



Ontario Clean Water Agency
Agence Ontarienne Des Eaux

WIARTON
WASTEWATER TREATMENT LAGOONS

Annual Report
January 1 to December 31, 2014

Prepared by: Cherie Young
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West Highlands Hub

March 31, 2015

Ministry of the Environment
 Third Floor
 101 17th Street East
 Owen Sound, ON
 N4K 0A5

Attention: John Ritchie, Water Compliance Supervisor

Subject: Wiarion Sewage Lagoons
 Lot, Concession 21 E,
 Georgian Bluffs (Township of Keppel), ON

The enclosed 2014 Report for the above referenced facility summarizes the performance and related activities in accordance with C of A #9441-78RQ8B issued November 9, 2007; Condition 10 (6) a) through j) as follows:

Table 1: Monitoring Program for C of A #9441-78RQ8B

Source (Composite)	Parameter	Frequency	Method
Influent	Flow (m ³)	Daily	Flow Meter
	BOD ₅ , TSS, TP, TKN	Monthly	External Analysis
Effluent	Flow (m ³)	Daily	Flow Meter
	CBOD ₅ , TSS, (Ammonia + Ammonium) Nitrogen, Total Phosphorus	Bi-Weekly	External Analysis
	E. Coli	Bi-Weekly	External Analysis
	pH	Bi-Weekly	In-House & External Analysis
	Temperature	Bi-Weekly	In-House & External Analysis

Sampling Procedures

Table 2: Raw Sewage Monitoring for C of A #3511-6MHS3V and C of A #9441-78RQ8B

Parameters	Sample Type	Frequency
CBOD5	Grab	Monthly
Total Suspended Solids	Grab	Monthly
Total Phosphorous	Grab	Monthly
Total Kjeldahl	Grab	Monthly

Table 3: Effluent Monitoring for C of A #3511-6MHS3V and C of A #9441-78RQ8B

Parameters	Sample Type	Frequency
CBOD5	Composite	Bi-weekly
Total Suspended Solids	Composite	Bi-weekly
Total Phosphorous	Composite	Bi-weekly
(Ammonia + Ammonium) Nitrogen	Composite	Bi-weekly
<i>E.coli</i>	Grab	Bi-weekly
pH	Grab	Bi-weekly
Temperature	Grab	Bi-weekly

All chemical and bacteriological sample analyses are conducted by SGS Lakefield Research Laboratory.

Table 4: Effluent Limits for C of A #3511-6MHS3V and C of A #9441-78RQ8B

Effluent Limits from Certificate of Approval		
Parameter	Average Monthly Concentration (mg/L)	Average Loading (kg/day)
CBOD5	20	50
Suspended Solids	24	60
Total Phosphorous	0.5	1.25
pH	6.0-9.5	

The average density of e-coli in the effluent shall not exceed 200 per month (monthly geometric mean density). Effluent is being continuously discharged and disinfected during the entire calendar year.

Project Description

The Warton Wastewater Treatment Lagoons began operating in the present configuration in 1999. The facility consists of a series of 3 aerated lagoons operated in series.

The sewage lagoons are a three cell (6 ha.) system, aerated and operated in series configuration. Discharge from #3 cell is continuous.

The collection system serves the former Town of Warton only. All raw sewage, including waste from the Warton Water Filtration Plant sewage pump station, is collected at the #1 (recently upgraded) pump station located at George and Taylor Streets. It is then pumped to the #2 pump station at Taylor and Elm Streets. Raw sewage is then pumped to the lagoon site to #1 (south) cell.

In 2006, upgrades to Taylor St. pumping station included the installation of two new 60 hp 1775 rpm sewage pumps located in a dry well each with a rated capacity of 103.0 L/s at a TDH of 29.0 m (one duty, one standby) and a combined rated capacity of 130 L/s at a TDH of 39.0 m.

Upgrades also incorporated the installation of a forcemain air relief and vacuum relief valve in the dry well.

Coagulant is injected at the #1 pump station to provide precipitation of phosphorous in the lagoons.

