07	20-W004		0.530	0.202	0.000034	175	0.005	0.0034	0.0056	7.19	0.00275	86.2	0.539	3.8	<	29.6	1.12	0.00289	0.008	0.015	7.27	8.01	0.00	1.01	<		
	20-Nov-17	20-W037		0.611	0.289	<	148	<	0.0017	0.0003	3.65	0.00008	78.6	0.188	3.4	<	40.4	1.45	0.00155	0.0004	<	7.56	9.05	13.04	1.25	0.002		
15-2	20/Apr/07	20-W002		0.851	0.191	<	47.7	<	0.0003	0.0003	0.170	0.00004	52.3	0.029	3.0	<	32.3	1.34	<	< 0.005	<	7.65	8.29	0.00	0.698	<		
	20-Nov-17	20-W035		0.902	0.195	<	49.2	<	0.0002	0.0009	0.383	<	49.9	0.028	3.0	<	32.5	1.35	0.00008	0.0002	<	8.15	9.62	4.41	0.641	0.004		
MW101	20/Apr/07	20-W011		dry conditions																								
	20-Nov-17	20-W056		0.150	0.045	0.000016	159	0.007	0.0006	0.005	0.013	0.00010	58.6	0.343	5.1	<	50.0	0.799	0.00223	< 0.005	<	7.31	8.03	6.36	1.42	<		
MW103	20/Apr/07	20-W019		0.197	0.114	0.000043	164	<	0.0007	0.0265	0.05	0.00026	71.1	0.029	48.1	<	85.7	0.862	0.00287	0.0132	0.005	6.94	8.49	3.76	1.60	<		
MW105	20/Apr/08	20-W019	LF	0.311	0.039	<	112	<	0.0009	0.0004	0.073	<	72.7	0.095	1.9	<	36.4	0.769	0.00262	< 0.005	<	7.70	5.39	14.74	1.33	<		
	20-Nov-18	20-W060	LF	0.318	0.061	<	110	<	0.0002	0.0013	0.027	0.00005	76.3	0.021	2.3	<	43.9	0.869	0.00272	0.0008	<	7.60	4.58	1.76	1.37	<		
MW106	20/Apr/07	20-W027		0.747	0.231	<	74.7	0.002	0.0008	0.0014	1.52	0.00064	81.7	0.096	3.5	<	41.6	1.76	0.00023	< 0.005	0.005	7.82	8.48	0.63	1.06	0.004		
	20/May/12	20-W031 [b]		0.893	0.285	<	97.1	<	0.0002	0.0005	0.774	0.00006	81.5	0.029	3.4	<	50.0	2.21	0.00018	0.0002	<	7.45	11.45	11.63	0.974	0.002		
	17/Nov/20	20-W045	LF	0.928	0.292	<	95.3	<	<	0.0004	0.827	< 0.00004	79.2	0.025	3.4	<	48.5	2.11	0.00025	<	<	7.80	7.72	0.96	1.150	0.003		
MW202	20/Apr/07	20-W023		0.427	0.036	<	85.6	0.003	0.0004	0.0009	<	0.00002	70.3	0.036	2.1	<	57.8	0.725	0.00313	< 0.005	<	7.74	5.98	8.30	1.25	<		
	20-Nov-17	20-W043		0.474	0.052	<	90	0.002	<	0.0013	0.007	< 0.00004	70.2	0.006	2.5	<	64.3	0.755	0.00387	0.0007	<	6.95	8.94	6.28	1.15	<		
Bedrock Wells																												
MW102	20/Apr/07	20-W010		0.941	0.044	<	159	<	0.0007	0.0020	0.387	0.00003	53.8	0.468	15.1	<	49.2	0.861	0.00305	< 0.005	<	7.30	8.74	2.04	1.45	<		
	20-Nov-18	20-W055		0.878	0.058	<	162	<	0.0004	0.0023	0.524	0.00006	60.3	0.517	10.4	<	60.7	1.01	0.00277	0.0002	<	7.08	6.29	2.57	1.57	<		
MW104	20/Apr/08	20-W020		0.458	0.057	<	101	0.001	0.0006	0.0005	0.368	0.00005	66.7	0.159	2.8	<	33.8	0.854	0.00278	< 0.005	<	7.51	6.85	2.76	1.24	<		
	20-Nov-18	20-W053		0.513	0.062	<	110	<	0.0004	0.0039	0.495	0.00014	77.4	0.158	3.2	<	37.9	1.04	0.00266	<	<	7.25	8.60	5.64	1.33	<		
MW107	20/Apr/07	20-W025	LF	0.070	1.64	0.000020	222	<	0.0008	0.0121	0.006	0.00012	118	0.005	28.6	<	183	2.66	0.0161	< 0.005	0.009	-	-	-	-	<		
	20-Nov-18	20-W058	LF	0.068	1.84	0.000086	230	<	0.0011	0.0086	0.014	0.00011	142	0.506	33.0	<	162	2.34	0.0101	0.0003	0.01	7.47	4.44	3.00	2.71	<		
MW201	20/Apr/08	20-W022		0.088	0.233	0.000126	36.8	<	0.0002	0.0034	0.013	0.00007	36.6	0.010	4.9	<	265	0.416										

Table 8
PFAS Analytical Results

PARAMETERS			8:2 Fluorotelomer sulfonic acid(8:2 FTS)	6:2 Fluorotelomer sulfonic acid(6:2 FTS)	4:2 Fluorotelomer sulfonic acid(4:2 FTS)	10:2 Fluorotelomer sulfonic acid(10:2 F)	Perfluorobutane sulfonic acid (PFBS)	Perfluorohexane sulfonic acid (PFHxS)	Perfluorotridecanoic acid (PFTrDA)	Perfluorooctane sulfonic acid (PFOS)	Perfluoropentane sulfonic acid (PFPeS)	N-EI PFO sulfonamide (EiFOA)	N-EI PFO sulfonamidoethanol (EiFOSE)	N-EI PFO sulfonamidoacetic acid(EiFOAA)	N-Me PFO sulfonamide (MeFOA)	N-Me PFO sulfonamidoacetic acid(MeFOAA)	N-Me PFO sulfonamidoethanol (MeFOSE)	Perfluoroheptane sulfonic acid (PFHpS)	Perfluorooctane sulfonamide (FOA)	Perfluorodecane sulfonic acid (PFDS)	Perfluorobutanoic acid (PFBA)	Perfluorodecanoic acid (PFDA)	Perfluorododecanoic acid (PFDoDA)	Perfluoroheptanoic acid (PFHpA)	Perfluorohexanoic acid (PFHxA)	Perfluorononanoic acid (PFNA)	Perfluorooctanoic acid (PFOA)	Perfluoropentanoic acid (PFPeA)	Perfluorotetradecanoic acid (PFTrDA)	Perfluoroundecanoic acid (PFUnDA)	Perfluoronane sulfonic acid (PFNS)	ADONA	F53B minor	F53B major	PFOA & PFOS [1]	Sum of all reported PFAS compound concentrations				
Groundwater Sampling Location	Date	Sample ID	Units	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L	ug/L			
			DL (2020)	DL (2021)	Health Canada PFAS Screening Values	MECP Drinking Water Screening Values for Perfluorinated Chemicals	0.0020	0.020	0.0050	0.0020	0.0010	0.0010	0.0020	0.0050	0.0010	0.0020	0.0050	0.0020	0.0050	0.0010	0.0050	0.0020	0.0010	0.0020	0.0020	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010
				0.0020	0.020	0.0050	0.0020	0.0010	0.0010	0.0020	0.0020	0.0050	0.0010	0.0020	0.0050	0.0020	0.0050	0.0010	0.0050	0.0020	0.0010	0.0020	0.0020	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	
				0.0020	0.020	0.0050	0.0020	0.0010	0.0010	0.0020	0.0020	0.0050	0.0010	0.0020	0.0050	0.0020	0.0050	0.0010	0.0050	0.0020	0.0010	0.0020	0.0020	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010
				0.2	0.2			15	0.6		0.6										30				0.2	0.2	0.02	0.2	0.2									1		
																																						0.07		
379 Eden Grove Rd	21/Feb/03	21-W012		-	-	-	-	<	<	-	<	-	-	-	-	-	-	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<	
391 Eden Grove Rd	21/Feb/04	21-W013		-	-	-	-	<	<	-	<	-	-	-	-	-	-	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<
11-1	20/Dec/09	20-W069		<	<	<	<	0.0020	0.0018	<	0.0010	<	<	<	<	<	<	<	<	<	<	<	<	<	0.0026	0.0080	<	0.0053	0.0082	<	<	<	<	<	<	<	<	0.03	0.0289	
	21/Feb/03	21-W006		<	<	<	<	0.0018	0.0014	-	0.0010	<	<	<	<	<	<	<	<	<	<	<	<	0.0030	0.0066	<	0.0052	0.0072	<	<	<	<	<	<	<	<	<	0.03	0.0262	
	21/Feb/03	21-W007	DUP	<	<	<	<	0.0017	0.0014	-	<	<	<	<	<	<	<	<	<	<	<	<	<	0.0030	0.0066	<	0.0052	0.0072	<	<	<	<	<	<	<	<	<	0.03	0.0253	
11-2	20/Dec/09	20-W066		<	<	<	<	0.111	0.332	<	0.0415	0.0164	<	<	<	<	<	0.0025	<	<	<	<	<	0.239	0.834	0.0060	0.373	1.10	<	<	<	<	<	<	<	<	1.93	3.0554		
	21/Feb/03	21-W008		<	<	<	<	0.190	0.257	<	0.0251	0.0132	<	<	<	<	<	0.0013	<	<	0.183	<	<	0.260	0.849	0.0047	0.326	1.05	<	<	<	<	<	<	<	<	1.67	3.1593		
MW104	19/Nov/12	19-W031		<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.025	<0.010	<0.010	<0.025	<0.030	<0.010	<0.025	<0.010	<0.030	<0.010	<0.010	<0.010	<0.31	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.025	<0.010	<	<	<	<	0.03	<	
	21/Feb/03	21-W001		-	-	-	-	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<
MW105	19/Nov/12	19-W032		<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.025	<0.010	<0.010	<0.025	<0.030	<0.010	<0.025	<0.010	<0.030	<0.010	<0.010	<0.010	<0.21	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.010	<0.025	<0.010	<	<	<	<	<	0.03	<	
	20/Dec/09	20-W067		<	<	<	<	<	0.0015	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.01	0.0092
	21/Feb/03	21-W002		<	<	<	<	0.0010	0.0017	-	<	<	<	<	<	<	<	<	<	<	<	<	<	0.0013	0.0028	<	0.0028	0.0026	<	<	<	<	<	<	<	<	<	<	0.02	0.0134
MW106	20/Dec/09	20-W062		<	<	<	<	0.0018	0.0075	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.0278	0.0443	<	0.0602	0.0237	<	<	<	<	<	<	<	<	<	0.30	0.1653	
	21/Feb/03	21-W010		<	<	<	<	0.0024	0.0084	-	<	0.0011	<	<	<	<	<	<	<	<	<	<	<	0.0316	0.0432	<	0.0640	0.0290	<	<	<	<	<	<	<	<	<	0.32	0.1797	
MW107	20/Dec/09	20-W065		<	0.034	<	<	0.0793	0.197	<	0.0205	0.0183	<	<	<	<	<	0.0013	<	<	<	<	<	0.258	0.651	0.0093	0.371	0.594	<	<	<	<	<	<	<	<	1.89	2.2337		
	21/Feb/03	21-W011		<	<	<	<	0.0801	0.168	<	0.0193	0.0173	<	<	<	<	<	0.0012	<	<	0.113	<	<	0.193	0.491	0.0085	0.275	0.447	<	<	<	<	<	<	<	<	1.41	1.8134		
MW201	21/Feb/03	21-W003		<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<	
MW202	21/Feb/03	21-W004		<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<	
MW203	20/Dec/09	20-W063		<	<	<	<	0.0019	0.0140	<	0.0040	<	<	<	<	<	<	<	<	<	<	<	<	0.0329	0.0533	<	0.101	0.0323	<	<	<	<	<	<	<	<	<	0.51	0.2394	
	20/Dec/09	20-W064		<	<	<	<	0.0018	0.0137	<	0.0041	<	<	<	<	<	<	<	<	<	<	<	<	0.0325	0.0542	<	0.101	0.0327	<	<	<	<	<	<	<	<	<	0.51	0.2400	
	21/Feb/03	21-W009	DUP	<	<	<	<	0.0026	0.0110	<	0.0026	0.0013	<	<	<	<	<	<	<	<	<	<	<	0.0335	0.0472	<	0.0760	0.0303	<	<	<	<	<	<	<	<	<	0.38	0.2045	
FB	20/Dec/09	20-W068		<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<
	21/Feb/03	21-W005		<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	<	0.003	<

Notes: "-" denotes not analyzed
 "DL" denotes reporting limit
 "<" denotes results below reporting limit
 "MW###" and "# - #" denote groundwater monitoring well
 "DUP" denotes duplicate sample
 "FB" denotes field blank

Data Input: MW
Data Check: AP

indicates value exceeds Health Canada's Drinking Water Screening Values for perfluoroalkylated substances (PFAS)
 indicates value exceeds Drinking Water Screening Values for Perfluorinated Chemicals in Private Drinking Water Sources, Ministry of Environment, Conservation and Parks, July 25, 2017
 This table is intended to summarize analytical results provided by the Ministry of Environment, Conservation and Parks. For complete results please see the laboratory certificates.

[1] calculated by Malroz and based on additivity principals outlined in Section 10.4 of Health Canada, 2018, Guidelines for Canadian Drinking Water Quality. The value is the sum of PFOA and PFOS concentration, each divided by their respective Health Canada screening values. Calculation includes detection limit values where results were below the detection limit as a conservative measure.

**Table 9
Groundwater Chemistry - Residential Wells**

PARAMETERS			Alkalinity, total	Ammonia as N	BOD	Chemical Oxygen Demand	Dissolved Organic Carbon	Conductivity	Hardness	pH	Phenolics	Phosphorus, total	Total Dissolved Solids	Total Suspended Solids	Total Kjeldahl Nitrogen	Chloride	Nitrate as N	Nitrite as N	Sulphate	Mercury	Aluminum	Antimony	
Groundwater Sampling Location	Date	Sample ID	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	
			RL (2020)	5	0.01	3	5	0.2	1	1	-	0.001	0.01	3	3	0.1	0.5	0.05	0.05	1	0.00002	0.01	0.5
			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	6
PWQO	(note a)										0.001	0.020							0.0002	0.075b	0.02		
379 Eden Grove Road	21/Feb/03	21-W012		314	0.12	< 3	< 5	2.8	711	339	7.86	< 0.002	<0.01	369	< 3	0.2	6.3	< 0.05	< 0.05	44	< 0.00002	0.02	-
391 Eden Grove Road	21/Feb/04	21-W013		323	0.07	< 3	< 5	2.9	717	343	7.95	< 0.002	0.02	372	3	0.1	6.3	< 0.05	< 0.05	44	< 0.00002	0.02	-
572 Eden Grove Road	20/Apr/07										not sampled due to COVID-19 restrictions												
572 Eden Grove Road	20/Nov/17	20-W047		388	0.07	<	<	0.4	1720	656	7.85	<	0.02	942	<	0.4	308	0.4	0.08	43	<	0.08	< 0.0001

Table Cont'd

**Table 9
Groundwater Chemistry - Residential Wells (Cont'd)**

PARAMETERS			Arsenic	Barium	Beryllium	Boron	Cadmium	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Potassium	Selenium	Silicon	Silver	Sodium	Strontium	Uranium	Vanadium	Zinc	pH (field)	Temperature (field)	Dissolved Oxygen (field)	Conductivity (field)	Un-ionized Ammonia (Field)	ORP (Field)	
Groundwater Sampling Location	Date	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	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	pH units	°C	mg/L	mS/cm	mg/L		
			RL (2020)	0.0001	0.001	0.5	0.005	0.000015	0.02	0.001	0.0001	0.0001	0.005	0.00002	0.02	0.001	0.1	1	10	0.0001	0.2	0.001	0.00005	0.005	0.005	-	-	-	-	0.001	
			ODWS	0.01 CS	1 CS		5 CS	0.005 CS		0.05 CS		1 AO	0.3 AO	0.01 CS		0.05 AO		50		0.0001	200 AO[a]		0.02 CS	5 AO	5 AO	6.5 - 8.5 OG	15 AO				
PWQO	0.005		1.1 h	0.200	(note c)		(note d)	0.0009	0.0005e	0.3	0.005f				0.1		0.0001				0.005	0.006	0.02								
379 Eden Grove Road	21/Feb/03	21-W012		0.0002	0.208	-	0.220	< 0.000015	77.4	< 0.001	< 0.0001	0.0004	0.464	0.00005	35.5	0.124	1.6	-	< 0.0001	29.9	1.92	0.00065	< 0.0001	< 0.005	7.98	11.72	8.22	0.479	0.002385	-51	
391 Eden Grove Road	21/Feb/04	21-W013		0.0001	0.220	-	0.212	< 0.000015	79.0	< 0.001	< 0.0001	0.0002	0.887	< 0.00002	35.4	0.132	1.6	-	< 0.0001	29.1	1.94	0.00061	< 0.0001	< 0.005	8.65	6.86	7.24	0.435	0.004253	-98	
572 Eden Grove Road	20/Apr/07																														
572 Eden Grove Road	20/Nov/17	20-W047		<	0.571	0.000017	0.123	0.000017	145.0	<	0.0005	0.0117	<	0.00012	71.5	0.347	4.8	0.0006	0.008	<	116	2.07	0.00255	0.0006	0.008	7.63	8.62	10.45	1.810	<	123

Notes: "-" denotes not analyzed
 "RL" denotes reporting limit
 "<" denotes results below reporting limit
 "MW###" and "#-#" denote groundwater monitoring well
 "DUP" denotes duplicate sample
 "LF" denotes low flow sampling method used
 groundwater samples analyzed for metals were field filtered using 0.45 micron filters
 [a] the local medical health officer should be notified when the sodium concentration exceeds 20 mg/L.
 [b] denotes concentration exceeds the Ontario Drinking Water Standards
 [c] denotes concentration exceeds the Reasonable Use Limits at compliance wells
 AO indicates aesthetic objective OG indicates operational objective CS Chemical standards
 Data from 2016 and prior provided by the Township and Leeds and Thousand Islands
 Malroz was not able to independently validate historic chemistry and exceedances, provided by the Township of Leeds and the Thousand Islands

[1] Un-ionized 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 = <10% above natural background concentration
 [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: <30 mg/L Hardness = 0.001 mg/L, 30 to 80 mg/L Hardness = 0.003 mg/L, >80 mg/L Hardness = 0.005 mg/L
 [g] PWQO for minimum DO concentration set at conservative value based on highest temperature and warm water biota
 [h] beryllium criteria: <75 mg/L hardness = 0.011 mg/L, >75 mg/L hardness = 1.1 mg/L

Data Input: MW
Data Check: ZL

Table 10 - Surfacewater Chemistry

Surface Water Sampling Location	Date Sampled	Sample ID	Alkalinity, total	Ammonia as N	Ammonia, unionized	BOD	Chemical Oxygen Demand	Dissolved Organic Carbon	Conductivity	Hardness	pH	Phenolics	Phosphorus, total	Phosphorus, total dissolved	Total Dissolved Solids	Total Suspended Solids	Total Kjeldahl Nitrogen	Chloride	Nitrate as N	Nitrite as N	Sulphate	Aluminum, dissolved	Mercury	Arsenic	Barium	Boron	Cadmium	
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	mg/L	
RL			5	0.01	0.01	3	5	0.2	1	1	N/A	0.001	0.01	0.002	3	3	0.1	0.5	0.05	0.05	1	0.001	0.00002	0.0001	0.001	0.005	0.000015	
Provincial Water Quality Objectives (mg/L)			(note a)		0.020						6.5-8.5	0.001	0.02									0.075[b]	0.0002	0.005		0.200	0.0005[c]	
Table A: Assessment Criteria for Waste Disposal Sites (mg/L)					0.100						6.0-9.0	0.04[h]						180			100			0.15	2.3	3.550	0.00021	
Table B: Alternative Review Criteria (mg/L)												0.004[h]							128	2.9	0.06		0.000026		1.5	0.000017		
North Watercourse	SW4 (background)	20-Apr/07	20-W013	62	0.73	0.02	4	100	25.4	187	122	7.59	<	0.80	0.379	95	110	3.6	11.9	0.63	<	7	0.11	<	0.0015	0.251	0.091	0.000131
		20-Nov/18	20-W063	85	0.55	<	4	119	20.4	392	157	7.73	<	0.46	0.261	202	65	3.2	38.6	0.79	0.07	45	0.05	<	0.001	0.147	<	0.000074
	SW6 (background)	20-Apr/07	20-W012	50	0.64	<	4	115	27.3	140	104	7.40	<	0.73	0.584	71	110	3.4	5.7	0.51	<	6	2.07	<	0.0014	0.232	0.077	0.000113
		20-Nov/18	20-W057	66	0.35	<	4	285	23.2	305	124	7.52	<	2.63	0.226	156	120	9.7	20.8	1.20	0.07	45	0.99	<	0.003	0.492	0.042	0.00050
	SW8	20-Apr/07	20-W018	237	0.18	<	4	46	12.8	683	310	7.77	<	0.30	0.239	355	38	1.5	52.0	2.79	<	20	0.04	<	0.0007	0.145	0.096	0.000039
		20-Nov/18	20-W059	191	0.16	<	<	39	10.6	667	302	7.93	<	0.20	0.137	346	24	1.6	64.6	3.22	<	46	0.07	<	0.0005	0.117	<	0.000032
	SW12	20-Apr/07	20-W017	584	0.15	<	21	346	83.6	1640	627	8.01	<	2.81	1.44	897	170	1.3	134	0.05	<	77	0.05	<	0.0068	0.220	0.421	0.000081
		20-Nov/18	20-W049	253	0.12	<	10	261	17.7	843	324	7.95	<	3.24	0.134	445	1800	10.5	81.2	0.10	<	65	0.06	<	0.0084	0.448	0.124	0.000644
	SW14	20-Apr/08	20-W029	259	0.04	<	<	44	12.1	844	359	8.00	<	0.24	0.137	445	28	1.3	95.2	1.78	<	21	0.03	<	0.0007	0.116	0.099	0.000031
		20-Nov/18	20-W062	202	0.02	<	<	44	8.5	787	314	8.09	<	0.27	0.124	413	60	1.6	95.5	2.55	<	54	0.05	<	0.0007	0.120	<	0.000029
	SW16	20-Apr/08	20-W021	338	<	<	<	5	3.4	818	436	7.95	0.001	0.03	0.031	430	<	0.3	33.5	5.04	<	21	0.04	<	0.0002	0.102	0.070	<
		20-Nov/18	20-W054	319	<	<	<	<	3	822	411	8.03	<	0.03	0.021	433	30	0.3	45.0	6.99	<	25	0.05	<	0.0001	0.099	<	<
South Watercourse	SW15 (background)	20-Apr/07	20-W001	54	0.05	<	4	42	10.1	120	74	7.12	<	0.17	0.082	61	16	1.1	1.8	0.05	<	1	0.68 [j]	<	0.0004	0.064	0.056	0.000020
		20-Nov/17	20-W036	38	0.08	<	11	128	21.5	125	53	7.04	<	0.55	0.087	63	135	5.2	2.4	0.31	<	17	0.2	<	0.0006	0.127	<	0.000099
	SW1	20-Apr/07	20-W009	53	0.07	<	3	51	17.4	114	71	7.09	<	0.09	0.051	58	7	0.9	1.3	0.07	<	<	1.08	<	0.0005	0.036	0.048	0.000036
		20-Nov/17	20-W038	58	0.45	<	5	180	53.9	170	86	7.09	<	0.29	0.101	87	68	4.0	3.0	<	<	17	0.36	<	0.0009	0.065	<	0.000123
	SW11	20-Apr/07	20-W003	60	0.06	<	4	46	12.6	132	79	7.53	<	0.14	0.092	67	19	1.3	1.9	<	<	2	0.06	<	0.0005	0.067	0.046	0.000030
	20-Nov/17	Dry Conditions																										
SW13	20-Apr/08	20-W030	193	0.04	<	4	64	13.9	450	223	7.93	<	0.40	0.056	232	92	2.1	8.0	1.97	<	16	0.03	<	0.0006	0.114	0.116	0.000090	
	20-Nov/18	20-W061	224	0.06	<	4	102	9.7	563	278	8.04	<	0.31	0.079	292	90	1.8	13.8	3.93	<	34	0.06	<	0.0006	0.117	0.041	0.000055	