In early 2004, the Warton Lagoon was upgraded with the addition of a Dynasand Effluent Filtration System, Coagulant addition in the filter building, Ultraviolet Disinfection system, and a septic receiving facility adjacent to the main building. Also included in these upgrades was the addition of a third blower for the aeration cells. Disinfection is only required from May 15 to September 15 utilizing the Ultraviolet Disinfection system.

The plant discharge utilizes the pipe located on Mary Street to Isaac Street (original) and also utilizes the original abandoned forcemain on Taylor Street. Both pipes intersect at the discharge pipe located at George and Tyson Streets.

Lagoons Facts

Facilities:	Three Aerated lagoons, two pump stations
Design Capacity:	2,500 m ³ /day
Average Daily Flow:	1,729 m ³ per day (2014)
Households:	1,100
Receiving Water:	Colpoy's Bay (Georgian Bay)
Certificates of Approval	9441-78RQ8B Sewage
	3-0709-82-006 Air
	8-1028-99

Plant Performance & Effluent Quality

The Warton Wastewater Treatment Lagoons failed to meet all effluent limits as per C of A #9441-78RQ8B issued November 9, 2007 replacing and revoking C of A #3511-6MHS3V.

Table 5: Effluent Limits for C of A #9441-78RQ8B

Month	CBOD ₅ Limits		Suspended Solids Limits		Total Phosphorus Limits	
	Monthly Average 20 mg/l	Monthly Loadings 50 kg/d	Monthly Average 24 mg/l	Monthly Loadings 60 kg/d	Monthly Average 0.5 mg/l	Monthly Loadings 1.25 kg/d
January	< 3.0	<3.869	9.5	12.253	0.870	1.122
February	2.5	2.295	8.0	7.345	0.580	0.533
March	5.0	7.572	8.5	12.872	0.484	0.733
April	< 4.0	<15.81	<5.667	<22.398	<0.087	<0.343
May	< 3.0	<5.605	5.0	9.342	<0.030	<0.056
June	< 3.5	<5.364	7.0	10.728	0.130	0.199
July	< 4.667	<4.723	11.333	11.471	0.310	0.314
August	7.5	7.335	16.0	15.647	0.330	0.323
September	< 5.0	<5.901	18.0	21.242	0.340	0.401
October	< 5.667	<8.687	25.8	39.550	0.237	0.363
November	< 3.5	<7.421	<10.0	<21.204	0.195	0.413
December	< 4.667	<5.465	7.667	8.979	0.113	0.133
AVERAGE	<4.333	<6.671	<11.039	<16.086	<0.309	<0.411

The effluent parameters specified in the above table are analyzed by Lakefield Research, an accredited laboratory located in Lakefield, Ontario.

Detailed (daily) analytical data is available at the Warton Hub office. Annual and monthly averages/loadings are summarized in Appendix A.

The average Effluent Geometric Mean E. Coli per 100ml for the year 2014 was <2.15 cfu/100mL. The peak Effluent Geometric Mean E. Coli per 100ml for the year 2014 was <5.0 cfu/100mL.

On April 15, 2014, as a result of heavy rain and snow melt, an additional sample (effluent to filter building, not effluent to stream) was taken from cell #3 in anticipation of a potential bypass. The E.Coli result of this sample was 52.0 cfu/100mL. However, the contents of cell #3 were contained and no bypass occurred.

On November 18, 2014, an E.Coli sample was submitted in an unsterilized bottle, giving a result of 540.0 cfu/100mL. A re-sample was taken November 19, 2014, with a result of <2.00 cfu/100mL. The contaminated E.Coli sample result has not been included in this report.

The E.Coli samples of April 15, 2014 and November 18, 2014 as noted above have not been included in the peak E.Coli or the average E.Coli geometric mean for the year. This is included for your information only.

The pH of the effluent was maintained between 6.0 and 9.5 inclusive at all times. The final effluent pH average for 2014 was 8.17, minimum 7.93 and maximum of 8.40.