(table cont'd)

Table 10 - Surfacewater Chemistry (cont'd)

Surface Water Sampling Location	Date Sampled	Sample ID	Calcium	Chromium	Cobalt	Copper	Iron	Lead	Magnesium	Manganese	Nickel	Potassium	Silver	Sodium	Strontium	Vanadium	Zinc	pH (field)	Temperature (field)	Dissolved Oxygen (field)	Conductivity (field)	Ammonia, unionized ^[j]	
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	pH Units	°C	mg/L	mS/cm	mg/L	
RL			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	0.005	0.005					0.001	
Provincial Water Quality Objectives (mg/L)				(note d)	0.0009	0.005 [e]	0.3	(note f)			0.025		0.0001			0.006	0.02	6.5 - 8.5	(note g)			0.020	
Table A: Assessment Criteria for Waste Disposal Sites (mg/L)				0.064		0.0069	1	0.002									0.089	6.0 - 9.0				0.100	
Table B: Alternative Review Criteria (mg/L)																	0.030						
North Watercourse	SW4	20/Apr/07	20-W013	25.5	0.021	0.0058	0.0243	13.3	0.00699	14.1	0.161	0.02	7.1	<	7.8	0.136	0.030	0.083	7.55	13.87	8.21	0.211	0.006
	(background)	20/Nov/18	20-W063	35.3	0.007	0.0021	0.0096	4.58	0.00237	19.2	0.079	<	9.5	<	16.1	0.219	0.0119	0.027	7.89	0.5	1.28	0.425	0.004
	SW6	20/Apr/07	20-W012	21.4	0.018	0.0050	0.0142	12.4	0.00579	12.2	0.139	0.02	6.9	<	5.8	0.121	0.029	0.086	7.54	10.81	5.77	0.172	0.004
	(background)	20/Nov/18	20-W057	35.2	0.047	0.0142	0.0439	32.9	0.01610	27.4	0.379	0.04	15.7	0.0001	10.4	0.229	0.0621	0.175	7.45	2.17	4.88	0.329	<
	SW8	20/Apr/07	20-W018	70.4	0.007	0.0018	0.0056	4.36	0.00202	32.7	0.101	<	3.3	<	24.3	0.325	0.010	0.031	7.69	9.71	3.10	0.740	0.002
	(background)	20/Nov/18	20-W059	59.9	0.003	0.0009	0.0044	1.93	0.00089	32	0.033	<	5.3	<	27.5	0.336	0.0059	0.014	7.80	1.76	12.50	0.718	<
	SW12	20/Apr/07	20-W017	153	0.004	0.0027	0.0088	2.04	0.00240	59.4	1.05	<	77.9	<	96.8	0.894	0.007	0.039	8.02	9.69	8.39	1.80	0.003
	(background)	20/Nov/18	20-W049	208	0.037	0.0171	0.0613	32.2	0.0337	65.4	1.23	0.03	35.4	0.0003	42	1.59	0.0424	0.329	7.46	1.56	4.60	0.676	<
	SW14	20/Apr/08	20-W029	84.5	0.003	0.0009	0.0039	2.01	0.00089	36.0	0.092	<	6.2	<	42.2	0.397	0.005	0.02	8.46	10.49	13.18	0.344	0.002
	(background)	20/Nov/18	20-W062	68.8	0.004	0.0014	0.0055	2.46	0.00095	34.2	0.130	<	5.3	<	43	0.42	0.0058	0.015	7.31	0.18	3.97	0.826	<
	SW16	20/Apr/08	20-W021	97.4	<	0.0001	0.0008	0.124	0.00006	46.3	0.010	<	0.7	<	17.8	0.378	<	0.011	7.55	5.76	4.91	0.924	<
	(background)	20/Nov/18	20-W054	85.7	0.001	0.0001	0.0008	0.232	0.00012	49.1	0.005	<	0.9	<	21.9	0.435	0.0028	<	7.34	4.62	17.05	0.933	<
South Watercourse	SW15	20/Apr/07	20-W001	15.2	0.003	0.0007	0.0023	1.99	0.00075	8.66	0.080	<	2.5	<	4.3	0.129	<	0.035	6.57	5.83	13.25	0.182	<
	(background)	20/Nov/17	20-W036	10.1	0.008	0.0019	0.006	5.69	0.00243	9.27	0.105	<	3.4	<	5.3	0.136	0.0082	0.03	7.39	4.76	10.03	0.113	<
	SW1	20/Apr/07	20-W009	16.7	0.001	0.0009	0.0033	1.94	0.00062	7.00	0.131	<	1.6	<	3.5	0.058	<	0.098	6.86	8.19	6.02	0.156	<
	(background)	20/Nov/17	20-W038	18.4	0.003	0.0019	0.005	4.1	0.00176	9.54	0.256	<	3.5	<	4.5	0.119	0.0037	0.059	7.25	6.15	8.20	0.205	0.001
	SW11	20/Apr/07	20-W003	16.3	0.003	0.0007	0.0028	1.91	0.00083	9.40	0.044	<	2.2	<	4.7	0.148	<	0.032	7.45	9.39	7.07	0.169	<
(background)	20/Nov/17	Dry Conditions																					
SW13	20/Apr/08	20-W030	53.7	0.005	0.0017	0.0076	3.17	0.00171	24.9	0.109	<	3.2	<	12.7	0.281	0.008	0.028	7.90	11.58	16.02	0.478	<	
(background)	20/Nov/18	20-W061	58.7	0.004	0.0015	0.0068	2.56	0.00107	33.3	0.082	<	4.1	<	16.3	0.429	0.0074	0.015	7.34	0.42	6.25	0.575	<	

Data Input: MW
Data Check: JMP

Notes:

- *RL* denotes reporting limit
- *<.* denotes result below reporting limit
- *SW ###* denotes surface water station ID
- *N/A* denotes not applicable
- [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 = <10% above natural background concentration
- [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: <30 mg/L Hardness = 0.001 mg/L, 30 to 80 mg/L Hardness = 0.003 mg/L, >80 mg/L Hardness = 0.005 mg/L
- [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
- [i] Unionized Ammonia calculated using field parameters for pH and temperature
- [j] Lab reported sediment present in sample

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)

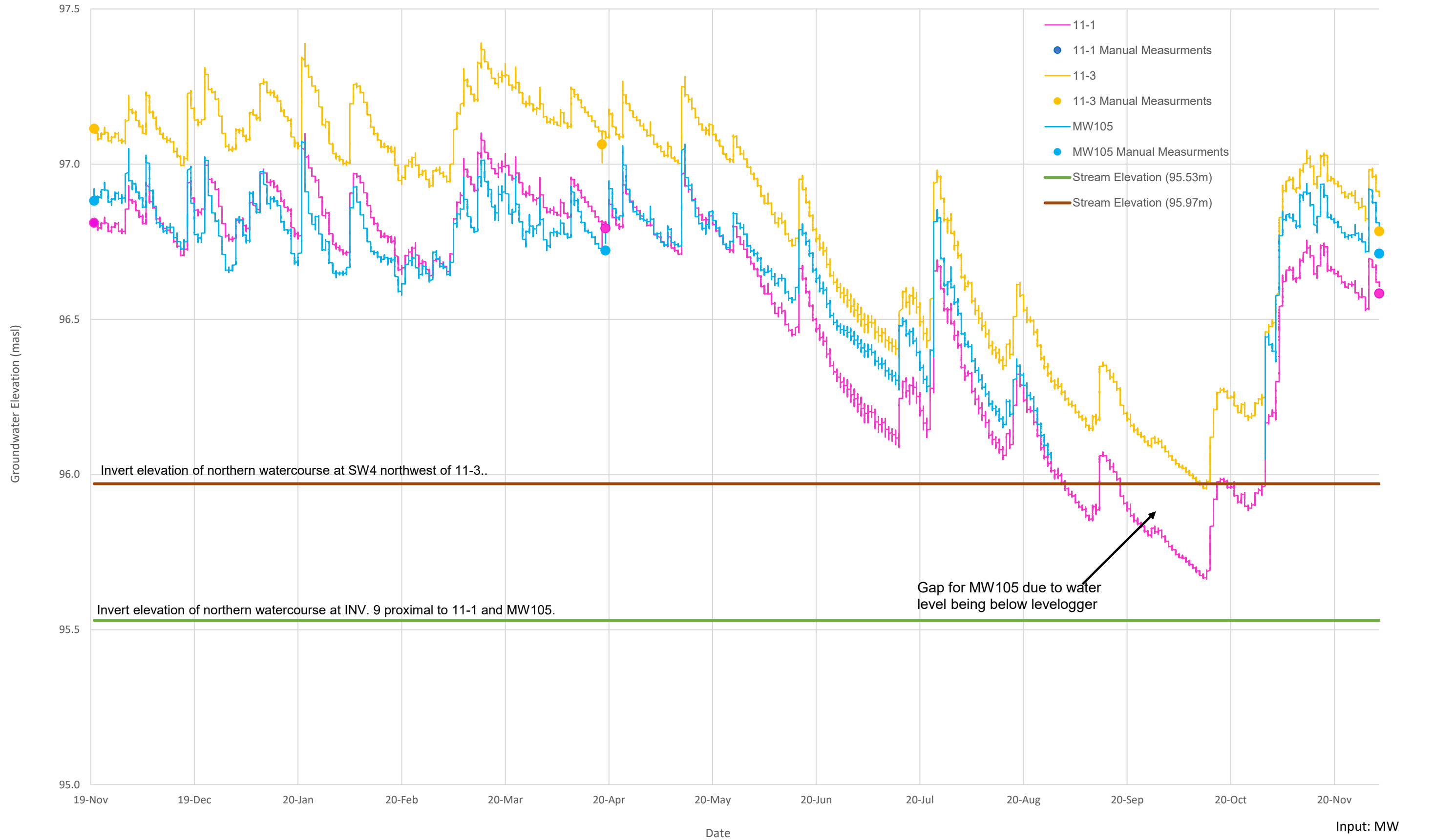
denotes concentration exceeds Table A: Assessment Criteria for Waste Disposal Sites (Source Aquatic Protection Values), from the Monitoring and Reporting for Waste Disposal Sites Groundwater and Surface Water Technical Guidance Document (2010)

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

Appendix I
Level Logger Data

2019-2020 Levellogger Data



Appendix J
Laboratory Certificates of Analyses

C.O.C.: G93053

REPORT No. B20-09199

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: 07-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 16-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W002	20-W004	20-W005	20-W006
					Sample I.D.	20-W002	20-W004	20-W005	20-W006
Date Collected					07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	336	482	337	234	
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	8.07	7.74	7.79	7.71	
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	645	966	733	549	
Chloride	mg/L	0.5	SM4110C	09-Apr-20/O	3.1	20.8	3.7	2.1	
Nitrite (N)	mg/L	0.05	SM4110C	09-Apr-20/O	< 0.05	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	09-Apr-20/O	0.11	0.13	10.4	16.7	
Sulphate	mg/L	1	SM4110C	09-Apr-20/O	3	18	7	9	
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3	4	< 3	< 3	
Total Suspended Solids	mg/L	3	SM2540D	09-Apr-20/K	18300	29600	5400	17	
Phosphorus-Total	mg/L	0.01	E3199A.1	08-Apr-20/K	1.45	35.1	3.30	0.05	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	08-Apr-20/K	0.3	5.7	0.4	0.6	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	0.13	0.21	0.02	0.01	
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	335	514	382	285	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	6.7	7.7	3.3	6.3	
Phenolics	mg/L	0.002	MOEE 3179	08-Apr-20/K	< 0.002	< 0.02	< 0.002	< 0.002	
COD	mg/L	5	SM 5220D	13-Apr-20/O	14	630	51	11	
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	334	792	492	291	
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	< 0.01	2.12	0.90	0.02	
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0003	0.0019	0.0003	0.0002	
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.851	0.530	0.164	0.050	
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.191	0.202	0.008	< 0.005	
Cadmium	mg/L	0.000015	EPA 200.8	13-Apr-20/O	< 0.000015	0.000034	0.000418	< 0.000015	
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	47.7	175	113	68.1	
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	< 0.001	0.005	0.005	< 0.001	
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0003	0.0034	0.0080	0.0002	
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0003	0.0056	0.0047	0.0025	
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	0.170	7.19	1.73	0.027	

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.: G93053

REPORT No. B20-09199

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: 07-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W002	20-W004	20-W005	20-W006
					Sample I.D.	20-W002	20-W004	20-W005	20-W006
Date Collected					07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	0.00004	0.00275	0.00117	0.00005	0.00005
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	52.3	86.2	50.9	29.3	29.3
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	0.029	0.539	0.111	0.001	0.001
Mercury	mg/L	0.00002	SM 3112 B	13-Apr-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	3.0	3.8	1.1	0.7	0.7
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	< 0.0001	< 0.0001	0.0005	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	32.3	29.6	13.6	10.8	10.8
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	1.34	1.12	0.428	0.312	0.312
Uranium	mg/L	0.00005	EPA 200.8	13-Apr-20/O	< 0.00005	0.00289	0.00157	0.00125	0.00125
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	< 0.005	0.008	< 0.005	< 0.005	< 0.005
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	< 0.005	0.015	0.008	< 0.005	< 0.005

1 Elevated detection limit due to dilution



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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 308 Wellington Street, 2nd Floor
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Attention: Mallory Wright

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285 Dalton Ave
 Kingston Ontario K7K 6Z1
 Tel: 613-544-2001
 Fax: 613-544-2770

DATE RECEIVED: 07-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 16-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W007	20-W008	20-W010	20-W011
			Reference Method	Date/Site Analyzed	B20-09199-5	B20-09199-6	B20-09199-7	B20-09199-8
			Date Collected		07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	761	241	383	384
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.44	7.80	7.56	7.57
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	1460	539	1360	1320
Chloride	mg/L	0.5	SM4110C	09-Apr-20/O	17.4	6.0	177	83.9
Nitrite (N)	mg/L	0.05	SM4110C	09-Apr-20/O	< 0.05	< 0.05	< 0.05	0.13
Nitrate (N)	mg/L	0.05	SM4110C	09-Apr-20/O	0.07	0.07	3.24	25.9
Sulphate	mg/L	1	SM4110C	09-Apr-20/O	25	35	56	94
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	09-Apr-20/K	13200	760	6100	15600
Phosphorus-Total	mg/L	0.01	E3199A.1	08-Apr-20/K	6.10	0.15	4.43	8.38
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	08-Apr-20/K	10.5	0.1	0.6	2.4
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	7.30	0.04	0.05	0.05
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	795	279	738	715
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	15.8	2.9	4.6	8.0
Phenolics	mg/L	0.002	MOEE 3179	08-Apr-20/K	< 0.02	0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	13-Apr-20/O	118	12	23	122
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	822	310	619	638
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.53	0.28	0.05	0.05
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0090	0.0002	0.0001	0.0005
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.631	0.317	0.941	0.150
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.652	0.101	0.044	0.045
Cadmium	mg/L	0.000015	EPA 200.8	13-Apr-20/O	< 0.000015	< 0.000015	< 0.000015	0.000016
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	200	72.8	159	159
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	0.002	0.002	< 0.001	0.007
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0089	0.0005	0.0007	0.0006
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0022	0.0010	0.0020	0.0050
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	19.1	1.03	0.387	0.013



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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.: G93053

REPORT No. B20-09199

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: 07-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W007	20-W008	20-W010	20-W011
					Sample I.D.	20-W007	20-W008	20-W010	20-W011
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	B20-09199-5	0.00767	0.00037	0.00003	0.00010
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	B20-09199-6	78.4	31.1	53.8	58.6
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	B20-09199-7	0.186	0.119	0.468	0.343
Mercury	mg/L	0.00002	SM 3112 B	13-Apr-20/O	B20-09199-8	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	07-Apr-20	19.3	1.6	15.1	5.1
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	07-Apr-20	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	07-Apr-20	49.7	13.8	49.2	50.0
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	07-Apr-20	1.02	0.687	0.861	0.799
Uranium	mg/L	0.00005	EPA 200.8	13-Apr-20/O	07-Apr-20	0.00083	0.00021	0.00305	0.00223
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	07-Apr-20	< 0.005	< 0.005	< 0.005	< 0.005
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	07-Apr-20	0.006	< 0.005	< 0.005	< 0.005

1 Elevated detection limit due to dilution



Michelle Dubien
 Lab Manager

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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W014	20-W015	20-W016
Sample I.D.	B20-09199-9	B20-09199-10	B20-09199-11
Date Collected	07-Apr-20	07-Apr-20	07-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	786	558	645
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.38	7.53	7.39
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	2050	1990	2340
Chloride	mg/L	0.5	SM4110C	09-Apr-20/O	103	283	403
Nitrite (N)	mg/L	0.05	SM4110C	09-Apr-20/O	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	09-Apr-20/O	0.07	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	09-Apr-20/O	279	119	48
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3	< 3	3
Total Suspended Solids	mg/L	3	SM2540D	09-Apr-20/K	140	18600	40000
Phosphorus-Total	mg/L	0.01	E3199A.1	08-Apr-20/K	0.13	8.63	18.2
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	08-Apr-20/K	3.6	1.0	1.8
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	1.14	0.04	0.03
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	1130	1100	1300
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	19.2	4.8	4.5
Phenolics	mg/L	0.002	MOEE 3179	08-Apr-20/K	< 0.002	< 0.02	< 0.02
COD	mg/L	5	SM 5220D	13-Apr-20/O	87	320	56
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	965	985	1020
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.09	0.04	0.06
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0008	0.0002	0.0042
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.209	0.224	0.645
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.900	0.205	0.036
Cadmium	mg/L	0.00015	EPA 200.8	13-Apr-20/O	0.000101	0.000028	< 0.000015
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	286	218	218
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0059	0.0018	0.0042
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0053	0.0020	0.0014



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Michelle Dubien
 Lab Manager

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REPORT No. B20-09199

Report To:

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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: 07-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W014	20-W015	20-W016
Sample I.D.	B20-09199-9	B20-09199-10	B20-09199-11
Date Collected	07-Apr-20	07-Apr-20	07-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	7.28	0.099	5.82
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	0.00026	0.00016	0.00013
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	60.9	107	115
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	10.6	0.193	1.31
Mercury	mg/L	0.00002	SM 3112 B	13-Apr-20/O	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	14.4	3.0	2.3
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	96.9	79.0	137
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	2.14	0.821	1.15
Uranium	mg/L	0.00005	EPA 200.8	13-Apr-20/O	0.00221	0.00438	0.00252
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	< 0.005	< 0.005	< 0.005
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	0.010	< 0.005	< 0.005