Due to the clean out of lagoon cell #1, the October monthly average of TSS was 25.8 mg/L, over the effluent limit of 24.0 mg/L. This issue was resolved upon completion of the clean out and the re-integration of lagoon cell #1.

The Effluent Limit for Total Phosphorous of 0.50 mg/L was exceeded in the months of January and February of 2014 with average concentrations of 0.870 mg/L and 0.580 mg/L respectively. In January, 2014, operations changed over alum dosing duty pumps, performed maintenance on alum dosing equipment which included flushing of lines and confirmation of coagulant flow. In February, 2014, alum dosage was increased and additional sampling protocol was put in place. Increased alum dosage continued until 2-3 consecutive normal results were obtained.

Flows

The total flow treated in 2014 was 630,849 m³. The annual average daily flow of 1,729 m³ per day was 69.2 % of the design capacity of 2500 m³. The average daily flow exceeded the rated capacity in the months of January, March, April, May, November, and December 2014. The maximum peak flow of 8,786 m³/day occurred in November, 2014 and was caused by heavy rain and snow mix followed by rapid snow melt.

Table 6: Daily Flow Data 2014

Month	Average Day (m³)	Peak Day (m³)
January	1528	3150
February	1213	2282
March	1888	4367
April	4269	7943
May	2004	4158
June	1032	1289
July	1017	1510
August	986	1473
September	1156	2142
October	1516	2365
November	2591	8786
December	1561	2949

Bypassing and Abnormal Conditions

There were no primary treatment bypasses in 2014 at the Warton Sewage Lagoon System. In May of 2012 provincial officer Victoria Black indicated to OCWA that it is required to report instances of power loss at the filter building where filtered lagoon effluent does not receive full UV dosage. As a result of this requirement there were seventeen (17) reports of final effluent being discharged without receiving UV disinfection with an estimated total volume of 529.51 m³.

See Appendix B.

Maintenance and Calibration Activities

Plant maintenance, including non-scheduled maintenance, is monitored using the Hansen Preventative Maintenance software program. Detailed maintenance reports are available at the OCWA Hub Office.

All routine and preventative maintenance was conducted as scheduled in 2014.

Infrastructure improvements, replacements, and repairs in 2014 included:

- Repairs required to Forcemain on Taylor Street (couplings, PVC, cement, insulating foam, clamps, vac truck)
- Clean out/desludge Lagoon Cell #1 (purchase of hard suction hoses; 6" pump & hose rental; diffuser head membranes; clamps; retrieval ropes; floats; crimps)
- Replacement of 2 electric heater units at Sewage Pump Stations.
- Replacement of pump end side of SPS situated by Lagoon Filter Building for 60 HP Flygt Pump #1 and #2.
- Replace damaged low level float which was causing signal issues.
- Purchase of Miltronix level monitor/controller instrument to replace failed unit at SPS #1.
- Replaced split lace support grips at SPS.
- Repairs required to Filter Building submersible pump.
- Replaced water pump on SPS #1 diesel genset.
- Replace batteries for SPS #2 diesel genset.

Flowmetrix calibrated all flow measuring equipment on May 20, 2014. The report is attached as Appendix C.

Septage Receiving Works

In 2014, approximately 472,927 imperial gallons of septage/holding tank waste was treated at the Warton Lagoons. The summary is tabulated in Appendix D.

Discussion

An Annual Self Assessment was conducted by OCWA in order to ensure that we meet all requirements specified by our regulators.

The average density of E-Coli concentrations in the effluent did not exceed 200 per month (monthly geometric mean density) with the exception of one contaminated sample. A re-sample was taken, with a result of <2.00.

There were three (3) community complaints received during 2014 with regard to the Warton Sewage Collection System see Appendix E.

Summary

In 2014 the Warton Lagoon System experienced issues with higher than normal flows and intermittent power bumps, however operational staff was able to maintain good overall performance throughout the treatment system.