1 Elevated detection limit due to dilution



Michelle Dubien
 Lab Manager

R.L. = Reporting Limit

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C.O.C.: G93054

REPORT No. B20-09204

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: 07-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 17-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W001	20-W003	20-W009	20-W012
			Reference Method	Date/Site Analyzed	B20-09204-1	B20-09204-2	B20-09204-3	B20-09204-4
			Date Collected		07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	54	60	53	50
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.12	7.53	7.09	7.40
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	120	132	114	140
Chloride	mg/L	0.5	SM4110C	13-Apr-20/O	1.8	1.9	1.3	5.7
Nitrite (N)	mg/L	0.05	SM4110C	13-Apr-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	13-Apr-20/O	0.05	< 0.05	0.07	0.51
Sulphate	mg/L	1	SM4110C	13-Apr-20/O	1	2	< 1	6
BOD(5 day)	mg/L	3	SM 5210B	08-Apr-20/K	4	4	3	4
Total Suspended Solids	mg/L	3	SM2540D	09-Apr-20/K	16	19	7	110
o-Phosphate (P)	mg/L	0.002	PE4500-S	09-Apr-20/K	0.082	0.092	0.051	0.584
Phosphorus-Total	mg/L	0.01	E3199A.1	08-Apr-20/K	0.17	0.14	0.09	0.73
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	08-Apr-20/K	1.1	1.3	0.9	3.4
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	09-Apr-20/K	0.05	0.06	0.07	0.64
Ammonia (N)-unionized	mg/L	0.01	CALC	09-Apr-20/K	< 0.01	< 0.01	< 0.01	< 0.01
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	61	67	58	71
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	10.1	12.6	17.4	27.3
Phenolics	mg/L	0.001	MOEE 3179	08-Apr-20/K	< 0.001	< 0.001	< 0.001	< 0.001
COD	mg/L	5	SM 5220D	13-Apr-20/O	42	46	51	115
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	74	79	71	104
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.68	0.06	1.08	2.07
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0004	0.0005	0.0005	0.0014
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.064	0.067	0.036	0.232
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.056	0.046	0.048	0.077
Cadmium	mg/L	0.00015	EPA 200.8	13-Apr-20/O	0.000020	0.000030	0.000036	0.000113
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	15.2	16.3	16.7	21.4
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	0.003	0.003	0.001	0.018
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0007	0.0007	0.0009	0.0050



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.: G93054

REPORT No. B20-09204

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: 07-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 17-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Client I.D.	20-W001	20-W003	20-W009	20-W012
Sample I.D.	B20-09204-1	B20-09204-2	B20-09204-3	B20-09204-4
Date Collected	07-Apr-20	07-Apr-20	07-Apr-20	07-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0023	0.0028	0.0033	0.0142
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	1.99	1.91	1.94	12.4
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	0.00075	0.00083	0.00062	0.00579
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	8.66	9.40	7.00	12.2
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	0.080	0.044	0.131	0.139
Mercury	mg/L	0.00002	SM 3112 B	14-Apr-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Nickel	mg/L	0.01	SM 3120	13-Apr-20/O	< 0.01	< 0.01	< 0.01	0.02
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	2.5	2.2	1.6	6.9
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	4.3	4.7	3.5	5.8
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	0.129	0.148	0.098	0.121
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	< 0.005	< 0.005	< 0.005	0.029
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	0.035	0.032	0.098	0.086

1 Sediment present



Michelle Dubien
Lab Manager

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DATE REPORTED: 17-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Client I.D.	20-W013	20-W017	20-W018
Sample I.D.	B20-09204-5	B20-09204-6	B20-09204-7
Date Collected	07-Apr-20	07-Apr-20	07-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	62	584	237	
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.59	8.01	7.77	
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	187	1640	683	
Chloride	mg/L	0.5	SM4110C	13-Apr-20/O	11.9	134	52.0	
Nitrite (N)	mg/L	0.05	SM4110C	13-Apr-20/O	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	13-Apr-20/O	0.63	0.05	2.79	
Sulphate	mg/L	1	SM4110C	13-Apr-20/O	7	77	20	
BOD(5 day)	mg/L	3	SM 5210B	08-Apr-20/K	4	21	4	
Total Suspended Solids	mg/L	3	SM2540D	09-Apr-20/K	110	170	38	
o-Phosphate (P)	mg/L	0.002	PE4500-S	09-Apr-20/K	0.379	1.44	0.239	
Phosphorus-Total	mg/L	0.01	E3199A.1	08-Apr-20/K	0.80	2.81	0.30	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	08-Apr-20/K	3.6	1.3	1.5	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	09-Apr-20/K	0.73	0.15	0.18	
Ammonia (N)-unionized	mg/L	0.01	CALC	09-Apr-20/K	0.02	< 0.01	< 0.01	
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	95	897	355	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	25.4	83.6	12.8	
Phenolics	mg/L	0.001	MOEE 3179	08-Apr-20/K	< 0.001	< 0.001	< 0.001	
COD	mg/L	5	SM 5220D	13-Apr-20/O	100	346	46	
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	122	627	310	
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.11	0.05	0.04	
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0015	0.0068	0.0007	
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.251	0.220	0.145	
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.091	0.421	0.096	
Cadmium	mg/L	0.00015	EPA 200.8	13-Apr-20/O	0.000131	0.000081	0.000039	
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	25.5	153	70.4	
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	0.021	0.004	0.007	
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0058	0.0027	0.0018	



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Michelle Dubien
 Lab Manager

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C.O.C.: G93054

REPORT No. B20-09204

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: 07-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 17-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Client I.D.	20-W013	20-W017	20-W018
Sample I.D.	B20-09204-5	B20-09204-6	B20-09204-7
Date Collected	07-Apr-20	07-Apr-20	07-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0243	0.0088	0.0056	
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	13.3	2.04	4.36	
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	0.00699	0.00240	0.00202	
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	14.1	59.4	32.7	
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	0.161	1.05	0.101	
Mercury	mg/L	0.00002	SM 3112 B	14-Apr-20/O	< 0.00002	< 0.00002	< 0.00002	
Nickel	mg/L	0.01	SM 3120	13-Apr-20/O	0.02	< 0.01	< 0.01	
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	7.1	77.9	3.3	
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	< 0.0001	< 0.0001	< 0.0001	
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	7.8	96.8	24.3	
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	0.136	0.894	0.325	
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	0.030	0.007	0.010	
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	0.083	0.039	0.031	

1 Sediment present



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.: G93052

REPORT No. B20-09307

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: 08-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 16-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W019	20-W020	20-W022	20-W023
			Reference Method	Date/Site Analyzed	B20-09307-1	B20-09307-2	B20-09307-3	B20-09307-4
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	344	339	435	403
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.87	7.86	8.26	7.90
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	1220	1090	1460	1120
Chloride	mg/L	0.5	SM4110C	14-Apr-20/O	173	130	125	96.9
Nitrite (N)	mg/L	0.05	SM4110C	14-Apr-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	14-Apr-20/O	< 0.05	0.07	1.52	4.32
Sulphate	mg/L	1	SM4110C	14-Apr-20/O	36	32	129	28
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3	< 3		< 3
Total Suspended Solids	mg/L	3	SM2540D	13-Apr-20/K	5900	22700	12600	20800
Phosphorus-Total	mg/L	0.01	E3199A.1	09-Apr-20/K	4.70	1.41	8.33	20.5
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	09-Apr-20/K	0.6	0.1	0.8	2.1
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	0.02	0.04	0.04	0.03
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	658	585	795	602
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	2.2	3.0	3.0	2.9
Phenolics	mg/L	0.002	MOEE 3179	09-Apr-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	13-Apr-20/O	59	< 5	93	480
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	579	527	242	503
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.04	0.04	0.01	0.04
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0006	0.0002	0.0032	0.0002
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.311	0.458	0.088	0.427
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.039	0.057	0.233	0.036
Cadmium	mg/L	0.000015	EPA 200.8	13-Apr-20/O	< 0.000015	< 0.000015	0.000126	< 0.000015
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	112	101	36.8	85.6
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	< 0.001	0.001	< 0.001	0.003
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0009	0.0006	0.0002	0.0004
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0004	0.0005	0.0034	0.0009
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	0.073	0.368	0.013	< 0.005



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.: G93052

REPORT No. B20-09307

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: 08-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W019	20-W020	20-W022	20-W023
					Sample I.D.	08-Apr-20	08-Apr-20	08-Apr-20	08-Apr-20
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	B20-09307-1	< 0.00002	0.00005	0.00007	0.00002
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	B20-09307-2	72.7	66.7	36.6	70.3
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	B20-09307-3	0.095	0.159	0.010	0.036
Mercury	mg/L	0.00002	SM 3112 B	14-Apr-20/O	B20-09307-4	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O		1.9	2.8	4.9	2.1
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O		< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O		36.4	33.8	265	57.8
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O		0.769	0.854	0.416	0.725
Uranium	mg/L	0.00005	EPA 200.8	13-Apr-20/O		0.00262	0.00278	0.0542	0.00313
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O		< 0.005	< 0.005	< 0.005	< 0.005
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O		< 0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien
 Lab Manager

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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: 08-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 16-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W024	20-W025	20-W026	20-W027
Sample I.D.	B20-09307-5	B20-09307-6	B20-09307-7	B20-09307-8
Date Collected	08-Apr-20	08-Apr-20	08-Apr-20	08-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	229	660	421	481
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.73	8.01	7.93	7.97
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	777	2320	1030	1120
Chloride	mg/L	0.5	SM4110C	14-Apr-20/O	42.6	129	72.7	68.9
Nitrite (N)	mg/L	0.05	SM4110C	14-Apr-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	14-Apr-20/O	0.06	0.62	0.07	0.05
Sulphate	mg/L	1	SM4110C	14-Apr-20/O	101	517	15	13
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3	< 3	3	< 3
Total Suspended Solids	mg/L	3	SM2540D	13-Apr-20/K	2650	890	2400	18800
Phosphorus-Total	mg/L	0.01	E3199A.1	09-Apr-20/K	2.33	0.61	0.98	9.96
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	09-Apr-20/K	0.9	0.7	1.5	1.3
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	0.04	0.01	0.73	0.34
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	407	1290	551	602
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	7.1	7.1	12.3	6.6
Phenolics	mg/L	0.002	MOEE 3179	09-Apr-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM 5220D	13-Apr-20/O	53	33	47	116
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	329	1040	460	523
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.03	0.07	0.04	0.65
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0003	0.0006	0.0003	0.0009
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.052	0.070	0.443	0.747
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.211	1.64	0.050	0.231
Cadmium	mg/L	0.000015	EPA 200.8	13-Apr-20/O	< 0.000015	0.000020	< 0.000015	< 0.000015
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	84.4	222	97.9	74.7
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	< 0.001	< 0.001	< 0.001	0.002
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0004	0.0008	0.0002	0.0008
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0012	0.0121	0.0005	0.0014
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	0.078	0.006	2.04	1.52



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

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.: G93052

REPORT No. B20-09307

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: 08-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 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.	20-W024	20-W025	20-W026	20-W027
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	B20-09307-5	0.00008	0.00012	0.00003	0.00064
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	B20-09307-6	28.7	118	52.3	81.7
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	B20-09307-7	0.039	0.005	0.091	0.096
Mercury	mg/L	0.00002	SM 3112 B	14-Apr-20/O	B20-09307-8	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	08-Apr-20	0.5	28.6	2.9	3.5
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	08-Apr-20	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	08-Apr-20	50.4	183	16.9	41.6
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	08-Apr-20	0.207	2.66	0.846	1.76
Uranium	mg/L	0.00005	EPA 200.8	13-Apr-20/O	08-Apr-20	0.00056	0.0161	< 0.00005	0.00023
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	08-Apr-20	< 0.005	< 0.005	< 0.005	< 0.005
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	08-Apr-20	< 0.005	0.009	< 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.: G93052

REPORT No. B20-09307

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: 08-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 16-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W028		
Sample I.D.	B20-09307-9		
Date Collected	08-Apr-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	379		
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.99		
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	952		
Chloride	mg/L	0.5	SM4110C	14-Apr-20/O	62.5		
Nitrite (N)	mg/L	0.05	SM4110C	14-Apr-20/O	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	14-Apr-20/O	0.06		
Sulphate	mg/L	1	SM4110C	14-Apr-20/O	20		
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3		
Total Suspended Solids	mg/L	3	SM2540D	13-Apr-20/K	120		
Phosphorus-Total	mg/L	0.01	E3199A.1	09-Apr-20/K	0.18		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	09-Apr-20/K	0.4		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	0.14		
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	506		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	6.1		
Phenolics	mg/L	0.002	MOEE 3179	09-Apr-20/K	< 0.002		
COD	mg/L	5	SM 5220D	13-Apr-20/O	23		
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	445		
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.28		
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0014		
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.498		
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.348		
Cadmium	mg/L	0.000015	EPA 200.8	13-Apr-20/O	< 0.000015		
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	79.7		
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	0.001		
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0004		
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0010		
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	1.73		



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.: G93052

REPORT No. B20-09307

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: 08-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W028			
Sample I.D.	B20-09307-9			
Date Collected	08-Apr-20			

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	0.00029		
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	59.7		
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	0.050		
Mercury	mg/L	0.00002	SM 3112 B	14-Apr-20/O	< 0.00002		
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	4.7		
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	< 0.0001		
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	55.4		
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	1.91		
Uranium	mg/L	0.00005	EPA 200.8	13-Apr-20/O	0.00037		
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	< 0.005		
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	< 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.: G93055

REPORT No. B20-09308

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: 08-Apr-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 16-Apr-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Client I.D.	20-W021	20-W029	20-W030
Sample I.D.	B20-09308-1	B20-09308-2	B20-09308-3
Date Collected	08-Apr-20	08-Apr-20	08-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	09-Apr-20/O	338	259	193	
pH @25°C	pH Units		SM 4500H	09-Apr-20/O	7.95	8.00	7.93	
Conductivity @25°C	µmho/cm	1	SM 2510B	09-Apr-20/O	818	844	450	
Chloride	mg/L	0.5	SM4110C	13-Apr-20/O	33.5	95.2	8.0	
Nitrite (N)	mg/L	0.05	SM4110C	13-Apr-20/O	< 0.05	< 0.05	< 0.05	
Nitrate (N)	mg/L	0.05	SM4110C	13-Apr-20/O	5.04	1.78	1.97	
Sulphate	mg/L	1	SM4110C	13-Apr-20/O	21	21	16	
BOD(5 day)	mg/L	3	SM 5210B	09-Apr-20/K	< 3	< 3	4	
Total Suspended Solids	mg/L	3	SM2540D	14-Apr-20/K	< 3	28	92	
o-Phosphate (P)	mg/L	0.002	PE4500-S	13-Apr-20/K	0.031	0.137	0.056	
Phosphorus-Total	mg/L	0.01	E3199A.1	13-Apr-20/K	0.03	0.24	0.40	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	13-Apr-20/K	0.3	1.3	2.1	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	13-Apr-20/K	< 0.01	0.04	0.04	
Ammonia (N)-unionized	mg/L	0.01	CALC	13-Apr-20/K	< 0.01	< 0.01	< 0.01	
Total Dissolved Solids	mg/L	3	SM 2540D	13-Apr-20/O	430	445	232	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	09-Apr-20/O	3.4	12.1	13.9	
Phenolics	mg/L	0.001	MOEE 3179	09-Apr-20/K	0.001	< 0.001	< 0.001	
COD	mg/L	5	SM 5220D	13-Apr-20/O	5	46	64	
Hardness (as CaCO3)	mg/L	1	SM 3120	13-Apr-20/O	436	359	223	
Aluminum	mg/L	0.01	SM 3120	13-Apr-20/O	0.04	0.03	0.03	
Arsenic	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0002	0.0007	0.0006	
Barium	mg/L	0.001	SM 3120	13-Apr-20/O	0.102	0.116	0.114	
Boron	mg/L	0.005	SM 3120	13-Apr-20/O	0.070	0.099	0.116	
Cadmium	mg/L	0.000015	EPA 200.8	13-Apr-20/O	< 0.000015	0.000031	0.000090	
Calcium	mg/L	0.02	SM 3120	13-Apr-20/O	97.4	84.5	53.7	
Chromium	mg/L	0.001	EPA 200.8	13-Apr-20/O	< 0.001	0.003	0.005	
Cobalt	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0001	0.0009	0.0017	



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.: G93055

REPORT No. B20-09308

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: 08-Apr-20
 DATE REPORTED: 16-Apr-20
 SAMPLE MATRIX: Surface Water

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W021	20-W029	20-W030
Sample I.D.	B20-09308-1	B20-09308-2	B20-09308-3
Date Collected	08-Apr-20	08-Apr-20	08-Apr-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Copper	mg/L	0.0001	EPA 200.8	13-Apr-20/O	0.0008	0.0039	0.0076
Iron	mg/L	0.005	SM 3120	13-Apr-20/O	0.124	2.01	3.17
Lead	mg/L	0.00002	EPA 200.8	13-Apr-20/O	0.00006	0.00089	0.00171
Magnesium	mg/L	0.02	SM 3120	13-Apr-20/O	46.3	36.0	24.9
Manganese	mg/L	0.001	SM 3120	13-Apr-20/O	0.010	0.092	0.109
Mercury	mg/L	0.00002	SM 3112 B	14-Apr-20/O	< 0.00002	< 0.00002	< 0.00002
Nickel	mg/L	0.01	SM 3120	13-Apr-20/O	< 0.01	< 0.01	< 0.01
Potassium	mg/L	0.1	SM 3120	13-Apr-20/O	0.7	6.2	3.2
Silver	mg/L	0.0001	EPA 200.8	13-Apr-20/O	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	13-Apr-20/O	17.8	42.2	12.7
Strontium	mg/L	0.001	SM 3120	13-Apr-20/O	0.378	0.397	0.281
Vanadium	mg/L	0.005	SM 3120	13-Apr-20/O	< 0.005	0.005	0.008
Zinc	mg/L	0.005	SM 3120	13-Apr-20/O	0.011	0.020	0.028



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.: G87046

REPORT No. B20-12748

Report To:

Malroz Engineering Inc.
 308 Wellington Street, 2nd Floor
 Kingston ON K7K 7A8 Canada

Attention: Ryan Fox

Caduceon Environmental Laboratories

285 Dalton Ave
 Kingston Ontario K7K 6Z1
 Tel: 613-544-2001
 Fax: 613-544-2770

DATE RECEIVED: 12-May-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 22-May-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W031	20-W032		
Sample I.D.	B20-12748-1	B20-12748-2		
Date Collected	12-May-20	12-May-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	14-May-20/O	472	377		
pH @25°C	pH Units		SM 4500H	14-May-20/O	8.05	8.00		
Conductivity @25°C	µmho/cm	1	SM 2510B	14-May-20/O	1090	931		
Chloride	mg/L	0.5	SM4110C	20-May-20/O	65.7	65.6		
Nitrite (N)	mg/L	0.05	SM4110C	20-May-20/O	< 0.05	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	20-May-20/O	0.06	< 0.05		
Sulphate	mg/L	1	SM4110C	20-May-20/O	13	22		
BOD(5 day)	mg/L	3	SM 5210B	14-May-20/K	5	< 3		
Total Suspended Solids	mg/L	3	SM2540D	14-May-20/K	13500	630		
Phosphorus-Total	mg/L	0.01	E3199A.1	19-May-20/K	3.89	0.12		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	19-May-20/K	0.9	0.5		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	14-May-20/K	0.33	0.15		
Total Dissolved Solids	mg/L	3	SM 2540D	15-May-20/O	585	494		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	14-May-20/O	8.4	7.1		
Phenolics	mg/L	0.002	MOEE 3179	14-May-20/K	< 0.002	< 0.002		
COD	mg/L	5	SM 5220D	14-May-20/O	79	21		
Hardness (as CaCO3)	mg/L	1	SM 3120	15-May-20/O	578	455		
Aluminum	mg/L	0.01	SM 3120	15-May-20/O	0.05	0.05		
Arsenic	mg/L	0.0001	EPA 200.8	19-May-20/O	0.0003	0.0010		
Barium	mg/L	0.001	SM 3120	15-May-20/O	0.893	0.488		
Boron	mg/L	0.005	SM 3120	15-May-20/O	0.285	0.357		
Cadmium	mg/L	0.000015	EPA 200.8	19-May-20/O	< 0.000015	< 0.000015		
Calcium	mg/L	0.02	SM 3120	15-May-20/O	97.1	80.4		
Chromium	mg/L	0.001	EPA 200.8	19-May-20/O	< 0.001	< 0.001		
Cobalt	mg/L	0.0001	EPA 200.8	19-May-20/O	0.0002	0.0002		
Copper	mg/L	0.0001	EPA 200.8	19-May-20/O	0.0005	0.0008		
Iron	mg/L	0.005	SM 3120	15-May-20/O	0.774	1.17		



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.: G87046

REPORT No. B20-12748

Report To:

Malroz Engineering Inc.
 308 Wellington Street, 2nd Floor
 Kingston ON K7K 7A8 Canada

Attention: Ryan Fox

Caduceon Environmental Laboratories

285 Dalton Ave
 Kingston Ontario K7K 6Z1
 Tel: 613-544-2001
 Fax: 613-544-2770

DATE RECEIVED: 12-May-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 22-May-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W031	20-W032		
Sample I.D.	B20-12748-1	B20-12748-2		
Date Collected	12-May-20	12-May-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	mg/L	0.00002	EPA 200.8	19-May-20/O	0.00006	< 0.00002		
Magnesium	mg/L	0.02	SM 3120	15-May-20/O	81.5	61.8		
Manganese	mg/L	0.001	SM 3120	15-May-20/O	0.029	0.026		
Mercury	mg/L	0.00002	SM 3112 B	15-May-20/O	< 0.00002	< 0.00002		
Potassium	mg/L	0.1	SM 3120	15-May-20/O	3.4	4.4		
Silver	mg/L	0.0001	EPA 200.8	19-May-20/O	< 0.0001	< 0.0001		
Sodium	mg/L	0.2	SM 3120	15-May-20/O	50.0	47.8		
Strontium	mg/L	0.001	SM 3120	15-May-20/O	2.21	2.14		
Uranium	mg/L	0.00005	EPA 200.8	19-May-20/O	0.00018	0.00024		
Vanadium	mg/L	0.0001	EPA 200.8	19-May-20/O	0.0002	< 0.0001		
Zinc	mg/L	0.005	SM 3120	15-May-20/O	< 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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C.O.C.: G92637