The Town of South Bruce Peninsula in 2013 prepared and sent out a Request for Proposal (RFP) for the Warton Lagoon sludge management. The successful proponent for the sludge management project was WESSUC Inc. and sludge removal commenced September 3, 2014. Although all of the sludge was removed from Lagoon Cell #1, this project is ongoing as repairs to the aeration system are required.

The Warton Lagoon System operated within its capacity rating of 2500 m³/day.

APPENDIX A

Lagoons Performance Summary

2014

**Ontario Clean Water Agency
Performance Assessment Report Wastewater/Lagoon**

From: 01/01/2014 to 01/01/2015

Facility: [5620] WIARTON WASTEWATER TREATMENT LAGOON

	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014	<--Total-->	<--Avg.-->	<--Max.-->	Criteria
Flows:																
Raw Flow: Total - Raw Sewage (m³/d)	47356.0	33958.0	58533.0	128067.0	62132.0	30946.0	31532.0	30564.0	34670.0	46997.0	77717.0	48377.0	630849.0			
Raw Flow: Avg - Raw Sewage (m³/d)	1527.613	1212.786	1888.161	4268.900	2004.258	1031.533	1017.161	985.935	1155.667	1516.032	2590.567	1560.548		1729.93		
Raw Flow: Max - Raw Sewage (m³/d)	3150.0	2282.0	4367.0	7943.0	4158.0	1289.0	1510.0	1473.0	2142.0	2365.0	8786.0	2949.0			8786.0	
Carbonaceous Biochemical Oxygen Demand: CBOD:																
Raw: Avg cBOD5 - Raw Sewage (mg/L)	47.000	88.000	33.000	26.000	76.000	159.000	113.000	70.000	130.000	94.000	95.000	68.000		83.25	159.0	
Raw: # of samples of cBOD5 - Raw Sewage	1.000	1.000	1.000	1.000	1.000	1.000	2.000	1.000	1.000	1.000	1.000	2.000	14.000			
Eff: Avg cBOD5 - Effluent (mg/L)	< 3.000	2.500	5.000	< 4.000	< 3.000	< 3.500	< 4.667	7.500	< 5.000	< 5.667	< 3.500	< 4.667		< 4.333	7.5	20.0
Eff: # of samples of cBOD5 - Effluent	2.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	3.000	28.000			
Loading: cBOD5 - Effluent (kg/d)	< 3.869	2.295	7.572	< 15.810	< 5.605	< 5.364	< 4.723	7.335	< 5.901	< 8.687	< 7.421	< 5.465		< 6.670	< 15.81	
Percent Removal: cBOD5 - (mg/L)	93.617	97.159	84.848	84.615	96.053	97.799	95.870	89.286	96.154	93.972	96.316	93.137			97.799	
Biochemical Oxygen Demand: BOD5:																
Total Suspended Solids: TSS:																
Raw: Avg TSS - Raw Sewage (mg/L)	91.000	122.000	50.000	84.000	108.000	224.000	142.000	184.000	184.000	142.000	194.000	77.500		133.542	224.0	
Raw: # of samples of TSS - Raw Sewage	1.000	1.000	1.000	1.000	1.000	1.000	2.000	1.000	1.000	1.000	1.000	2.000	14.000			
Eff: Avg TSS - Effluent (mg/L)	9.500	8.000	8.500	< 5.667	5.000	7.000	11.333	16.000	18.000	25.800	< 10.000	7.667		< 11.039	25.8	24.0
Eff: # of samples of TSS - Effluent	2.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	2.000	5.000	2.000	3.000	30.000			
Loading: TSS - Effluent (kg/d)	12.253	7.345	12.872	< 22.398	9.342	10.728	11.471	15.647	21.242	39.550	< 21.204	8.979		< 16.086	39.55	
Percent Removal: TSS - (mg/L)	89.560	93.443	83.000	93.254	95.370	96.875	92.019	91.304	90.217	81.831	94.845	90.108			96.875	
Total Phosphorus: TP:																
Raw: Avg TP - Raw Sewage (mg/L)	2.540	3.440	1.220	1.380	1.130	3.660	3.010	3.280	3.480	2.350	2.900	1.185		2.465	3.66	
Raw: # of samples of TP - Raw Sewage	1.000	1.000	1.000	1.000	1.000	1.000	2.000	1.000	1.000	1.000	1.000	2.000	14.000			
Eff: Avg TP - Effluent (mg/L)	0.870	0.580	0.484	< 0.087	< 0.030	0.130	0.310	0.330	0.340	0.237	0.195	0.113		< 0.309	0.87	0.50
Eff: # of samples of TP - Effluent	3.000	3.000	5.000	3.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	3.000	33.000			
Loading: TP - Effluent (kg/d)	1.122	0.533	0.733	< 0.343	< 0.056	0.199	0.314	0.323	0.401	0.363	0.413	0.133		< 0.411	0.414	
Percent Removal: TP - (mg/L)	65.748	83.140	60.328	93.720	97.345	96.448	89.701	89.939	90.230	89.929	93.276	90.436			97.345	