REPORT No. B20-36416

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: 17-Nov-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Client I.D.	20-W036	20-W038		
Sample I.D.	B20-36416-1	B20-36416-2		
Date Collected	17-Nov-20	17-Nov-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	19-Nov-20/O	38	58		
pH @25°C	pH Units		SM 4500H	19-Nov-20/O	7.04	7.09		
Conductivity @25°C	µmho/cm	1	SM 2510B	19-Nov-20/O	125	170		
Chloride	mg/L	0.5	SM4110C	19-Nov-20/O	2.4	3.0		
Nitrite (N)	mg/L	0.05	SM4110C	19-Nov-20/O	< 0.05	< 0.05		
Nitrate (N)	mg/L	0.05	SM4110C	19-Nov-20/O	0.31	< 0.05		
Sulphate	mg/L	1	SM4110C	19-Nov-20/O	17	17		
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K	11	5		
Total Suspended Solids	mg/L	3	SM2540D	18-Nov-20/K	135	68		
o-Phosphate (P)	mg/L	0.002	PE4500-S	23-Nov-20/K	0.087	0.101		
Phosphorus-Total	mg/L	0.01	E3199A.1	25-Nov-20/K	0.55	0.29		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	25-Nov-20/K	5.2	4.0		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	23-Nov-20/K	0.08	0.45		
Ammonia (N)-unionized	mg/L	0.01	CALC	23-Nov-20/K	< 0.01	< 0.01		
Total Dissolved Solids	mg/L	3	SM 2540D	20-Nov-20/O	63	87		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	19-Nov-20/O	21.5	53.9		
Phenolics	mg/L	0.001	MOEE 3179	26-Nov-20/K	< 0.001	< 0.001		
COD	mg/L	5	SM5220C	19-Nov-20/K	128	180		
Hardness (as CaCO3)	mg/L	1	SM 3120	25-Nov-20/O	53	86		
Aluminum	mg/L	0.01	SM 3120	20-Nov-20/O	0.20	0.36		
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0006	0.0009		
Barium	mg/L	0.001	SM 3120	25-Nov-20/O	0.127	0.065		
Boron	mg/L	0.005	SM 3120	25-Nov-20/O	< 0.005	< 0.005		
Cadmium	mg/L	0.00015	EPA 200.8	30-Nov-20/O	0.000089	0.000123		
Calcium	mg/L	0.02	SM 3120	25-Nov-20/O	10.1	18.4		
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O	0.008	0.003		
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0019	0.0019		



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

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.: G92637

REPORT No. B20-36416

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: 17-Nov-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Client I.D.	20-W036	20-W038		
Sample I.D.	B20-36416-1	B20-36416-2		
Date Collected	17-Nov-20	17-Nov-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0080	0.0050		
Iron	mg/L	0.005	SM 3120	25-Nov-20/O	5.69	4.10		
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	0.00243	0.00176		
Magnesium	mg/L	0.02	SM 3120	25-Nov-20/O	9.27	9.54		
Manganese	mg/L	0.001	SM 3120	25-Nov-20/O	0.105	0.256		
Mercury	mg/L	0.00002	SM 3112 B	20-Nov-20/O	< 0.00002	< 0.00002		
Nickel	mg/L	0.01	SM 3120	25-Nov-20/O	< 0.01	< 0.01		
Potassium	mg/L	0.1	SM 3120	25-Nov-20/O	3.4	3.5		
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	< 0.0001		
Sodium	mg/L	0.2	SM 3120	25-Nov-20/O	5.3	4.5		
Strontium	mg/L	0.001	SM 3120	25-Nov-20/O	0.136	0.119		
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0082	0.0037		
Zinc	mg/L	0.005	SM 3120	25-Nov-20/O	0.030	0.059		



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.: G92639

REPORT No. B20-36418

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: 17-Nov-20

JOB/PROJECT NO.: 1037-Lansdowne

DATE REPORTED: 30-Nov-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W047		
Sample I.D.	B20-36418-1		
Date Collected	17-Nov-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	19-Nov-20/O	388		
pH @25°C	pH Units		SM 4500H	19-Nov-20/O	7.85		
Conductivity @25°C	µmho/cm	1	SM 2510B	19-Nov-20/O	1720		
Chloride	mg/L	0.5	SM4110C	23-Nov-20/O	308		
Nitrite (N)	mg/L	0.05	SM4110C	20-Nov-20/O	0.08		
Nitrate (N)	mg/L	0.05	SM4110C	20-Nov-20/O	0.40		
Sulphate	mg/L	1	SM4110C	20-Nov-20/O	43		
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K	< 3		
Total Suspended Solids	mg/L	3	SM2540D	19-Nov-20/K	< 3		
Phosphorus-Total	mg/L	0.01	E3199A.1	25-Nov-20/K	0.02		
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	25-Nov-20/K	0.4		
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	23-Nov-20/K	0.07		
Total Dissolved Solids	mg/L	3	SM 2540D	20-Nov-20/O	942		
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	20-Nov-20/O	0.4		
Phenolics	mg/L	0.002	MOEE 3179	26-Nov-20/K	< 0.002		
COD	mg/L	5	SM5220C	19-Nov-20/K	< 5		
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-20/O	656		
Aluminum	mg/L	0.01	SM 3120	20-Nov-20/O	0.08		
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001		
Barium	mg/L	0.001	SM 3120	20-Nov-20/O	0.571		
Boron	mg/L	0.005	SM 3120	20-Nov-20/O	0.123		
Cadmium	mg/L	0.00015	EPA 200.8	30-Nov-20/O	0.000017		
Calcium	mg/L	0.02	SM 3120	20-Nov-20/O	145		
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O	< 0.001		
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0005		
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0117		
Iron	mg/L	0.005	SM 3120	20-Nov-20/O	< 0.005		



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.: G92639

REPORT No. B20-36418

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: 17-Nov-20
 DATE REPORTED: 30-Nov-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: 1037-Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W047		
Sample I.D.	B20-36418-1		
Date Collected	17-Nov-20		

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed			
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	0.00012		
Magnesium	mg/L	0.02	SM 3120	20-Nov-20/O	71.5		
Manganese	mg/L	0.001	SM 3120	20-Nov-20/O	0.347		
Mercury	mg/L	0.00002	SM 3112 B	20-Nov-20/O	< 0.00002		
Potassium	mg/L	0.1	SM 3120	20-Nov-20/O	4.8		
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001		
Sodium	mg/L	0.2	SM 3120	20-Nov-20/O	116		
Strontium	mg/L	0.001	SM 3120	20-Nov-20/O	2.07		
Uranium	mg/L	0.00005	EPA 200.8	30-Nov-20/O	0.00255		
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0006		
Zinc	mg/L	0.005	SM 3120	20-Nov-20/O	0.008		



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.: G92638

REPORT No. B20-36421

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: 17-Nov-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Client I.D.	20-W033	20-W034	20-W035	20-W037
Sample I.D.	B20-36421-1	B20-36421-2	B20-36421-3	B20-36421-4
Date Collected	17-Nov-20	17-Nov-20	17-Nov-20	17-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	19-Nov-20/O	251	334	332	585
pH @25°C	pH Units		SM 4500H	19-Nov-20/O	7.93	7.81	8.09	7.57
Conductivity @25°C	µmho/cm	1	SM 2510B	19-Nov-20/O	735	736	649	1260
Chloride	mg/L	0.5	SM4110C	23-Nov-20/O	3.0	4.2	3.5	48.4
Nitrite (N)	mg/L	0.05	SM4110C	23-Nov-20/O	0.06	< 0.05	0.08	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	23-Nov-20/O	26.1	9.13	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	23-Nov-20/O	13	8	3	26
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K	< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	18-Nov-20/K	10	7300	9920	61800
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K	0.05	5.73	0.79	48.1
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K	0.5	0.8	0.3	3.7
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	23-Nov-20/K	0.03	0.04	0.16	0.28
Total Dissolved Solids	mg/L	3	SM 2540D	20-Nov-20/O	383	384	337	681
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	20-Nov-20/O	3.5	1.4	5.3	5.2
Phenolics	mg/L	0.002	MOEE 3179	26-Nov-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	19-Nov-20/K	< 5	127	6	412
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-20/O	372	409	328	693
Aluminum	mg/L	0.01	SM 3120	20-Nov-20/O	0.05	0.05	0.03	0.11
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0003	0.0001	0.0005	0.0021
Barium	mg/L	0.001	SM 3120	20-Nov-20/O	0.073	0.142	0.902	0.611
Boron	mg/L	0.005	SM 3120	20-Nov-20/O	0.008	0.013	0.195	0.289
Cadmium	mg/L	0.000015	EPA 200.8	30-Nov-20/O	< 0.000015	0.000217	< 0.000015	< 0.000015
Calcium	mg/L	0.02	SM 3120	20-Nov-20/O	88.3	95.8	49.2	148
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O	< 0.001	0.006	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	0.0024	0.0002	0.0017
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0032	0.0024	0.0009	0.0003
Iron	mg/L	0.005	SM 3120	20-Nov-20/O	< 0.005	0.007	0.383	3.65



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.: G92638

REPORT No. B20-36421

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: 17-Nov-20
 DATE REPORTED: 03-Dec-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W033	20-W034	20-W035	20-W037
Sample I.D.	B20-36421-1	B20-36421-2	B20-36421-3	B20-36421-4
Date Collected	17-Nov-20	17-Nov-20	17-Nov-20	17-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	< 0.00002	0.00002	< 0.00002	0.00008
Magnesium	mg/L	0.02	SM 3120	20-Nov-20/O	36.7	41.3	49.9	78.6
Manganese	mg/L	0.001	SM 3120	20-Nov-20/O	< 0.001	0.007	0.028	0.188
Mercury	mg/L	0.00002	SM 3112 B	20-Nov-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	20-Nov-20/O	1.0	1.1	3.0	3.4
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	20-Nov-20/O	15.1	14.2	32.5	40.4
Strontium	mg/L	0.001	SM 3120	20-Nov-20/O	0.403	0.401	1.35	1.45
Uranium	mg/L	0.00005	EPA 200.8	30-Nov-20/O	0.00162	0.00160	0.00008	0.00155
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0023	0.0005	0.0002	0.0004
Zinc	mg/L	0.005	SM 3120	20-Nov-20/O	< 0.005	0.005	< 0.005	< 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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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: 17-Nov-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W039	20-W040	20-W041	20-W042
			Reference Method	Date/Site Analyzed	B20-36421-5	B20-36421-6	B20-36421-7	B20-36421-8
			Date Collected		17-Nov-20	17-Nov-20	17-Nov-20	17-Nov-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	19-Nov-20/O	237	701	387	216
pH @25°C	pH Units		SM 4500H	19-Nov-20/O	8.03	7.42	7.91	7.83
Conductivity @25°C	µmho/cm	1	SM 2510B	19-Nov-20/O	545	1420	887	761
Chloride	mg/L	0.5	SM4110C	23-Nov-20/O	6.3	15.8	46.3	43.9
Nitrite (N)	mg/L	0.05	SM4110C	23-Nov-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	23-Nov-20/O	< 0.05	< 0.05	< 0.05	0.62
Sulphate	mg/L	1	SM4110C	23-Nov-20/O	34	30	16	112
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K	< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	18-Nov-20/K	2180	13300	610	410
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K	1.23	4.29	0.28	0.42
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K	0.3	10.9	1.4	0.9
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	23-Nov-20/K	0.07	7.42	0.86	0.04
Total Dissolved Solids	mg/L	3	SM 2540D	20-Nov-20/O	282	770	470	398
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	20-Nov-20/O	1.6	11.2	13.1	3.6
Phenolics	mg/L	0.002	MOEE 3179	26-Nov-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	19-Nov-20/K	< 5	49	34	9
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-20/O	287	762	475	326
Aluminum	mg/L	0.01	SM 3120	20-Nov-20/O	0.11	0.13	0.07	0.06
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0002	0.0096	0.0006	0.0002
Barium	mg/L	0.001	SM 3120	20-Nov-20/O	0.333	0.633	0.438	0.060
Boron	mg/L	0.005	SM 3120	20-Nov-20/O	0.107	0.644	0.059	0.190
Cadmium	mg/L	0.000015	EPA 200.8	30-Nov-20/O	< 0.000015	< 0.000015	< 0.000015	< 0.000015
Calcium	mg/L	0.02	SM 3120	20-Nov-20/O	69.1	193	107	84.9
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O	< 0.001	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0002	0.0079	0.0002	0.0001
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0017	0.0009	0.0001	0.0028
Iron	mg/L	0.005	SM 3120	20-Nov-20/O	0.572	17.9	3.01	0.017



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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.: G92638

REPORT No. B20-36421

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: 17-Nov-20
 DATE REPORTED: 03-Dec-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W039	20-W040	20-W041	20-W042
Sample I.D.	B20-36421-5	B20-36421-6	B20-36421-7	B20-36421-8
Date Collected	17-Nov-20	17-Nov-20	17-Nov-20	17-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	0.00012	0.00012	0.00005	0.00004
Magnesium	mg/L	0.02	SM 3120	20-Nov-20/O	27.7	68.1	50.6	27.6
Manganese	mg/L	0.001	SM 3120	20-Nov-20/O	0.074	0.099	0.169	0.012
Mercury	mg/L	0.00002	SM 3112 B	20-Nov-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	20-Nov-20/O	1.6	19.6	3.1	0.7
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	20-Nov-20/O	14.3	45.3	17.8	47.1
Strontium	mg/L	0.001	SM 3120	20-Nov-20/O	0.660	0.979	0.865	0.210
Uranium	mg/L	0.00005	EPA 200.8	30-Nov-20/O	0.00017	0.00047	0.00011	0.00039
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0005	0.0011	0.0004	0.0019
Zinc	mg/L	0.005	SM 3120	20-Nov-20/O	0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien
 Lab Manager

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REPORT No. B20-36421

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DATE RECEIVED: 17-Nov-20
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 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W043	20-W044	20-W045	20-W046
Sample I.D.	B20-36421-9	B20-36421-10	B20-36421-11	B20-36421-12
Date Collected	17-Nov-20	17-Nov-20	17-Nov-20	17-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	19-Nov-20/O	387	441	481	367
pH @25°C	pH Units		SM 4500H	19-Nov-20/O	7.90	8.46	7.96	8.08
Conductivity @25°C	µmho/cm	1	SM 2510B	19-Nov-20/O	1110	1480	1130	922
Chloride	mg/L	0.5	SM4110C	23-Nov-20/O	105	123	72.4	61.7
Nitrite (N)	mg/L	0.05	SM4110C	23-Nov-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	23-Nov-20/O	3.80	1.81	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	23-Nov-20/O	31	142	13	21
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K	< 3	4	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	18-Nov-20/K	26900	289000	35	24
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K	28.2	10.4	0.05	0.05
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K	3.4	0.9	0.7	0.4
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	23-Nov-20/K	0.03	0.06	0.30	0.14
Total Dissolved Solids	mg/L	3	SM 2540D	20-Nov-20/O	598	807	608	489
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	20-Nov-20/O	0.6	0.7	3.8	5.3
Phenolics	mg/L	0.002	MOEE 3179	26-Nov-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	19-Nov-20/K	188	132	14	10
Hardness (as CaCO3)	mg/L	1	SM 3120	20-Nov-20/O	514	219	564	408
Aluminum	mg/L	0.01	SM 3120	20-Nov-20/O	0.06	0.03	0.06	0.05
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0003	0.0020	0.0003	0.0012
Barium	mg/L	0.001	SM 3120	20-Nov-20/O	0.474	0.079	0.928	0.505
Boron	mg/L	0.005	SM 3120	20-Nov-20/O	0.052	0.241	0.292	0.346
Cadmium	mg/L	0.00015	EPA 200.8	30-Nov-20/O	< 0.00015	0.000101	< 0.00015	< 0.00015
Calcium	mg/L	0.02	SM 3120	20-Nov-20/O	90.0	34.8	95.3	73.7
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O	0.002	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0013	0.0009	0.0004	0.0007



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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.: G92638

REPORT No. B20-36421

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: 17-Nov-20
 DATE REPORTED: 03-Dec-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W043	20-W044	20-W045	20-W046
Sample I.D.	B20-36421-9	B20-36421-10	B20-36421-11	B20-36421-12
Date Collected	17-Nov-20	17-Nov-20	17-Nov-20	17-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Iron	mg/L	0.005	SM 3120	20-Nov-20/O	0.007	< 0.005	0.827	1.26
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	< 0.00004	0.00005	< 0.00004	< 0.00002
Magnesium	mg/L	0.02	SM 3120	20-Nov-20/O	70.2	32.2	79.2	54.5
Manganese	mg/L	0.001	SM 3120	20-Nov-20/O	0.006	0.007	0.025	0.034
Mercury	mg/L	0.00002	SM 3112 B	20-Nov-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	20-Nov-20/O	2.5	4.4	3.4	4.7
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	20-Nov-20/O	64.3	282	48.5	52.1
Strontium	mg/L	0.001	SM 3120	20-Nov-20/O	0.755	0.504	2.11	1.96
Uranium	mg/L	0.00005	EPA 200.8	30-Nov-20/O	0.00387	0.0496	0.00025	0.00055
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0007	0.0013	< 0.0001	< 0.0001
Zinc	mg/L	0.005	SM 3120	20-Nov-20/O	< 0.005	< 0.005	< 0.005	< 0.005



Michelle Dubien
 Lab Manager

R.L. = Reporting Limit

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C.O.C.: G89766

REPORT No. B20-36561

Report To:

Malroz Engineering Inc.
308 Wellington Street, 2nd Floor
Kingston ON K7K 7A8 Canada

Attention: Mallory Wright

Caduceon Environmental Laboratories

285 Dalton Ave
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Tel: 613-544-2001
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DATE RECEIVED: 18-Nov-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W048	20-W050	20-W051	20-W053
					Sample I.D.	18-Nov-20	18-Nov-20	18-Nov-20	18-Nov-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	20-Nov-20/O	B20-36561-1	468	606	634	327
pH @25°C	pH Units		SM 4500H	20-Nov-20/O	B20-36561-2	7.51	7.42	7.26	7.87
Conductivity @25°C	µmho/cm	1	SM 2510B	20-Nov-20/O	B20-36561-3	1600	1790	2390	1210
Chloride	mg/L	0.5	SM4110C	23-Nov-20/O	B20-36561-4	194	55.9	402	174
Nitrite (N)	mg/L	0.05	SM4110C	23-Nov-20/O		< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	23-Nov-20/O		< 0.05	< 0.05	< 0.05	< 0.05
Sulphate	mg/L	1	SM4110C	23-Nov-20/O		92	343	49	35
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K		< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	19-Nov-20/K		8400	4	36	9480
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K		9.60	0.09	0.06	4.56
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K		1.0	2.5	0.2	0.4
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	24-Nov-20/K		0.05	0.96	0.05	0.05
Total Dissolved Solids	mg/L	3	SM 2540D	23-Nov-20/O		873	984	1330	651
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	23-Nov-20/O		3.7	17.5	3.5	1.6
Phenolics	mg/L	0.002	MOEE 3179	27-Nov-20/K		< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	23-Nov-20/K		92	48	< 5	51
Hardness (as CaCO3)	mg/L	1	SM 3120	24-Nov-20/O		805	917	1080	593
Aluminum	mg/L	0.01	SM 3120	24-Nov-20/O		0.10	0.12	0.10	0.07
Arsenic	mg/L	0.0001	EPA 200.8	24-Nov-20/O		0.0004	0.0006	0.0073	0.0003
Barium	mg/L	0.001	SM 3120	24-Nov-20/O		0.187	0.259	0.655	0.513
Boron	mg/L	0.005	SM 3120	24-Nov-20/O		0.165	1.11	0.050	0.062
Cadmium	mg/L	0.00015	EPA 200.8	24-Nov-20/O		0.000023	0.000074	< 0.000029	< 0.000015
Calcium	mg/L	0.02	SM 3120	24-Nov-20/O		174	285	229	110
Chromium	mg/L	0.001	EPA 200.8	24-Nov-20/O		< 0.001	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	24-Nov-20/O		0.0010	0.0042	0.0041	0.0004
Copper	mg/L	0.0001	EPA 200.8	24-Nov-20/O		0.0016	0.0024	0.0005	0.0039
Iron	mg/L	0.005	SM 3120	24-Nov-20/O		0.030	0.810	8.04	0.495



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.: G89766

REPORT No. B20-36561

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: 18-Nov-20
 DATE REPORTED: 03-Dec-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W048	20-W050	20-W051	20-W053
Sample I.D.	B20-36561-1	B20-36561-2	B20-36561-3	B20-36561-4
Date Collected	18-Nov-20	18-Nov-20	18-Nov-20	18-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Lead	mg/L	0.00002	EPA 200.8	24-Nov-20/O	0.00011	0.00010	< 0.00009	0.00014
Magnesium	mg/L	0.02	SM 3120	24-Nov-20/O	90.1	49.7	123	77.4
Manganese	mg/L	0.001	SM 3120	24-Nov-20/O	0.121	9.57	1.31	0.158
Mercury	mg/L	0.00002	SM 3112 B	24-Nov-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	24-Nov-20/O	3.1	20.1	2.6	3.2
Silver	mg/L	0.0001	EPA 200.8	24-Nov-20/O	< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	24-Nov-20/O	62.6	83.0	133	37.9
Strontium	mg/L	0.001	SM 3120	24-Nov-20/O	0.730	2.40	1.32	1.04
Uranium	mg/L	0.00005	EPA 200.8	24-Nov-20/O	0.00443	0.00158	0.00219	0.00266
Vanadium	mg/L	0.0001	EPA 200.8	24-Nov-20/O	0.0007	0.0003	< 0.0004	< 0.0001
Zinc	mg/L	0.005	SM 3120	24-Nov-20/O	< 0.005	0.005	< 0.005	< 0.005



Michelle Dubien
 Lab Manager

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JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Groundwater

WATERWORKS NO.