Nitrogen Series:																	
Raw: Avg TKN - Raw Sewage (mg/L)	16.600	22.300	15.600	9.200	9.100	32.100	31.700	22.800	21.400	18.600	21.200	12.800		19.450	32.1		
Raw: # of samples of TKN - Raw Sewage	1.000	1.000	1.000	1.000	1.000	1.000	2.000	1.000	1.000	1.000	1.000	2.000	14.000				
Eff: Avg TAN - Effluent (mg/L)	10.500	12.300	14.400	6.100	0.250	< 0.200	0.200	0.150	< 0.200	< 0.100	< 0.400	2.900		< 3.975	14.4	8.0	
Eff: # of samples of TAN - Effluent	2.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	3.000	28.000				
Loading: TAN - Effluent (kg/d)	0.000	0.000	0.000	0.000	0.000	< 0.000	0.000	0.000	< 0.000	< 0.153	< 0.848	3.396		< 0.366	3.396		
Eff: Avg NO3-N - Effluent (mg/L)	0.530	0.250	0.135	1.317	1.845	1.720	0.853	0.495	0.950	1.530	1.550	1.387		1.047	1.845		
Eff: # of samples of NO3-N - Effluent	2.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	3.000	28.000				
Eff: Avg NO2-N - Effluent (mg/L)	0.055	0.090	0.065	0.090	0.060	< 0.050	< 0.030	< 0.035	0.075	< 0.067	0.175	< 0.030		< 0.068	0.175		
Eff: # of samples of NO2-N - Effluent	2.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	3.000	28.000				
Disinfection:																	
Eff: GMD E. Coli - Effluent (cfu/100mL)	< 2.000	< 2.000	< 2.000	< 2.000	< 2.000	< 2.000	< 2.000	< 2.000	< 2.000	< 3.500	< 2.000	< 3.500	< 2.000		< 2.153	5.000	
Eff: # of samples of E. Coli Effluent	2.000	2.000	2.000	2.000	2.000	2.000	3.000	2.000	2.000	3.000	2.000	2.000	26.000				

APPENDIX B

Bypass Reports

2014

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 21/02/2014

Time of Occurrence: 09:20:04 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 226000 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Filtered lagoon effluent no UV disinfection due to power outage

Where did the release go?:

Colpoy's Bay (Lake Huron)

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 4 hours 5 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

What actions have been taken to remediate the incident?

Power restored. Check filter building, all restarts and back to normal operations.

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

19:30 verbal

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?:

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

19:30 February 21, 2014

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

13:35 February 22, 2014

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 24/02/2014 08:03:40 AM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport
Facility Name: Warton Wastewater Treatment Lagoon
Address: c/o Southampton WPCP
City: Southampton
Province: Ontario
Postal Code: NOH 2LO
Date of Occurrence: 11/03/2014
Time of Occurrence: 11:43:18 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 18870 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Power bump caused UV system to shut down which required manual reset. Reference # 2165-9H4TN7

Where did the release go?:

Onsite

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 29 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

After manual restart of UV system, all intensity levels and dosage returned to normal.