Parameter	Units	R.L.	Client I.D.		20-W055	20-W056	20-W058	20-W060
			Reference Method	Date/Site Analyzed	B20-36561-5	B20-36561-6	B20-36561-7	B20-36561-8
			Date Collected		18-Nov-20	18-Nov-20	18-Nov-20	18-Nov-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	20-Nov-20/O	349	312	748	334
pH @25°C	pH Units		SM 4500H	20-Nov-20/O	7.71	7.63	7.78	7.80
Conductivity @25°C	µmho/cm	1	SM 2510B	20-Nov-20/O	1580	1580	2400	1240
Chloride	mg/L	0.5	SM4110C	23-Nov-20/O	266	112	134	179
Nitrite (N)	mg/L	0.05	SM4110C	23-Nov-20/O	< 0.05	< 0.05	< 0.05	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	23-Nov-20/O	< 0.05	23.5	0.90	< 0.05
Sulphate	mg/L	1	SM4110C	23-Nov-20/O	50	264	468	40
BOD(5 day)	mg/L	3	SM 5210B	19-Nov-20/K	< 3	< 3	< 3	< 3
Total Suspended Solids	mg/L	3	SM2540D	19-Nov-20/K	3620	7500	8	5
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K	1.90	2.76	0.13	< 0.01
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K	0.5	10.3	0.7	< 0.1
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	24-Nov-20/K	0.05	0.20	0.01	< 0.01
Total Dissolved Solids	mg/L	3	SM 2540D	23-Nov-20/O	865	861	1330	672
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	23-Nov-20/O	3.3	82.3	8.0	1.8
Phenolics	mg/L	0.002	MOEE 3179	27-Nov-20/K	< 0.002	< 0.002	< 0.002	< 0.002
COD	mg/L	5	SM5220C	23-Nov-20/K	24	241	27	< 5
Hardness (as CaCO3)	mg/L	1	SM 3120	24-Nov-20/O	653	702	1160	589
Aluminum	mg/L	0.01	SM 3120	24-Nov-20/O	0.10	0.10	0.11	0.07
Arsenic	mg/L	0.0001	EPA 200.8	24-Nov-20/O	0.0002	0.0031	0.0006	0.0003
Barium	mg/L	0.001	SM 3120	24-Nov-20/O	0.878	0.197	0.068	0.318
Boron	mg/L	0.005	SM 3120	24-Nov-20/O	0.058	0.114	1.84	0.061
Cadmium	mg/L	0.000015	EPA 200.8	24-Nov-20/O	< 0.000015	0.000043	0.000086	< 0.000015
Calcium	mg/L	0.02	SM 3120	24-Nov-20/O	162	164	230	110
Chromium	mg/L	0.001	EPA 200.8	24-Nov-20/O	< 0.001	< 0.001	< 0.001	< 0.001
Cobalt	mg/L	0.0001	EPA 200.8	24-Nov-20/O	0.0004	0.0007	0.0011	0.0002
Copper	mg/L	0.0001	EPA 200.8	24-Nov-20/O	0.0023	0.0265	0.0086	0.0013
Iron	mg/L	0.005	SM 3120	24-Nov-20/O	0.524	0.050	0.014	0.027



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Michelle Dubien
Lab Manager

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C.O.C.: G89766

REPORT No. B20-36561

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: 18-Nov-20
 DATE REPORTED: 03-Dec-20
 SAMPLE MATRIX: Groundwater

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W055	20-W056	20-W058	20-W060
					Sample I.D.	18-Nov-20	18-Nov-20	18-Nov-20	18-Nov-20
Lead	mg/L	0.00002	EPA 200.8	24-Nov-20/O	B20-36561-5	0.00006	0.00026	0.00011	0.00005
Magnesium	mg/L	0.02	SM 3120	24-Nov-20/O	B20-36561-6	60.3	71.1	142	76.3
Manganese	mg/L	0.001	SM 3120	24-Nov-20/O	B20-36561-7	0.517	0.029	0.506	0.021
Mercury	mg/L	0.00002	SM 3112 B	24-Nov-20/O	B20-36561-8	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Potassium	mg/L	0.1	SM 3120	24-Nov-20/O		10.4	48.1	33.0	2.3
Silver	mg/L	0.0001	EPA 200.8	24-Nov-20/O		< 0.0001	< 0.0001	< 0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	24-Nov-20/O		60.7	85.7	162	43.9
Strontium	mg/L	0.001	SM 3120	24-Nov-20/O		1.01	0.862	2.34	0.869
Uranium	mg/L	0.00005	EPA 200.8	24-Nov-20/O		0.00277	0.00287	0.0101	0.00272
Vanadium	mg/L	0.0001	EPA 200.8	24-Nov-20/O		0.0002	0.0132	0.0003	0.0008
Zinc	mg/L	0.005	SM 3120	24-Nov-20/O		< 0.005	0.005	0.010	< 0.005



Michelle Dubien
 Lab Manager

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C.O.C.: G89781

REPORT No. B20-36565

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 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: 18-Nov-20

JOB/PROJECT NO.: Lansdowne

DATE REPORTED: 03-Dec-20

P.O. NUMBER: 1037

SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.	20-W049	20-W054	20-W057	20-W059
					Sample I.D.	18-Nov-20	18-Nov-20	18-Nov-20	18-Nov-20
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	20-Nov-20/O	B20-36565-1	253	319	66	191
pH @25°C	pH Units		SM 4500H	20-Nov-20/O	B20-36565-2	7.95	8.03	7.52	7.93
Conductivity @25°C	µmho/cm	1	SM 2510B	20-Nov-20/O	B20-36565-3	843	822	305	667
Chloride	mg/L	0.5	SM4110C	24-Nov-20/O	B20-36565-4	81.2	45.0	20.8	64.6
Nitrite (N)	mg/L	0.05	SM4110C	24-Nov-20/O		< 0.05	< 0.05	0.07	< 0.05
Nitrate (N)	mg/L	0.05	SM4110C	24-Nov-20/O		0.10	6.99	1.20	3.22
Sulphate	mg/L	1	SM4110C	24-Nov-20/O		65	25	45	46
BOD(5 day)	mg/L	3	SM 5210B	20-Nov-20/K		10	< 3	4	< 3
Total Suspended Solids	mg/L	3	SM2540D	19-Nov-20/K		1800	30	120	24
o-Phosphate (P)	mg/L	0.002	PE4500-S	24-Nov-20/K		0.134	0.021	0.226	0.137
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K		3.24	0.03	2.63	0.20
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K		10.5	0.3	9.7	1.6
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	24-Nov-20/K		0.12	< 0.01	0.35	0.16
Ammonia (N)-unionized	mg/L	0.01	CALC	24-Nov-20/K		< 0.01	< 0.01	< 0.01	< 0.01
Total Dissolved Solids	mg/L	3	SM 2540D	23-Nov-20/O		445	433	156	346
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	23-Nov-20/O		17.7	3.0	23.2	10.6
Phenolics	mg/L	0.001	MOEE 3179	27-Nov-20/K		< 0.001	< 0.001	< 0.001	< 0.001
COD	mg/L	5	SM5220C	23-Nov-20/K		261	< 5	285	39
Hardness (as CaCO3)	mg/L	1	SM 3120	25-Nov-20/O		324	411	124	302
Aluminum	mg/L	0.01	SM 3120	24-Nov-20/O		0.06	0.05	0.99	0.07
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O		0.0084	0.0001	0.0030	0.0005
Barium	mg/L	0.001	SM 3120	25-Nov-20/O		0.448	0.099	0.492	0.117
Boron	mg/L	0.005	SM 3120	25-Nov-20/O		0.124	< 0.005	0.042	< 0.005
Cadmium	mg/L	0.00015	EPA 200.8	30-Nov-20/O		0.000644	< 0.000015	0.000500	0.000032
Calcium	mg/L	0.02	SM 3120	25-Nov-20/O		208	85.7	35.2	59.9
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O		0.037	0.001	0.047	0.003
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O		0.0171	0.0001	0.0142	0.0009



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Michelle Dubien
 Lab Manager

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DATE RECEIVED: 18-Nov-20
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 SAMPLE MATRIX: Surface Water

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W049	20-W054	20-W057	20-W059
Sample I.D.	B20-36565-1	B20-36565-2	B20-36565-3	B20-36565-4
Date Collected	18-Nov-20	18-Nov-20	18-Nov-20	18-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0613	0.0008	0.0439	0.0044
Iron	mg/L	0.005	SM 3120	25-Nov-20/O	32.2	0.232	32.9	1.93
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	0.0337	0.00012	0.0161	0.00089
Magnesium	mg/L	0.02	SM 3120	25-Nov-20/O	65.4	49.1	27.4	32.0
Manganese	mg/L	0.001	SM 3120	25-Nov-20/O	1.23	0.005	0.379	0.033
Mercury	mg/L	0.00002	SM 3112 B	24-Nov-20/O	< 0.00002	< 0.00002	< 0.00002	< 0.00002
Nickel	mg/L	0.01	SM 3120	25-Nov-20/O	0.03	< 0.01	0.04	< 0.01
Potassium	mg/L	0.1	SM 3120	25-Nov-20/O	35.4	0.9	15.7	5.3
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0003	< 0.0001	0.0001	< 0.0001
Sodium	mg/L	0.2	SM 3120	25-Nov-20/O	42.0	21.9	10.4	27.5
Strontium	mg/L	0.001	SM 3120	25-Nov-20/O	1.59	0.435	0.229	0.336
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0424	0.0028	0.0621	0.0059
Zinc	mg/L	0.005	SM 3120	25-Nov-20/O	0.329	< 0.005	0.175	0.014



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 Lab Manager

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SAMPLE MATRIX: Surface Water

WATERWORKS NO.

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed	Client I.D.			
					20-W061	20-W062	20-W063	
					Sample I.D.			
					Date Collected			
					20-W061	20-W062	20-W063	
					B20-36565-5	B20-36565-6	B20-36565-7	
					18-Nov-20	18-Nov-20	18-Nov-20	
Alkalinity(CaCO3) to pH4.5	mg/L	5	SM 2320B	20-Nov-20/O	224	202	85	
pH @25°C	pH Units		SM 4500H	20-Nov-20/O	8.04	8.09	7.73	
Conductivity @25°C	µmho/cm	1	SM 2510B	20-Nov-20/O	563	787	392	
Chloride	mg/L	0.5	SM4110C	24-Nov-20/O	13.8	95.5	38.6	
Nitrite (N)	mg/L	0.05	SM4110C	24-Nov-20/O	< 0.05	< 0.05	0.07	
Nitrate (N)	mg/L	0.05	SM4110C	24-Nov-20/O	3.93	2.55	0.79	
Sulphate	mg/L	1	SM4110C	24-Nov-20/O	34	54	45	
BOD(5 day)	mg/L	3	SM 5210B	20-Nov-20/K	4	< 3	4	
Total Suspended Solids	mg/L	3	SM2540D	19-Nov-20/K	90	60	65	
o-Phosphate (P)	mg/L	0.002	PE4500-S	24-Nov-20/K	0.079	0.124	0.261	
Phosphorus-Total	mg/L	0.01	E3199A.1	27-Nov-20/K	0.31	0.27	0.46	
Total Kjeldahl Nitrogen	mg/L	0.1	E3199A.1	27-Nov-20/K	1.8	1.6	3.2	
Ammonia (N)-Total	mg/L	0.01	SM4500-NH3-H	24-Nov-20/K	0.06	0.02	0.55	
Ammonia (N)-unionized	mg/L	0.01	CALC	24-Nov-20/K	< 0.01	< 0.01	< 0.01	
Total Dissolved Solids	mg/L	3	SM 2540D	23-Nov-20/O	292	413	202	
Dissolved Organic Carbon	mg/L	0.2	EPA 415.2	23-Nov-20/O	9.7	8.5	20.4	
Phenolics	mg/L	0.001	MOEE 3179	27-Nov-20/K	< 0.001	< 0.001	< 0.001	
COD	mg/L	5	SM5220C	23-Nov-20/K	102	44	119	
Hardness (as CaCO3)	mg/L	1	SM 3120	25-Nov-20/O	278	314	157	
Aluminum	mg/L	0.01	SM 3120	24-Nov-20/O	0.06	0.05	0.05	
Arsenic	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0006	0.0007	0.0010	
Barium	mg/L	0.001	SM 3120	25-Nov-20/O	0.117	0.120	0.147	
Boron	mg/L	0.005	SM 3120	25-Nov-20/O	0.041	< 0.005	< 0.005	
Cadmium	mg/L	0.00005	EPA 200.8	30-Nov-20/O	0.000055	0.000029	0.000074	
Calcium	mg/L	0.02	SM 3120	25-Nov-20/O	58.7	68.8	35.3	
Chromium	mg/L	0.001	EPA 200.8	30-Nov-20/O	0.004	0.004	0.007	
Cobalt	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0015	0.0014	0.0021	



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 SAMPLE MATRIX: Surface Water

JOB/PROJECT NO.: Lansdowne
 P.O. NUMBER: 1037
 WATERWORKS NO.

Client I.D.	20-W061	20-W062	20-W063
Sample I.D.	B20-36565-5	B20-36565-6	B20-36565-7
Date Collected	18-Nov-20	18-Nov-20	18-Nov-20

Parameter	Units	R.L.	Reference Method	Date/Site Analyzed				
Copper	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0068	0.0055	0.0096	
Iron	mg/L	0.005	SM 3120	25-Nov-20/O	2.56	2.46	4.58	
Lead	mg/L	0.00002	EPA 200.8	30-Nov-20/O	0.00107	0.00095	0.00237	
Magnesium	mg/L	0.02	SM 3120	25-Nov-20/O	33.3	34.2	19.2	
Manganese	mg/L	0.001	SM 3120	25-Nov-20/O	0.082	0.130	0.079	
Mercury	mg/L	0.00002	SM 3112 B	24-Nov-20/O	< 0.00002	< 0.00002	< 0.00002	
Nickel	mg/L	0.01	SM 3120	25-Nov-20/O	< 0.01	< 0.01	< 0.01	
Potassium	mg/L	0.1	SM 3120	25-Nov-20/O	4.1	5.3	9.5	
Silver	mg/L	0.0001	EPA 200.8	30-Nov-20/O	< 0.0001	< 0.0001	< 0.0001	
Sodium	mg/L	0.2	SM 3120	25-Nov-20/O	16.3	43.0	16.1	
Strontium	mg/L	0.001	SM 3120	25-Nov-20/O	0.429	0.420	0.219	
Vanadium	mg/L	0.0001	EPA 200.8	30-Nov-20/O	0.0074	0.0058	0.0119	
Zinc	mg/L	0.005	SM 3120	25-Nov-20/O	0.015	0.015	0.027	




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.



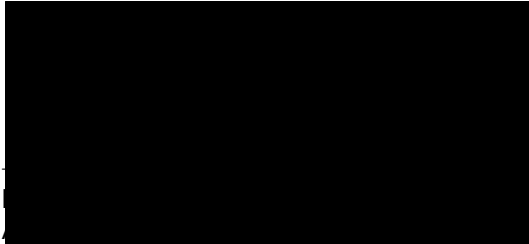
MALROZ ENGINEERING INC. (Kingston)
ATTN: MALLORY WRIGHT
308 Wellington Street, 2nd floor
Kingston ON K7K 7A8

Date Received: 10-DEC-20
Report Date: 21-DEC-20 07:19 (MT)
Version: FINAL

Client Phone: 613-548-3446


Certificate of Analysis

Lab Work Order #: L2539986
Project P.O. #: NOT SUBMITTED
Job Reference: 1037
C of C Numbers:
Legal Site Desc:



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ADDRESS: 190 Colonnade Road, Unit 7, Ottawa, ON K2E 7J5, Canada | Phone: +1 613 225 8279 | Fax: +1 613 225 2801



ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-1 20-W062 Sampled By: MW/RF on 09-DEC-20 @ 11:50 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	0.0018		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.0075		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	0.0278		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.0443		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.0602		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	0.0237		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-2 20-W063 Sampled By: MW/RF on 09-DEC-20 @ 11:15 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	0.0019		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.0140		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	0.0040		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-2 20-W063 Sampled By: MW/RF on 09-DEC-20 @ 11:15 Matrix: WATER							
Perfluorinated Compounds							
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	0.0329		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.0533		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.101		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	0.0323		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-3 20-W064 Sampled By: MW/RF on 09-DEC-20 @ 11:15 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	0.0018		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.0137		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	0.0041		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-3 20-W064 Sampled By: MW/RF on 09-DEC-20 @ 11:15 Matrix: WATER							
Perfluorinated Compounds							
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	0.0325		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.0542		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.101		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	0.0327		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-4 20-W065 Sampled By: MW/RF on 09-DEC-20 @ 12:36 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	0.034	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	0.0793		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.197	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	0.0205		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	0.0183		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	0.0013		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	0.258	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.651	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	0.0093		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.371	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	0.594	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-4 20-W066 Sampled By: MW/RF on 09-DEC-20 @ 12:36 Matrix: WATER							
Perfluorinated Compounds							
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-5 20-W066 Sampled By: MW/RF on 09-DEC-20 @ 13:40 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	0.111		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.332	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	0.0415		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	0.0164		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	0.0025		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	0.239	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.834	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	0.0060		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.373	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	1.10	DLHC	0.010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-6 20-W067 Sampled By: MW/RF on 09-DEC-20 @ 13:20 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-6 20-W067 Sampled By: MW/RF on 09-DEC-20 @ 13:20 Matrix: WATER							
Perfluorinated Compounds							
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.0015		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.0023		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.0028		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	0.0026		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-7 20-W068 Sampled By: MW/RF on 09-DEC-20 @ 13:07 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-7 20-W068 Sampled By: MW/RF on 09-DEC-20 @ 13:07 Matrix: WATER							
Perfluorinated Compounds							
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptanoic acid (PFHpA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							
L2539986-8 20-W069 Sampled By: MW/RF on 09-DEC-20 @ 15:10 Matrix: WATER							
Perfluorinated Compounds							
8:2 Fluorotelomer sulfonic acid(8:2 FTS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
6:2 Fluorotelomer sulfonic acid(6:2 FTS)	<0.020	RRR	0.020	ug/L	15-DEC-20	16-DEC-20	R5318537
4:2 Fluorotelomer sulfonic acid(4:2 FTS)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
10:2 Fluorotelomer sulfonic acid(10:2 F)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutane sulfonic acid (PFBS)	0.0020		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexane sulfonic acid (PFHxS)	0.0018		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotridecanoic acid (PFTrDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonic acid (PFOS)	0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentane sulfonic acid (PFPeS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamide (EtFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoethanol (EtFOSE)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Et PFO sulfonamidoacetic acid(EtFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamide (MeFOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoacetic acid(MeFOSAA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
N-Me PFO sulfonamidoethanol (MeFOSE)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroheptane sulfonic acid (PFHpS)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctane sulfonamide (FOSA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecane sulfonic acid (PFDS)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorobutanoic acid (PFBA)	<0.50		0.50	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorodecanoic acid (PFDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorododecanoic acid (PFDoDA)	<0.0020		0.0020	ug/L	15-DEC-20	16-DEC-20	R5318537

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2539986-8 20-W069 Sampled By: MW/RF on 09-DEC-20 @ 15:10 Matrix: WATER							
Perfluorinated Compounds							
Perfluoroheptanoic acid (PFHpA)	0.0026		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorohexanoic acid (PFHxA)	0.0080		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorononanoic acid (PFNA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorooctanoic acid (PFOA)	0.0053		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoropentanoic acid (PFPeA)	0.0082		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluorotetradecanoic acid (PFTeDA)	<0.0050		0.0050	ug/L	15-DEC-20	16-DEC-20	R5318537
Perfluoroundecanoic acid (PFUnDA)	<0.0010		0.0010	ug/L	15-DEC-20	16-DEC-20	R5318537
Report Remarks : RRR: Direct injection results reported for 6:2 FTS due to contamination in low level run. Detection limit raised.							

* Refer to Referenced Information for Qualifiers (if any) and Methodology.

Reference Information

QC Samples with Qualifiers & Comments:

QC Type Description	Parameter	Qualifier	Applies to Sample Number(s)
Laboratory Control Sample	10:2 Fluorotelomer sulfonic acid(10:2	LCS-L	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Laboratory Control Sample	N-Et PFO sulfonamide (EtFOSA)	LCS-L	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Laboratory Control Sample	N-Me PFO sulfonamide (MeFOSA)	LCS-L	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Laboratory Control Sample	Perfluorotetradecanoic acid (PFTeDA)	LCS-L	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	6:2 Fluorotelomer sulfonic acid(6:2 FT	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluorobutane sulfonic acid (PFBS)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluorobutanoic acid (PFBA)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluoroheptanoic acid (PFHpA)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluorohexane sulfonic acid (PFHxS	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluorohexanoic acid (PFHxA)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluorooctane sulfonic acid (PFOS)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluorooctanoic acid (PFOA)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluoropentane sulfonic acid (PFPeS	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8
Matrix Spike	Perfluoropentanoic acid (PFPeA)	MS-B	L2539986-1, -2, -3, -4, -5, -6, -7, -8

Sample Parameter Qualifier key listed:

Qualifier	Description
DLHC	Detection Limit Raised: Dilution required due to high concentration of test analyte(s).
LCS-L	Lab Control Sample recovery was below ALS DQO. Reference Material and/or Matrix Spike results were acceptable. Non-detected sample results are considered reliable. Other results, if reported, have been qualified.
MS-B	Matrix Spike recovery could not be accurately calculated due to high analyte background in sample.
RRR	Refer to Report Remarks for issues regarding this analysis

Test Method References:

ALS Test Code	Matrix	Test Description	Method Reference**
PFAS-LL-EX-LCMS-WT	Water	PFC's Low Level by LC/MS-MS	MOECC E3533 and E3457

Water sample passed through a solid phase extraction (SPE). Final extract of Perfluorinated compounds are analyzed by LC/MS-MS.

** ALS test methods may incorporate modifications from specified reference methods to improve performance.

The last two letters of the above test code(s) indicate the laboratory that performed analytical analysis for that test. Refer to the list below:

Laboratory Definition Code	Laboratory Location
WT	ALS ENVIRONMENTAL - WATERLOO, ONTARIO, CANADA

Chain of Custody Numbers:

GLOSSARY OF REPORT TERMS

Surrogates are compounds that are similar in behaviour to target analyte(s), but that do not normally occur in environmental samples. For applicable tests, surrogates are added to samples prior to analysis as a check on recovery. In reports that display the D.L. column, laboratory objectives for surrogates are listed there.

mg/kg - milligrams per kilogram based on dry weight of sample

mg/kg wwt - milligrams per kilogram based on wet weight of sample

mg/kg lwt - milligrams per kilogram based on lipid weight of sample

mg/L - unit of concentration based on volume, parts per million.