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

5:50 P.M. Carly Reference # 2165-9H4TN7

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound - Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

5:50 P.M.

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

6:09 P.M.

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 08/04/2014 09:53:09 AM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 03/04/2014

Time of Occurrence: 11:42:08 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

- What was discharged or emitted?
- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 39600 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Power bump resulted in UV shutdown in filter building. Incident # 2850-9HTM7K

Where did the release go?:

Onsite

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 15 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Power restored. All systems returned to normal.

What actions have been taken to remediate the incident?

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

11:45

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Julian

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

11:45

Was it reported to Municipality?: ● Yes ○ No

If "Yes", at what time was it reported to Municipality?:

11:45

External Assistance/Involvement

Was corporate or area office assistance requested?: ○ Yes ● No

If "Yes", was it received?: ○ Yes ○ No

Was external emergency assistance requested?: ○ Yes ○ No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: ○ Yes ● No

If "Yes", who?: _____

Was the public affected?: ○ Yes ● No

If "Yes", how?: _____

Updated By: Cherie Young 03/04/2014 02:44:56 PM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2L0

Date of Occurrence: 02/06/2014

Time of Occurrence: 07:54:00 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 8556 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Partial tertiary bypass of secondary effluent filter building. Thunder storm and high winds resulting in power bump which caused UV system to shut down and restart. Occured at 19:54 and system restored

20:04

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Not applicable.

What actions have been taken to remediate the incident?

None at this time.

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

09:34 June 3, 2014

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

20:30 June 2, 2014

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

09:40 June 3, 2014

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 06/06/2014 09:59:33 AM

Comments:

Ref # 3817-9KQ2KA

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 16/06/2014

Time of Occurrence: 04:30:18 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: Partial tertiary bypass

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 11580 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Partial tertiary bypass of filtered and chlorinated lagoon effluent due to thunder storm resulting in power bump which caused a 10 minute shut down of UV system.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

System automatically kicked in 10 minutes later. No action required.

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

13:40 PM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Shayne Finlay Owen Sound

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

05:40 AM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

13:49 PM

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 16/06/2014 04:01:07 PM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID:	5620	EIncidentReport
Facility Name:	Warton Wastewater Treatment Lagoon	
Address:	c/o Southampton WPCP	
City:	Southampton	
Province:	Ontario	
Postal Code:	NOH 2L0	
Date of Occurrence:	15/07/2014	
Time of Occurrence:	10:05:30 AM	

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 10330 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Thunderstorm caused power bump resulting in UV shut down and restart.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

System back on line before operator was able to get to the facility.

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

14:30

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Shayne Finlay Owen Sound.

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

11:15

Was it reported to Municipality?: ● Yes ○ No

If "Yes", at what time was it reported to Municipality?:

14:37

External Assistance/Involvement

Was corporate or area office assistance requested?: ○ Yes ● No

If "Yes", was it received?: ○ Yes ○ No

Was external emergency assistance requested?: ○ Yes ● No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: ○ Yes ● No

If "Yes", who?: _____

Was the public affected?: ○ Yes ● No

If "Yes", how?: _____

Updated By: Cherie Young 21/07/2014 11:18:43 AM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 27/07/2014

Time of Occurrence: 12:04:48 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 11522 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Thunder storm caused power bump which resulted in UV system shut down and restart.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 17 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

None necessary. UV lamps restarted automatically.

What actions have been taken to remediate the incident?

NA

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

12:04 AM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Shayne Finlay Owen Sound

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

02:06 AM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

12:10 PM

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 28/07/2014 02:48:58 PM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 08/08/2014

Time of Occurrence: 11:33:00 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 23100 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

UV system failure due to power bump.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 52 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

N/A

What actions have been taken to remediate the incident?

UV system did not restart on auto. Reset restart.