< - Less than.

D.L. - The reporting limit.

N/A - Result not available. Refer to qualifier code and definition for explanation.

Test results reported relate only to the samples as received by the laboratory.

UNLESS OTHERWISE STATED, ALL SAMPLES WERE RECEIVED IN ACCEPTABLE CONDITION.

Analytical results in unsigned test reports with the DRAFT watermark are subject to change, pending final QC review.

Quality Control Report

Workorder: L2539986

Report Date: 21-DEC-20

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Client: MALROZ ENGINEERING INC. (Kingston)
 308 Wellington Street, 2nd floor
 Kingston ON K7K 7A8

Contact: MALLORY WRIGHT

Test	Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
PFAS-LL-EX-LCMS-WT Water								
Batch R5318537								
WG3461891-3 DUP		L2539986-1						
Perfluorobutane sulfonic acid (PFBS)		0.0018	0.0016		ug/L	15	20	16-DEC-20
Perfluoropentane sulfonic acid (PFPeS)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorohexane sulfonic acid (PFHxS)		0.0075	0.0063		ug/L	18	20	16-DEC-20
Perfluoroheptane sulfonic acid (PFHpS)		<0.0010	<0.0010	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorooctane sulfonic acid (PFOS)		<0.0010	<0.0010	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorodecane sulfonic acid (PFDS)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorobutanoic acid (PFBA)		<0.50	<0.50	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluoropentanoic acid (PFPeA)		0.0237	0.0200		ug/L	17	20	16-DEC-20
Perfluorohexanoic acid (PFHxA)		0.0443	0.0363		ug/L	20	20	16-DEC-20
Perfluoroheptanoic acid (PFHpA)		0.0278	0.0229		ug/L	19	20	16-DEC-20
Perfluorooctanoic acid (PFOA)		0.0602	0.0494		ug/L	20	20	16-DEC-20
Perfluorononanoic acid (PFNA)		<0.0010	<0.0010	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorodecanoic acid (PFDA)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluoroundecanoic acid (PFUnDA)		<0.0010	<0.0010	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorododecanoic acid (PFDoDA)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorotridecanoic acid (PFTTrDA)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorotetradecanoic acid (PFTeDA)		<0.0050	<0.0050	RPD-NA	ug/L	N/A	20	16-DEC-20
Perfluorooctane sulfonamide (FOSA)		<0.0050	<0.0050	RPD-NA	ug/L	N/A	20	16-DEC-20
N-Me PFO sulfonamide (MeFOSA)		<0.0050	<0.0050	RPD-NA	ug/L	N/A	20	16-DEC-20
N-Et PFO sulfonamide (EtFOSA)		<0.0050	<0.0050	RPD-NA	ug/L	N/A	20	16-DEC-20
N-Me PFO sulfonamidoethanol (MeFOSE)		<0.0050	<0.0050	RPD-NA	ug/L	N/A	20	16-DEC-20
N-Et PFO sulfonamidoethanol (EtFOSE)		<0.0010	<0.0010	RPD-NA	ug/L	N/A	20	16-DEC-20
N-Me PFO sulfonamidoacetic acid(MeFOE)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
N-Et PFO sulfonamidoacetic acid(EtFOE)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
4:2 Fluorotelomer sulfonic acid(4:2 FTS)		<0.0050	<0.0050	RPD-NA	ug/L	N/A	20	16-DEC-20
6:2 Fluorotelomer sulfonic acid(6:2 FTS)		<0.020	<0.020	RPD-NA	ug/L	N/A	20	16-DEC-20
8:2 Fluorotelomer sulfonic acid(8:2 FTS)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
10:2 Fluorotelomer sulfonic acid(10:2 F)		<0.0020	<0.0020	RPD-NA	ug/L	N/A	20	16-DEC-20
WG3461891-2 LCS								
Perfluorobutane sulfonic acid (PFBS)			58.7		%		50-150	16-DEC-20
Perfluoropentane sulfonic acid (PFPeS)			60.0		%		50-150	16-DEC-20
Perfluorohexane sulfonic acid (PFHxS)			58.7		%		50-150	16-DEC-20
Perfluoroheptane sulfonic acid (PFHpS)			64.0		%		50-150	16-DEC-20

Quality Control Report

Workorder: L2539986

Report Date: 21-DEC-20

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Client: MALROZ ENGINEERING INC. (Kingston)
308 Wellington Street, 2nd floor
Kingston ON K7K 7A8

Contact: MALLORY WRIGHT

Test	Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
PFAS-LL-EX-LCMS-WT		Water						
Batch	R5318537							
WG3461891-2 LCS								
Perfluorooctane sulfonic acid (PFOS)			58.0		%		50-150	16-DEC-20
Perfluorodecane sulfonic acid (PFDS)			50.0		%		50-150	16-DEC-20
Perfluorobutanoic acid (PFBA)			104.4		%		50-150	16-DEC-20
Perfluoropentanoic acid (PFPeA)			68.7		%		50-150	16-DEC-20
Perfluorohexanoic acid (PFHxA)			70.7		%		50-150	16-DEC-20
Perfluoroheptanoic acid (PFHpA)			69.3		%		50-150	16-DEC-20
Perfluorooctanoic acid (PFOA)			69.3		%		50-150	16-DEC-20
Perfluorononanoic acid (PFNA)			72.0		%		50-150	16-DEC-20
Perfluorodecanoic acid (PFDA)			63.3		%		50-150	16-DEC-20
Perfluoroundecanoic acid (PFUnDA)			58.7		%		50-150	16-DEC-20
Perfluorododecanoic acid (PFDoDA)			52.7		%		50-150	16-DEC-20
Perfluorotridecanoic acid (PFTrDA)			52.0		%		50-150	16-DEC-20
Perfluorotetradecanoic acid (PFTeDA)			42.0	LCS-L	%		50-150	16-DEC-20
Perfluorooctane sulfonamide (FOSA)			50.7		%		50-150	16-DEC-20
N-Me PFO sulfonamide (MeFOSA)			43.3	LCS-L	%		50-150	16-DEC-20
N-Et PFO sulfonamide (EtFOSA)			46.0	LCS-L	%		50-150	16-DEC-20
N-Me PFO sulfonamidoethanol (MeFOSE)			50.7		%		50-150	16-DEC-20
N-Et PFO sulfonamidoethanol (EtFOSE)			50.0		%		50-150	16-DEC-20
N-Me PFO sulfonamidoacetic acid(MeFOSA)			78.1		%		50-150	16-DEC-20
N-Et PFO sulfonamidoacetic acid(EtFOSA)			71.4		%		50-150	16-DEC-20
4:2 Fluorotelomer sulfonic acid(4:2 FTS)			60.7		%		50-150	16-DEC-20
6:2 Fluorotelomer sulfonic acid(6:2 FTS)			100.7		%		50-150	16-DEC-20
8:2 Fluorotelomer sulfonic acid(8:2 FTS)			64.7		%		50-150	16-DEC-20
10:2 Fluorotelomer sulfonic acid(10:2 F)			40.7	LCS-L	%		50-150	16-DEC-20
WG3461891-1 MB								
Perfluorobutane sulfonic acid (PFBS)			<0.0010		ug/L		0.001	16-DEC-20
Perfluoropentane sulfonic acid (PFPeS)			<0.0020		ug/L		0.002	16-DEC-20
Perfluorohexane sulfonic acid (PFHxS)			<0.0010		ug/L		0.001	16-DEC-20
Perfluoroheptane sulfonic acid (PFHpS)			<0.0010		ug/L		0.001	16-DEC-20
Perfluorooctane sulfonic acid (PFOS)			<0.0010		ug/L		0.001	16-DEC-20
Perfluorodecane sulfonic acid (PFDS)			<0.0020		ug/L		0.002	16-DEC-20
Perfluorobutanoic acid (PFBA)			<0.50		ug/L		0.5	16-DEC-20
Perfluoropentanoic acid (PFPeA)			<0.0010		ug/L		0.001	16-DEC-20
Perfluorohexanoic acid (PFHxA)			<0.0010		ug/L		0.001	16-DEC-20

Quality Control Report

Workorder: L2539986

Report Date: 21-DEC-20

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Client: MALROZ ENGINEERING INC. (Kingston)
308 Wellington Street, 2nd floor
Kingston ON K7K 7A8

Contact: MALLORY WRIGHT

Test	Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
PFAS-LL-EX-LCMS-WT Water								
Batch R5318537								
WG3461891-1 MB								
			<0.0010		ug/L		0.001	16-DEC-20
			<0.0010		ug/L		0.001	16-DEC-20
			<0.0010		ug/L		0.001	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
			<0.0010		ug/L		0.001	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
			<0.0050		ug/L		0.005	16-DEC-20
			<0.0050		ug/L		0.005	16-DEC-20
			<0.0050		ug/L		0.005	16-DEC-20
			<0.0010		ug/L		0.001	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
			<0.0050		ug/L		0.005	16-DEC-20
			<0.020		ug/L		0.002	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
			<0.0020		ug/L		0.002	16-DEC-20
WG3461891-4 MS L2539986-4								
			N/A	MS-B	%		-	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			72.8		%		50-150	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			52.7		%		50-150	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			N/A	MS-B	%		-	16-DEC-20
			91.9		%		50-150	16-DEC-20
			70.7		%		50-150	16-DEC-20
			66.7		%		50-150	16-DEC-20

Quality Control Report

Workorder: L2539986

Report Date: 21-DEC-20

Page 4 of 5

Client: MALROZ ENGINEERING INC. (Kingston)
 308 Wellington Street, 2nd floor
 Kingston ON K7K 7A8

Contact: MALLORY WRIGHT

Test	Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
PFAS-LL-EX-LCMS-WT	Water							
Batch	R5318537							
WG3461891-4 MS		L2539986-4						
Perfluorododecanoic acid (PFDoDA)			59.3		%		50-150	16-DEC-20
Perfluorotridecanoic acid (PFTTrDA)			56.7		%		50-150	16-DEC-20
Perfluorotetradecanoic acid (PFTeDA)			52.0		%		50-150	16-DEC-20
Perfluorooctane sulfonamide (FOSA)			68.7		%		50-150	16-DEC-20
N-Me PFO sulfonamide (MeFOSA)			52.7		%		50-150	16-DEC-20
N-Et PFO sulfonamide (EtFOSA)			52.0		%		50-150	16-DEC-20
N-Me PFO sulfonamidoethanol (MeFOSE)			68.0		%		50-150	16-DEC-20
N-Et PFO sulfonamidoethanol (EtFOSE)			58.0		%		50-150	16-DEC-20
N-Me PFO sulfonamidoacetic acid(MeFOSE)			82.5		%		50-150	16-DEC-20
N-Et PFO sulfonamidoacetic acid(EtFOSE)			77.4		%		50-150	16-DEC-20
4:2 Fluorotelomer sulfonic acid(4:2 FTS)			80.8		%		50-150	16-DEC-20
6:2 Fluorotelomer sulfonic acid(6:2 FTS)			N/A	MS-B	%		-	16-DEC-20
8:2 Fluorotelomer sulfonic acid(8:2 FTS)			86.1		%		50-150	16-DEC-20
10:2 Fluorotelomer sulfonic acid(10:2 F)			61.3		%		50-150	16-DEC-20

Quality Control Report

Workorder: L2539986

Report Date: 21-DEC-20

Client: MALROZ ENGINEERING INC. (Kingston)
308 Wellington Street, 2nd floor
Kingston ON K7K 7A8

Page 5 of 5

Contact: MALLORY WRIGHT

Legend:

Limit	ALS Control Limit (Data Quality Objectives)
DUP	Duplicate
RPD	Relative Percent Difference
N/A	Not Available
LCS	Laboratory Control Sample
SRM	Standard Reference Material
MS	Matrix Spike
MSD	Matrix Spike Duplicate
ADE	Average Desorption Efficiency
MB	Method Blank
IRM	Internal Reference Material
CRM	Certified Reference Material
CCV	Continuing Calibration Verification
CVS	Calibration Verification Standard
LCSD	Laboratory Control Sample Duplicate

Sample Parameter Qualifier Definitions:

Qualifier	Description
LCS-L	Lab Control Sample recovery was below ALS DQO. Reference Material and/or Matrix Spike results were acceptable. Non-detected sample results are considered reliable. Other results, if reported, have been qualified.
MS-B	Matrix Spike recovery could not be accurately calculated due to high analyte background in sample.
RPD-NA	Relative Percent Difference Not Available due to result(s) being less than detection limit.
RRR	Refer to Report Remarks for issues regarding this analysis

Hold Time Exceedances:

All test results reported with this submission were conducted within ALS recommended hold times.

ALS recommended hold times may vary by province. They are assigned to meet known provincial and/or federal government requirements. In the absence of regulatory hold times, ALS establishes recommendations based on guidelines published by the US EPA, APHA Standard Methods, or Environment Canada (where available). For more information, please contact ALS.

The ALS Quality Control Report is provided to ALS clients upon request. ALS includes comprehensive QC checks with every analysis to ensure our high standards of quality are met. Each QC result has a known or expected target value, which is compared against pre-determined data quality objectives to provide confidence in the accuracy of associated test results.

Please note that this report may contain QC results from anonymous Sample Duplicates and Matrix Spikes that do not originate from this Work Order.



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Chain c



L2539986-COFC

COC Number: 20 -

Page 1 of 1

Report To		Reports / Recipients			Turnaround Time (TAT) Requested		AFFIX ALS BARCODE LABEL HERE (ALS use only)		
Contact and company name below will appear on the final report		Select Report Format: <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL)			<input checked="" type="checkbox"/> Routine [R] if received by 3pm M-F - no surcharges apply <input type="checkbox"/> 4 day [P4] if received by 3pm M-F - 20% rush surcharge minimum <input type="checkbox"/> 3 day [P3] if received by 3pm M-F - 25% rush surcharge minimum <input type="checkbox"/> 2 day [P2] if received by 3pm M-F - 50% rush surcharge minimum <input type="checkbox"/> 1 day [E] if received by 3pm M-F - 100% rush surcharge minimum <input type="checkbox"/> Same day [E2] if received by 10am M-S - 200% rush surcharge. Additional fees may apply to rush requests on weekends, statutory holidays and non-routine tests				
Company:	Malroz Engineering Inc.	Merge QC/QCI Reports with COA <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			Date and Time Required for all E&P TATs:		dd-mmm-yy hh:mm am/pm		
Contact:	Mallory Wright	<input type="checkbox"/> Compare Results to Criteria on Report - provide details below if box checked			For all tests with rush TATs requested, please contact your AM to confirm availability.		Analysis Request		
Phone:	6134985221	Select Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX			Indicate Filtered (F), Preserved (P) or Filtered and Preserved (FP) below		NUMBER OF CONTAINERS		
Company address below will appear on the final report		Email 1 or Fax paschkowiak@malroz.com			SAMPLES ON HOLD		EXTENDED STORAGE REQUIRED		
Street:	308 Wellington Street	Email 2 mwright@malroz.com			SUSPECTED HAZARD (see notes)				
City/Province:	Ontario	Email 3 pyke@malroz.com							
Postal Code:	K7K7A8	Invoice Recipients							
Invoice To	Same as Report To <input type="checkbox"/> YES <input type="checkbox"/> NO	Select Invoice Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX							
	Copy of Invoice with Report <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Email 1 or Fax mahoney@malroz.com							
Company:		Email 2							
Contact:	Courtney Mahoney	Oil and Gas Required Fields (client use)							
Project Information		AFE/Cost Center:							
ALS Account # / Quote #:	Q77378	PO#							
Job #:	1037	Major/Minor Code:							
PO / AFE:		Routing Code:							
LSD:		Requisitioner:							
		Location:							
ALS Lab Work Order # (ALS use only):	L2539986	ALS Contact:			Sampler: MW/RF				
ALS Sample # (ALS use only)	Sample Identification and/or Coordinates (This description will appear on the report)	Date (dd-mmm-yy)	Time (hh:mm)	Sample Type	NUMBER OF CONTAINERS				
20-W062		9-Dec-20	11:50	GW	X				
20-W063		9-Dec-20	11:15	GW	X				
20-W064		9-Dec-20	11:13	GW	X				
20-W065		9-Dec-20	12:30	GW	X				
20-W066		9-Dec-20	13:40	GW	X				
20-W067		9-Dec-20	13:20	GW	X				
20-W068		9-Dec-20	13:07	GW	X				
20-W069		9-Dec-20	15:10	GW	X				
Drinking Water (DW) Samples ¹ (client use)		Notes / Specify Limits for result evaluation by selecting from drop-down below (Excel COC only)			SAMPLE RECEIPT DETAILS (ALS use only)				
Are samples taken from a Regulated DW System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					Cooling Method: <input type="checkbox"/> NONE <input checked="" type="checkbox"/> ICE <input type="checkbox"/> ICE PACKS <input type="checkbox"/> FROZEN <input type="checkbox"/> COOLING INITIATED				
Are samples for human consumption/ use? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					Submission Comments identified on Sample Receipt Notification: <input type="checkbox"/> YES <input type="checkbox"/> NO				
					Cooler Custody Seals Intact: <input type="checkbox"/> YES <input type="checkbox"/> N/A Sample Custody Seals Intact: <input type="checkbox"/> YES <input type="checkbox"/> N/A				
					INITIAL COOLER TEMPERATURES °C		FINAL COOLER TEMPERATURES °C		
					4.5		12.8		
SHIPMENT RELEASE (client use)		INITIAL SHIPMENT RECEPTION (ALS use only)			FINAL SHIPMENT RECEPTION (ALS use only)				
Released by: Mallory Wright	Date: 10-Dec-20	Time: 08:00	Received by: COITAS F	Date: 12/10/20	Time: 14:40	Received by: [Signature]	Date: 12/14/20	Time: 12:00	

REFER TO BACK PAGE FOR ALS LOCATIONS AND SAMPLING INFORMATION

WHITE - LABORATORY COPY YELLOW - CLIENT COPY

AUG 2020 FRONT

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY. By the use of this form the user acknowledges and agrees with the Terms and Conditions as specified on the back page of the white - report copy.

1. If any water samples are taken from a Regulated Drinking Water (DW) System, please submit using an Authorized DW COC form.

Appendix K
Reasonable Use Calculations

Appendix K
Reasonable Use Calculation - Overburden

Sample ID	Sample Location	Sampling Date	Chloride	Barium	Boron	Iron	Manganese	Alkalinity	DOC	Hardness	TDS	Nitrate	Nitrite	Sulphate	Mercury	Aluminum	Arsenic	Cadmium	Chromium	Copper	Lead	Sodium	Uranium	Zinc
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	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L
PWQO	-	-			0.2	0.3									0.2	0.075	0.005	0.0001		5.0	5.0			6.0
ODWS	-	-	250	1.0	5.0	0.3	0.05	500	5.0	100	500	10	1.0	500	0.001	0.1	0.01	0.005	0.05	1.0	0.01	200	0.02	5.0
11-4-2011-11-11	11-4	11-Nov-11	9	0.13	0.01	0.063	0.022	319	1.8	-	371	0.7	0.1	29	-	0.21	0.0004	0.00002	0.002	0.002	0.00014	19	-	0.005
11-4-2012-04-25	11-4	12-Apr-25	5.3	0.087	0.01	0.062	0.031	374	1.2	-	412	0.4	0.1	32	0.00008	0.13	0.0002	0.00002	0.0012	0.002	0.00005	14.6	-	0.005
11-4-2012-10-10	11-4	12-Oct-10	47.5	0.112	0.02	0.099	0.071	375	2.6	-	489	0.3	0.1	42	0.00002	0.17	0.0008	0.005	0.002	0.002	0.00011	22.1	-	0.005
11-4-2013-07-24	11-4	13-Jul-24	9	0.1	0.01	0.05	0.0227	358	3.4	-	430	0.2	0.1	21.4	0.0001	0.01	0.001	0.00009	0.0005	0.0015	0.0005	24.9	-	0.003
11-4-2013-10-24	11-4	13-Oct-24	6.6	0.0617	0.01	0.05	0.0108	325	3.5	-	316	0.35	-	16.4	0.0001	-	-	-	-	-	0.0005	40.6	-	-
11-4-2014-06-18	11-4	14-Jun-18	2.5	0.068	0.01	0.05	0.0549	400	2.1	-	377	0.1	0.1	15.1	0.0001	0.01	0.001	0.00009	0.0005	0.001	0.0005	26.4	-	0.003
11-4-2014-10-22	11-4	14-Oct-22	4.3	0.0883	0.01	0.143	0.0788	439	2.7	-	421	0.19	0.1	20.2	0.0001	0.01	0.001	0.00009	0.0005	0.001	0.0005	44	-	0.003
11-4-2015-05-06	11-4	15-May-06	5	0.077	0.01	0.05	0.009	420	2.9	-	446	0.2	0.05	23	0.0001	0.015	0.001	0.001	0.001	-	0.0005	28.8	-	0.003
11-4-2015-11-16	11-4	15-Nov-16	8	0.088	0.02	0.05	0.023	408	2.5	-	386	0.5	0.05	31	0.0001	0.002	0.001	0.001	0.001	0.0007	0.0001	19	-	0.003
11-4-2016-11-28	11-4	16-Nov-28	4	0.107	0.01	0.1	0.005	212	4.6	-	924	102	0.05	13	0.0001	0.054	0.001	0.001	0.001	0.001	0.0001	31.2	-	0.003
17-W012	11-4	17-Aug-03	2	0.059	0.01	0.05	0.013	278	9.8	300	536	21.5	0.025	6	0.00005	0.002	0.0005	0.0005	0.0005	0.004	0.00005	20	0.001	0.003
17-W033	11-4	17-Nov-23	2	0.064	0.02	0.05	0.0025	306	4.8	320	466	22.9	0.025	9	0.00005	0.006	0.0005	0.0005	0.0005	0.0022	0.00005	18.7	0.0016	0.003
18-W022	11-4	18-May-24	2.6	0.067	0.003	0.003	0.003	278	15.4	346	355	18.8	0.06	11	0.00001	0.05	0.0002	7.5E-06	0.0005	0.0018	0.00001	17.8	0.00154	0.003
18-W023	11-4	18-May-24	2.6	0.068	0.003	0.003	0.003	288	4.4	351	359	19	0.025	11	0.00001	0.05	0.0002	7.5E-06	0.0005	0.0018	0.00001	17.6	0.00158	0.003
18-W040	11-4	18-Nov-26	4.1	0.036	0.003	0.016	0.0005	113	13.5	211	249	26.6	0.025	10	0.00001	0.02	0.0003	7.5E-06	0.0005	0.0036	0.00004	9.5	0.00056	0.003
18-W046	11-4	18-Nov-26	3.1	0.033	0.003	0.027	0.0005	82	15.6	172	205	23.5	0.025	9	0.00001	0.03	0.0003	7.5E-06	0.003	0.0041	0.00004	7.2	0.00029	0.003
19-W006	11-4	19-May-07	1.8	0.038	0.003	0.009	0.004	186	16.9	246	265	13.9	0.11	8	0.00001	0.04	0.0002	7.5E-06	0.0005	0.0063	0.00005	12.9	0.0007	0.003
19-W007	11-4	19-May-07	1.9	0.043	0.003	0.003	0.0005	191	8.5	258	278	16.3	0.025	8	0.00001	0.04	0.0002	7.5E-06	0.001	0.0034	0.00001	12.0	0.00069	0.003
19-W043	11-4	19-Nov-13	0.9	0.061	0.003	0.003	0.0005	208	10.4	322	325	23.2	0.025	10	0.00001	0.05	0.0003	7.5E-06	0.0005	0.0053	0.00021	11.1	0.00079	0.009

median Cb	4	0.07	0.01	0.05	0.01	306	4	300	377	14	0.050	13	0.00005	0.035	0.0005	0.0000550	0.0005	0.0020	0.00010	19	0.00079	0.0030
min	0.9	0.033	0.003	0.003	0.0005	82	1.2	172	205	0.1	0.025	6	0.00001	0.002	0.0002	7.5E-06	0.0005	0.0007	0.00001	7.2	0.00029	0.003