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

August 9, 2014 @ 11:00 AM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

August 9, 2014 @ 03:17 AM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

August 11, 2014

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 11/08/2014 01:12:34 PM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 ElcidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 11/08/2014

Time of Occurrence: 10:06:18 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 20300 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Canada Goose flew into hydro lines, causing loss of power.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 39 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Closed inlet valve to filter building end of spill. Called Hydro One to have power restored.

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

14:55

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

14:45

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

15:08

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 11/08/2014 03:34:36 PM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 27/08/2014

Time of Occurrence: 03:12:15 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 5150 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Filtered and chlorinated lagoon effluent due to UV lamp failure.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Answer alarm call from lagoon filter building. UV system back up before operator arrived.

What actions have been taken to remediate the incident?

Acknowledge and clear alarms; test chlorine residual; cause unknown, but suspect power bump.

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

09:55 AM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

04:18 AM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

10:10 AM

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 02/09/2014 02:59:57 PM

Comments:

Reference # 7580-9NDBMS

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 ElcidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 05/09/2014

Time of Occurrence: 05:17:07 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 15900 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Partial tertiary bypass of filtered & chlorinated lagoon filter building effluent; UV shutdown due to power bump.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 18 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Respond to UV alarm (shut down as a result of power blip during passing thunderstorm). Multiple power blinks caused system to shut down and restart. Check chlorine residual. No further action required.

What actions have been taken to remediate the incident?

NA

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

6:27 PM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

6:20 PM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

6:25 PM

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 09/09/2014 09:56:52 AM

Comments:

REF # 0367-9NNU6D

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2L0

Date of Occurrence: 03/10/2014

Time of Occurrence: 01:30:17 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 6670 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Filtered and chlorinated effluent from filter building, but did not receive required UV dosage. The UV system was shut down for 10 minutes due to a power outage resulting from a wind and rain storm.

Where did the release go?:

Colpoy's Bay.

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Upon arrival at the facility, power was still off; shut off flow through building and UV system.

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

14:53

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

14:50

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

15:00

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canotec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 06/10/2014 02:40:47 PM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2L0

Date of Occurrence: 07/10/2014

Time of Occurrence: 09:47:22 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 26510 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Power outage Elm Street filter building resulting in UV shut down.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 23 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

Manually restart UV system as it did not start on auto.

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

11:10

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

11:02

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

11:22

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 03/11/2014 11:46:27 AM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 30/10/2014

Time of Occurrence: 07:15:36 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 12220 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Partial tertiary bypass of filtered and chlorinated lagoon effluent as a result of equipment failure (UV failure). This is likely due to a brown out event.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

N/A. Upon arrival at facility, UV lamps up to 100%.

What actions have been taken to remediate the incident?

Investigate control panel as no data was being recorded. Reset system; no further action required.

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

08:42 AM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

08:25AM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

08:52 AM

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 03/11/2014 11:56:17 AM

Comments:

Reference # 7056-9QDGGW

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2LO

Date of Occurrence: 04/11/2014

Time of Occurrence: 11:24:02 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 13540 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Partial tertiary bypass of filtered and chlorinated lagoon effluent which did not receive required UV dosage due to power bump.

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 10 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

N/A

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

10:28 AM November 5, 2014

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

23:59 PM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

10:30 AM November 5, 2014

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 18/11/2014 03:46:48 PM

Comments:

Reference # 2834-9QK7SG

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620

EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2L0

Date of Occurrence: 26/11/2014

Time of Occurrence: 07:55:52 AM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 52200 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Power bump resulted in loss of UV disinfection

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 16 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

N/A

What actions have been taken to remediate the incident?