$C_m = C_b + x(C_r - C_b)$ | $C_m(\text{normal})$ | 127 | 0.301 | 1.3 | 0.175 | 0.030 | 403 | 4.70 | 200 | 438.5 | 12.93 | 0.29 | 257 | 0.00029 | 0.07 | 0.0028 | 0.00129 | 0.013 | 0.501 | 0.00258 | 110 | 0.00559 | 2.5

Cb=background concentration

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

Cr = max conc. acceptable in water (Ontario Drinking Water Standard)

Cm = max degradation

AO denotes aesthetic objective, IMAC denotes Interim Maximum Acceptable Concentration

shading denotes result was below the reporting limit and half the value of the RL was adopted to allow for statistical analyses

Malroz was not consultant on the site prior to 2017, therefore pre-2017 values were collected by others and values were provided with the absence of laboratory certificates of analyses

Data Input: MW
Data Check: JMP

Appendix K
Reasonable Use Calculation - Bedrock Wells

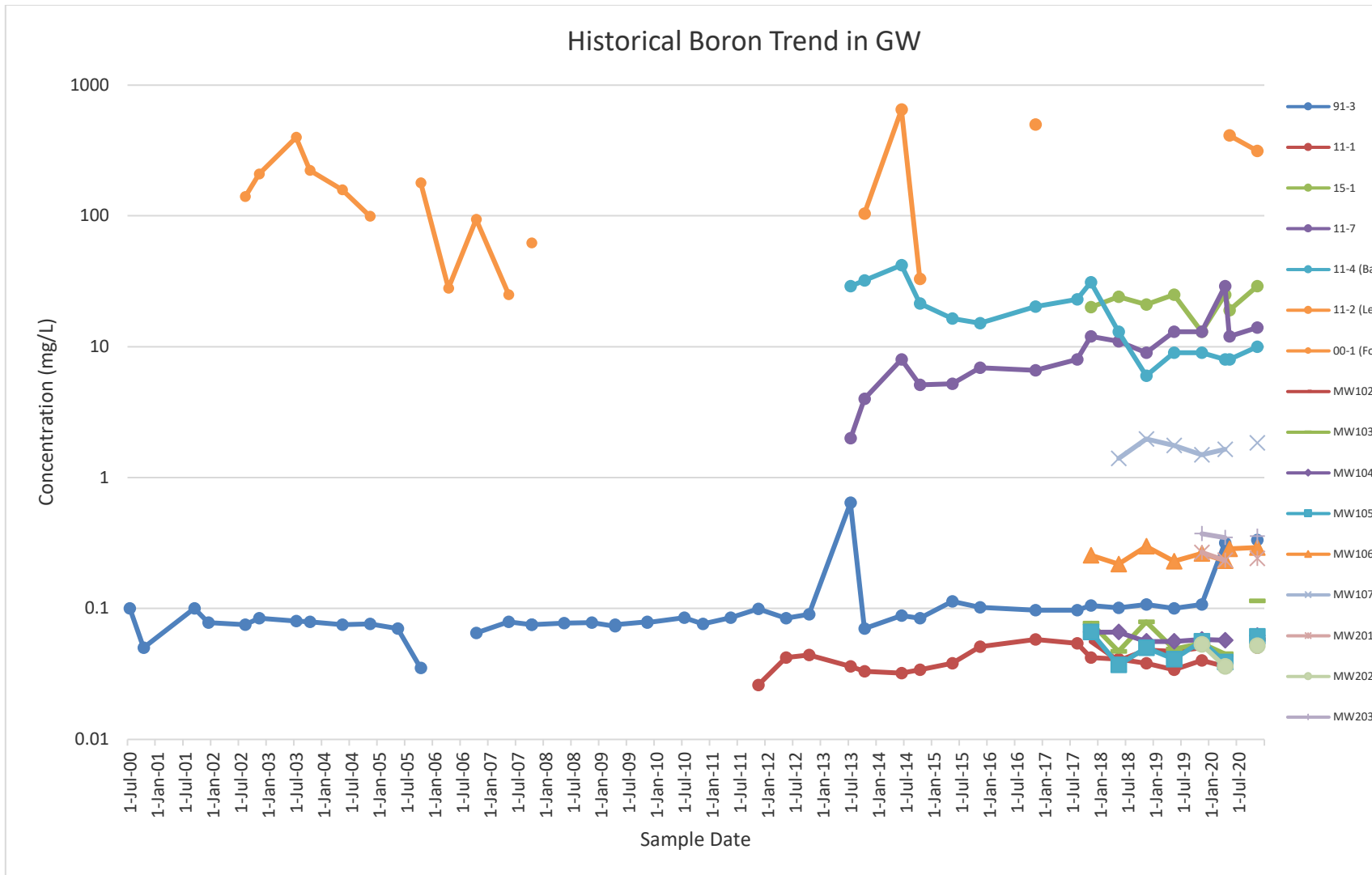
Sample ID	Sample Location	Sampling Date	Chloride	Barium	Boron	Iron	Manganese	Alkalinity	DOC	Hardness	TDS	Nitrate	Nitrite	Sulphate	Mercury	Aluminum	Arsenic	Cadmium	Chromium	Copper	Lead	Sodium	Uranium	Zinc
Units			mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L
PWQO	-	-			0.2	0.3									0.2	0.075	0.005	0.5		5.0	5.0			6.0
ODWS	-	-	250	1.0	5.0	0.3	0.05	500	5.0	100	500	10	1.0	500	0.001	0.1	0.01	0.005	0.05	1.0	0.01	200	0.02	5.0
17-W035	MW102	17-Nov-17	108	0.794	0.056	0.510	0.554	512	6.7	596	764	0.7	0.025	82	0.0005	0.0005	0.0005	0.0005	0.0005	0.0009	0.00005	28.5	0.0033	0.003
18-W020	MW102	18-May-18	162	0.951	0.040	0.420	0.501	422	6.4	628	727	0.88	0.025	57	0.00001	0.08	0.0002	0.0000075	0.0005	0.0017	0.00004	39.4	0.00253	0.003
18-W038	MW102	18-Nov-27	198	0.859	0.048	0.558	0.481	380	4.9	606	778	0.05	0.025	58	0.00001	0.06	0.0002	0.0000075	0.0005	0.0011	0.00001	58.8	0.00308	0.003
19-W018	MW102	19-May-08	186	0.841	0.047	0.378	0.465	394	6.2	622	766	1.84	0.025	58	0.00001	0.07	0.0002	0.0000075	0.002	0.0014	0.00002	41.6	0.00297	0.003
19-W041	MW102	19-Nov-13	266	0.943	0.050	0.524	0.526	371	3.2	686	855	0.81	0.025	50	0.00001	0.08	0.0002	0.0000075	0.0005	0.0013	0.00004	57.8	0.00260	0.003
median Cb			186	0.859	0.05	0.510	0.501	394	6.2	622	766	0.81	0.025	58	0.00001	0.07	0.0002	0.000008	0.0005	0.0013	0.00004	41.6	0.00297	0.003
min			108	0.794	0.04	0.378	0.465	371	3.2	596	727	0.05	0.025	50	0.00001	0.0005	0.0002	0.0000075	0.0005	0.0009	0.00001	28.5	0.00253	0.003
Cm=Cb+x(Cr-Cb)	Cm(normal)		218	0.89	1.3	0.41	0.28	447	5.6	361	633	3.11	0.27	279	0.00026	0.09	0.0027	0.0013	0.013	0.5	0.0025	121	0.00723	2.5

Cb=background concentration
 x = constant; 0.5 non health parameter, 0.25 for health parameter
 Cr = max conc. acceptable in water (Ontario Drinking Water Standard)
 Cm = max degradation
 AO denotes asthetic objective, IMAC denotes Interim Maximum Acceptable Concentration

shading denotes result was below the reporting limit and half the value of the RL was adopted to allow for statistical analyses

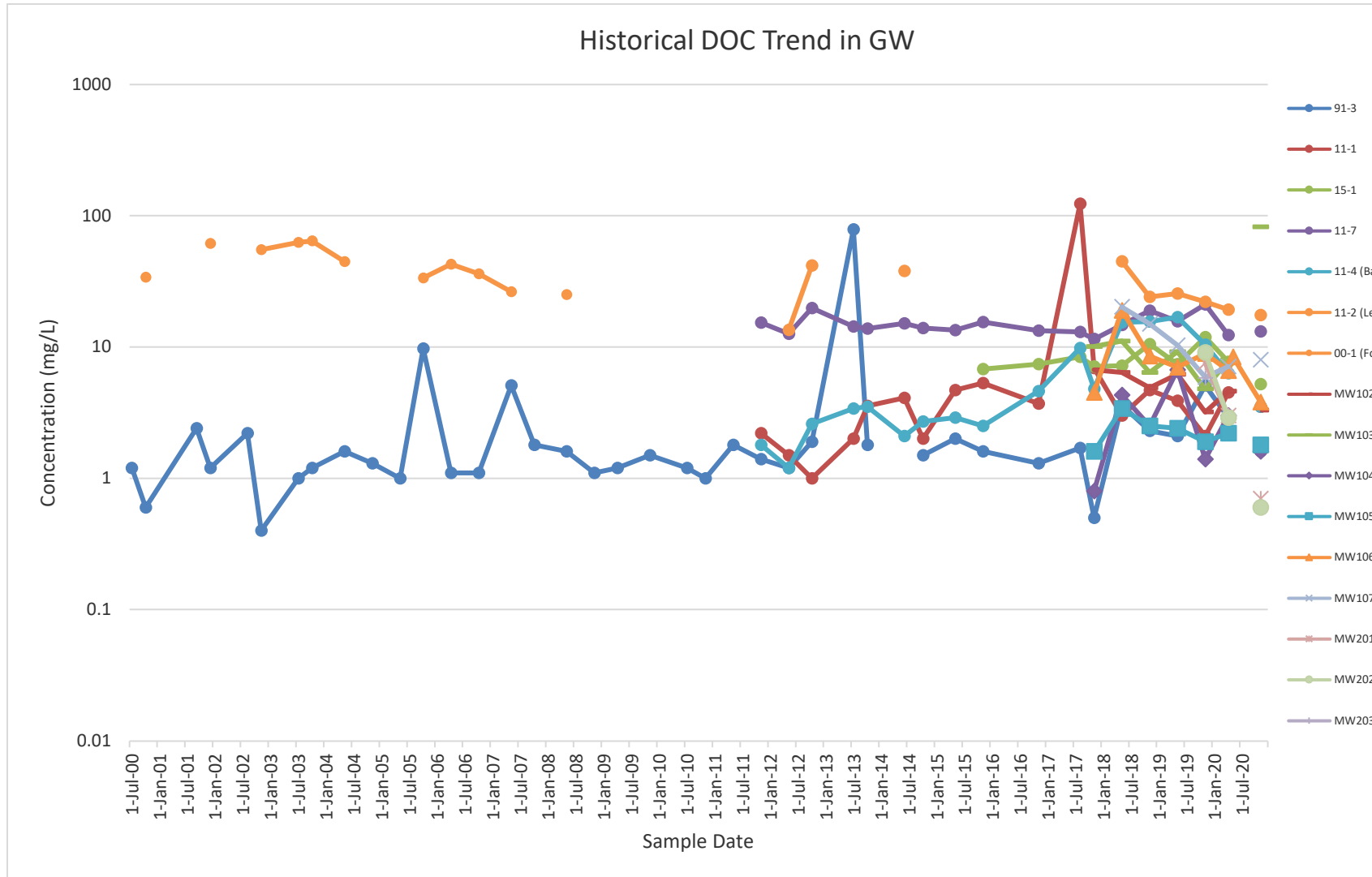
Data Input: MW
 Data Check: JMP

Appendix L
Groundwater and Surface Water Trend Graphs



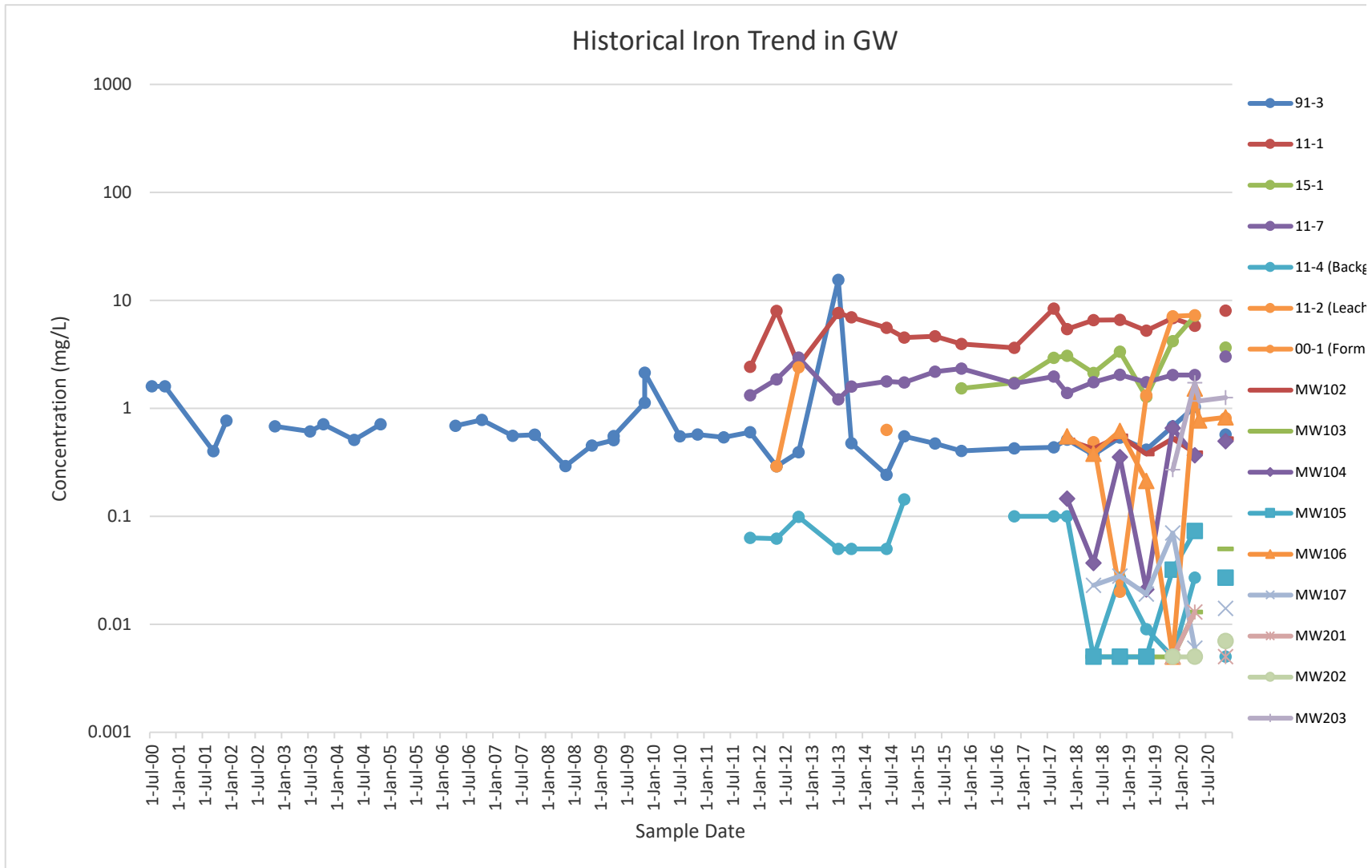
Notes:

- 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
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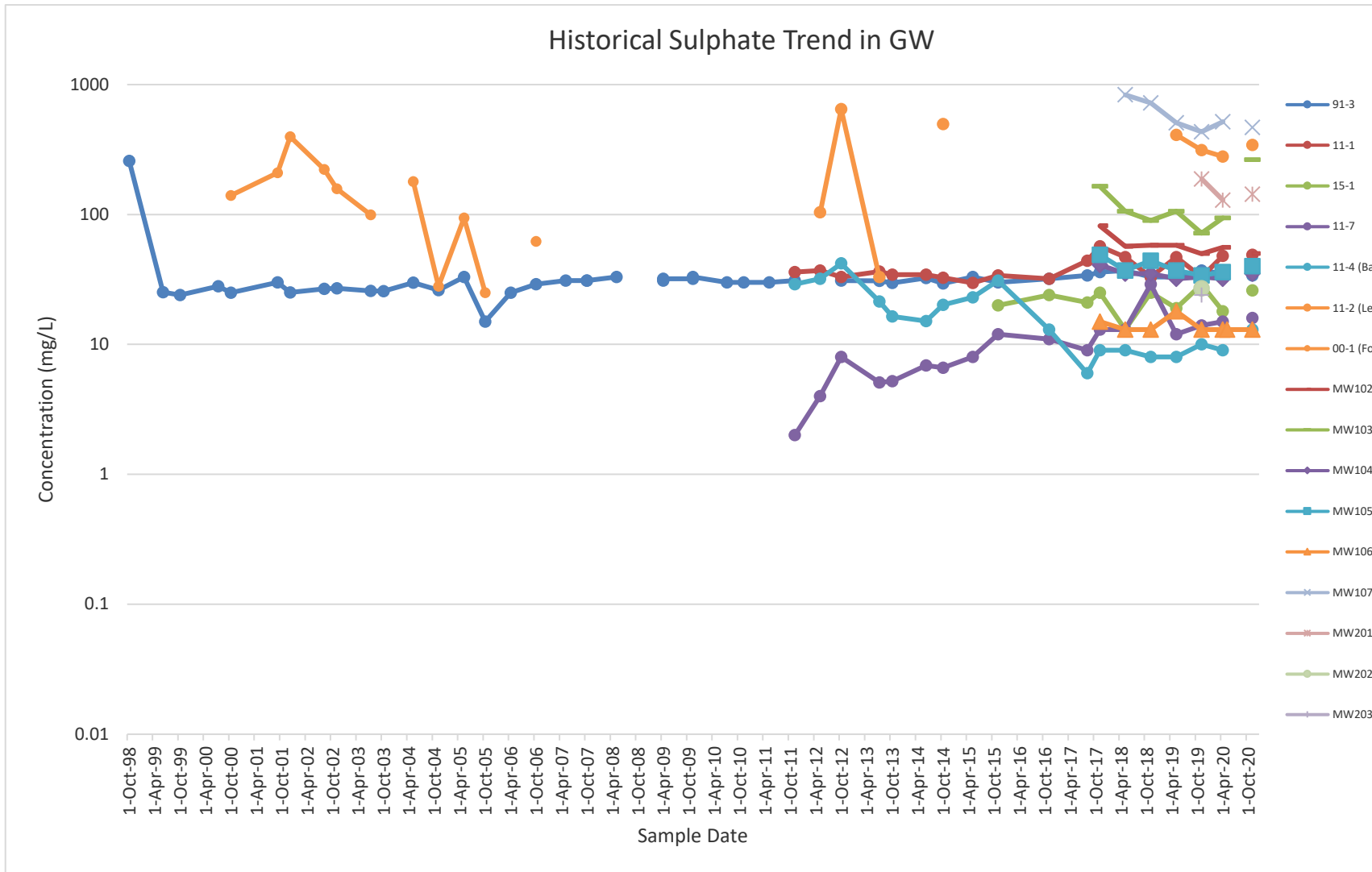
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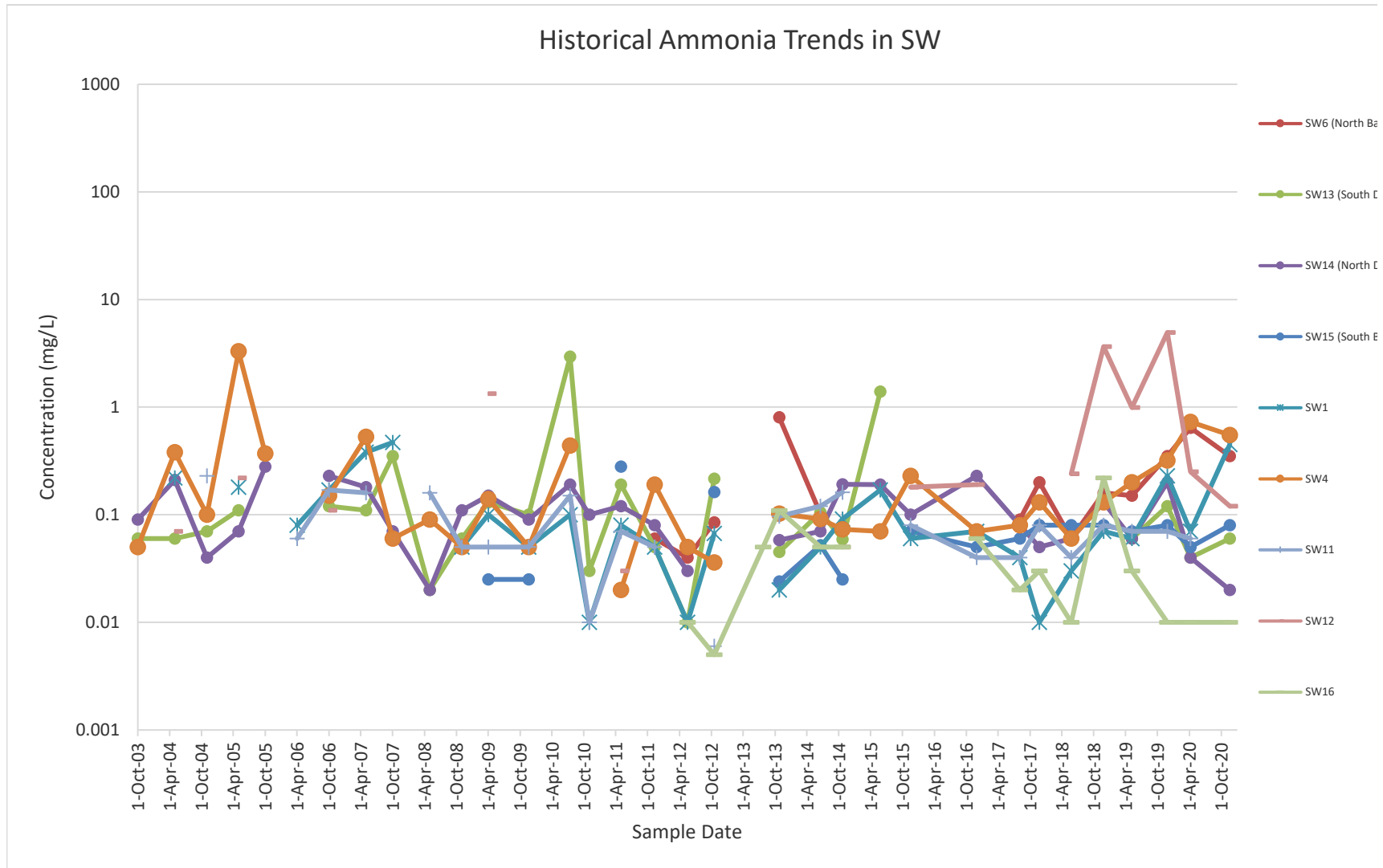
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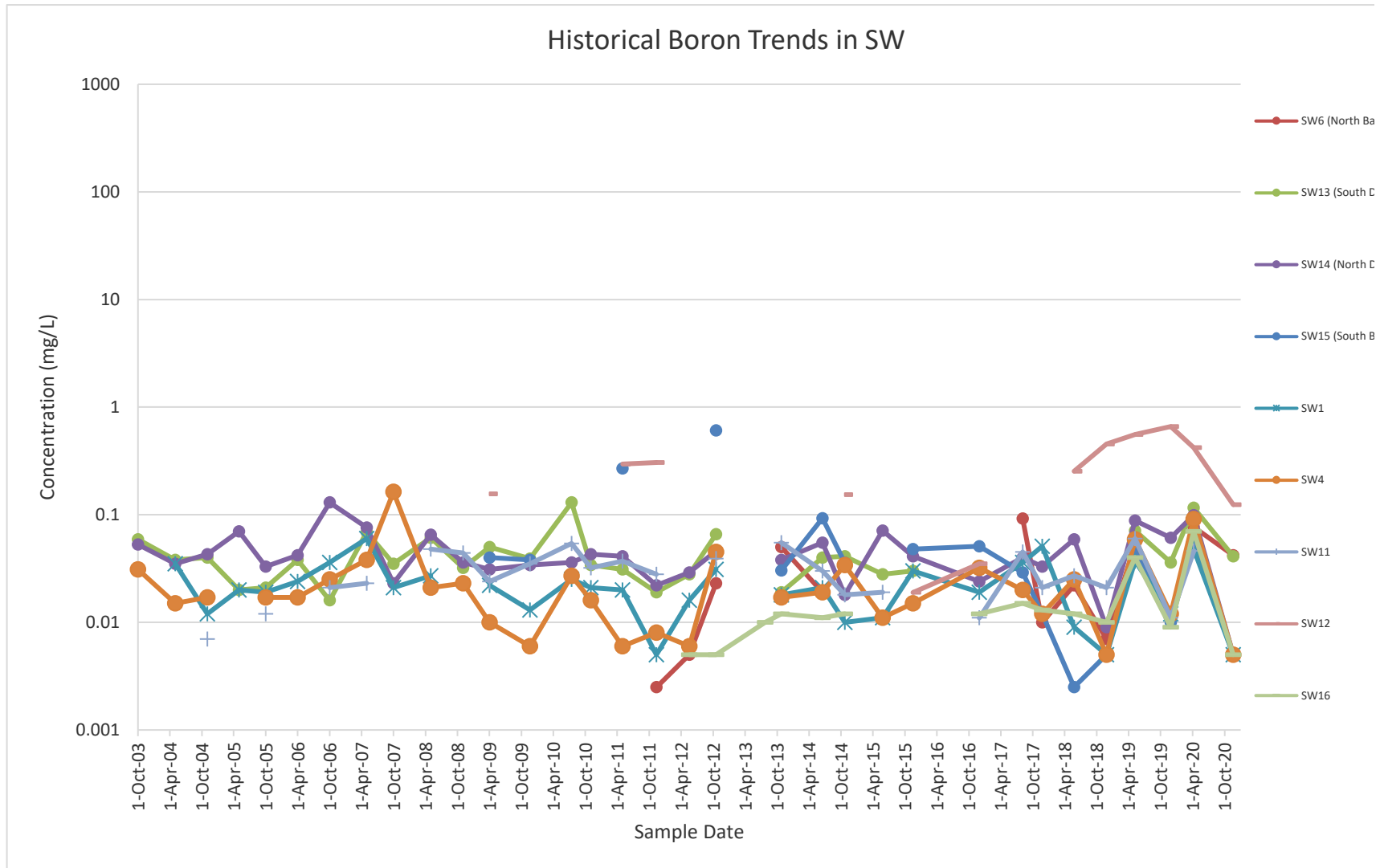
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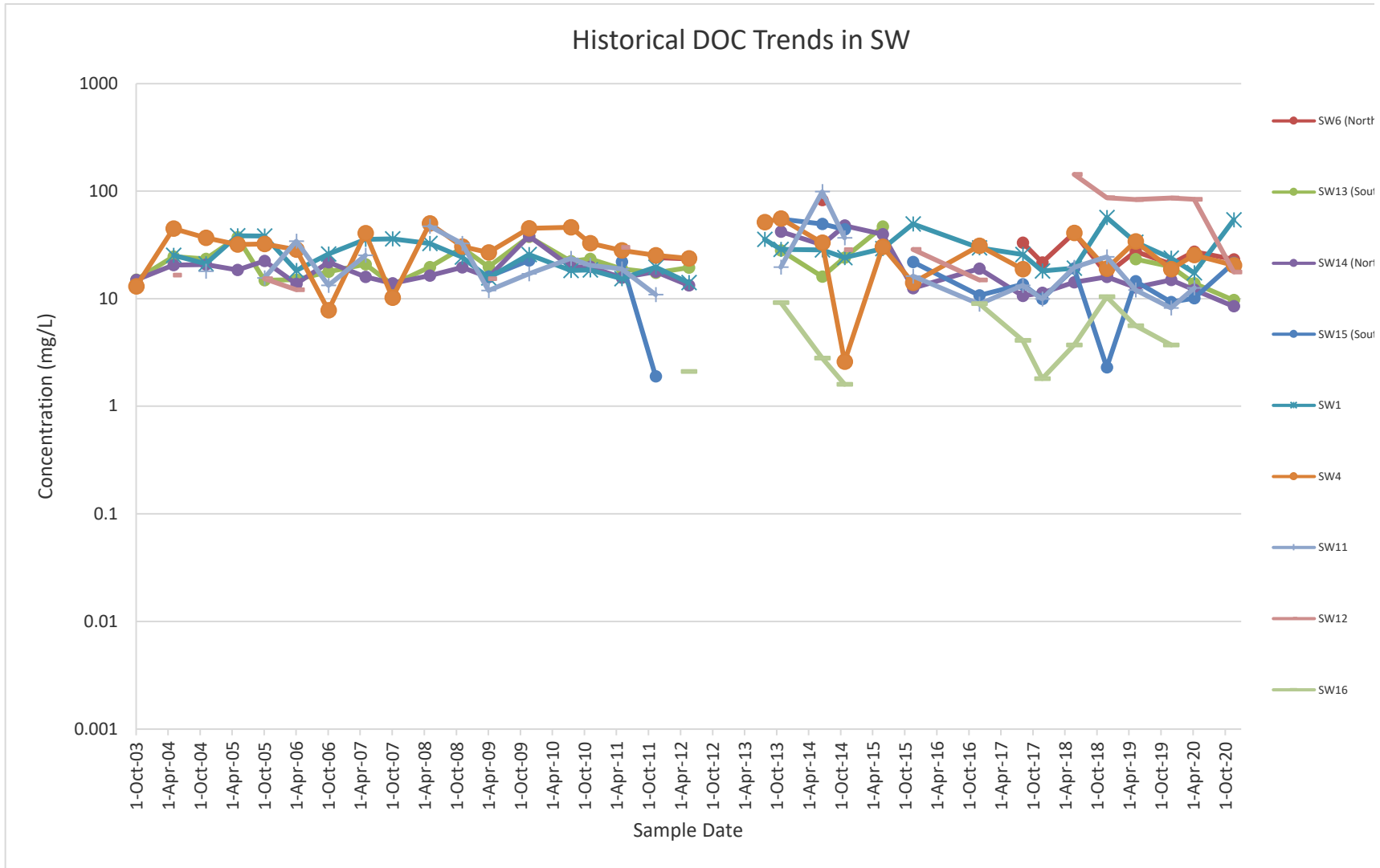
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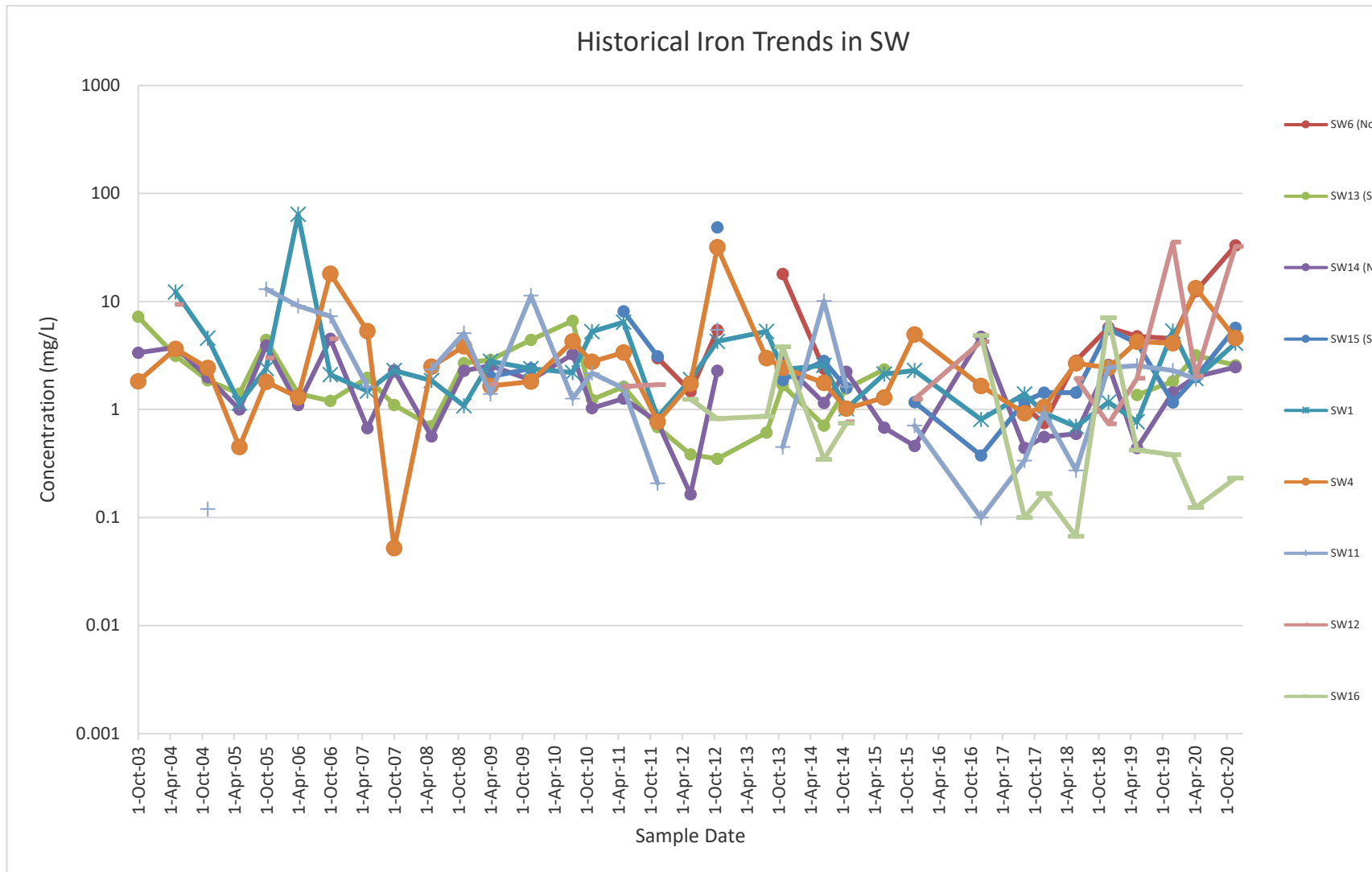
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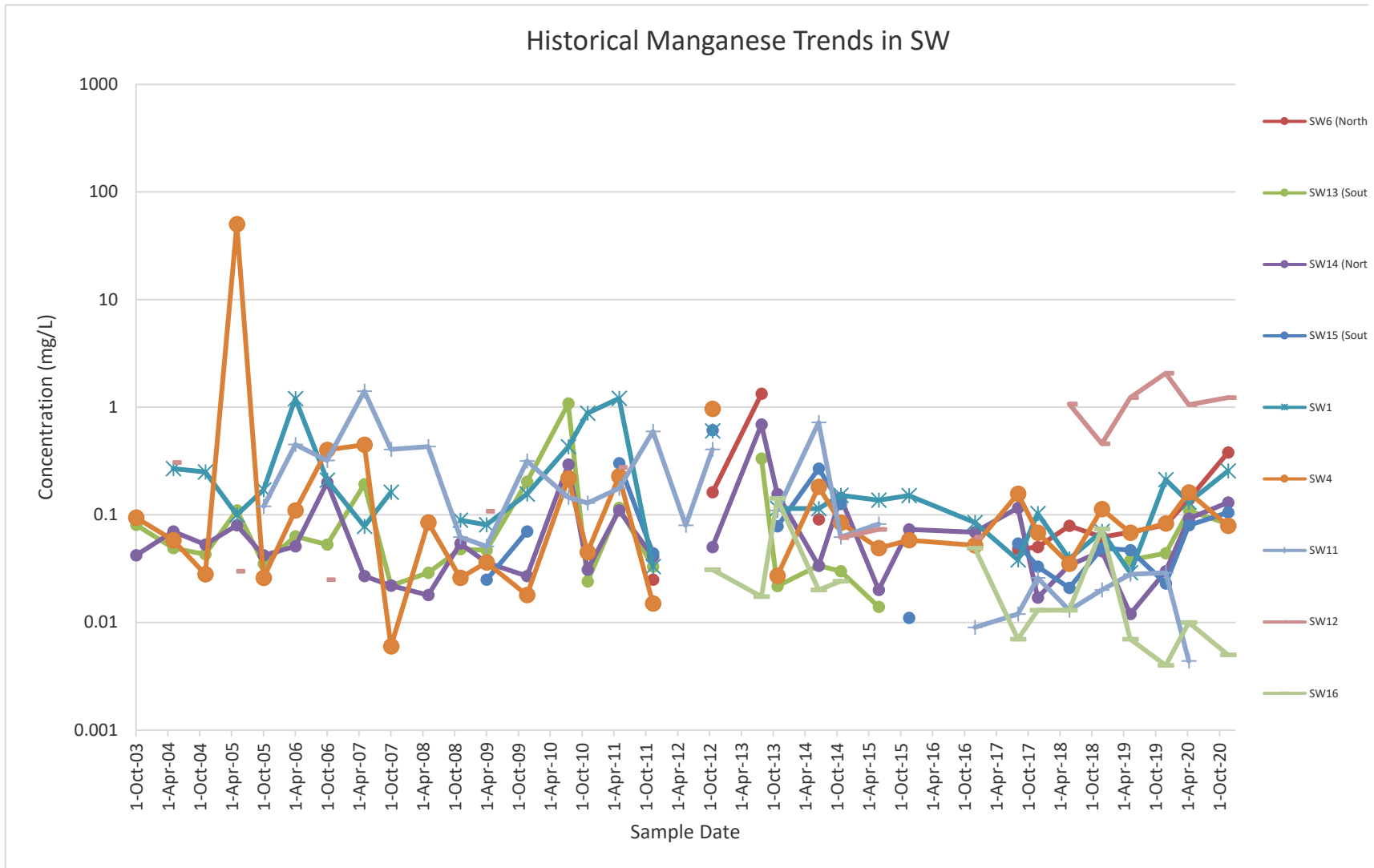
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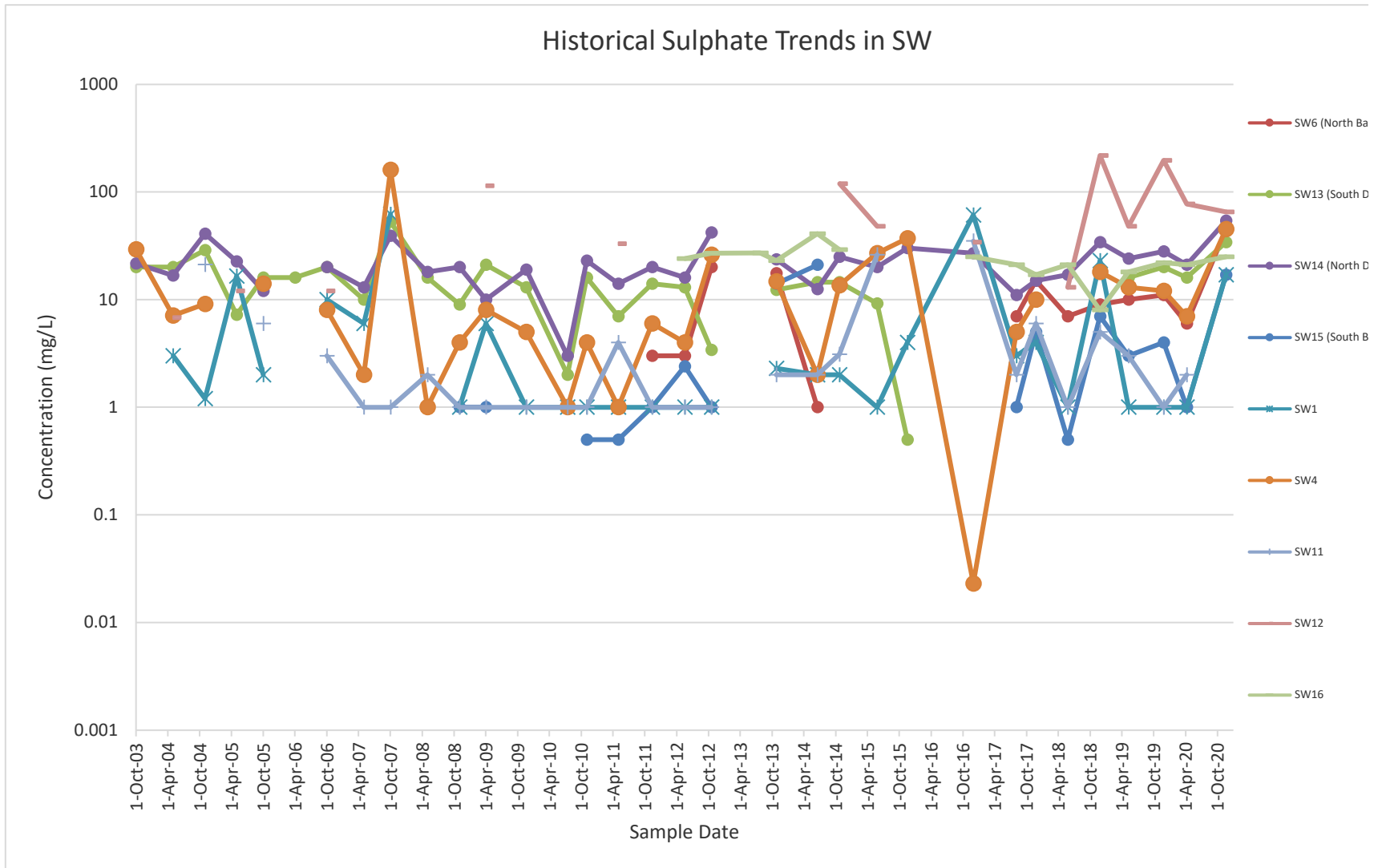
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