N/A

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

10:57 AM

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Shayne Finlay

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

10:42 AM

Was it reported to Municipality?: Yes No

If "Yes", at what time was it reported to Municipality?:

15:00

External Assistance/Involvement

Was corporate or area office assistance requested?: Yes No

If "Yes", was it received?: Yes No

Was external emergency assistance requested?: Yes No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: Yes No

If "Yes", who?: _____

Was the public affected?: Yes No

If "Yes", how?: _____

Updated By: Cherie Young 27/11/2014 09:33:00 AM

Comments:

Ontario Clean Water Agency Environmental Incident Report

Facility ID: 5620 EIncidentReport

Facility Name: Warton Wastewater Treatment Lagoon

Address: c/o Southampton WPCP

City: Southampton

Province: Ontario

Postal Code: NOH 2L0

Date of Occurrence: 23/12/2014

Time of Occurrence: 05:55:17 PM

Nature of the Incident

Level 1 Contingency Level 2 Contingency Level 3 Contingency [Click here To Show the Definitions](#)

Incident affected: Air Water Land Nothing

What was discharged or emitted?

- | | |
|--|--|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Oil/Diesel/Gas |
| <input type="checkbox"/> Sodium Hypochlorite | <input checked="" type="checkbox"/> Untreated or partly treated sewage |
| <input type="checkbox"/> Calcium Chloride | <input type="checkbox"/> Odours |
| <input type="checkbox"/> Aluminum Compounds (Specify in Other) | <input type="checkbox"/> Water |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Iron Coagulants |
| <input type="checkbox"/> Fluoride | |

Other: _____

If this was a discharge, spill or emission...

If a liquid, approximately what quantity was released?: 27460 Litres

If a gas, approximately what quantity was released?: _____

If a solid, approximately what quantity was released?: _____ Kg

What was the source of release?:

Power outage resulting in UV shut down at the Lagoon Filter Building

Where did the release go?:

Colpoy's Bay

If it entered a watercourse: Yes No

If it went off site: Yes No

Duration of the release?: 35 minutes

Is the release now stopped?: Yes No

Was there any damage? (i.e. property and/or environmental): Yes No N/A

If "Yes", describe below and fill out "Insurance Claim" report

Action(s) Taken

What actions were taken to control the incident?

N/A. UV system back on upon arrival at plant. All required notifications made. Ref # 0841-9543JN.

What actions have been taken to remediate the incident?

N/A. Temporary power outage resulting from inclement weather.

Was this a reportable spill or discharge?: Yes No

If "Yes", at what time was it first reported to the MOE?

20:40

Was it reported to the MOE district office?: Yes No

If "Yes", which office/location and who was the contact?: Owen Sound; Angelia

Was it reported to MOE SAC?: Yes No

If "Yes", at what time was it reported to MOE SAC?:

20:30

Was it reported to Municipality?: ● Yes ○ No

If "Yes", at what time was it reported to Municipality?:

21:00

External Assistance/Involvement

Was corporate or area office assistance requested?: ○ Yes ● No

If "Yes", was it received?: ○ Yes ○ No

Was external emergency assistance requested?: ○ Yes ● No

If "Yes", from who?: Fire Department Equipment Suppliers Canutec
 Ambulance or Hospital MOE Coast Guard
 Police Municipality

Other: _____

Was there any media involvement?: ○ Yes ● No

If "Yes", who?: _____

Was the public affected?: ○ Yes ● No

If "Yes", how?: _____

Updated By: Cherie Young 30/12/2014 12:50:32 PM

Comments:

APPENDIX C

Calibration Reports

2014

Krohne Flow Meter

Verification/ Calibration Report



Customer: OCWA - West Highlands
 Contact: Leo Paul Frigault
 Cluster Manager
 519-379-2225

WESTERN OFFICE
 212 Terrence Avenue
 Dorchester, Ontario
 N0L 1G3
 t: 519-870-FLOW (3569)
 f: 519-268-3459
 e: stacey@flowmetrix.ca

EASTERN OFFICE
 1602 Old Wooler Road
 Wooler, Ontario
 K0K 3M0
 t: 416-779-1456
 f: 613-398-0294
 e: curtis@flowmetrix.ca

www.flowmetrix.ca

Test Performed By: Paris Machuk
 Field Representative

AS FOUND CERTIFICATION

Plant ID	Warton SPS No1 (Taylor St)	Date of Verification	20-May-14
Meter ID	Station Flow	Calibration Frequency	Annual
FIT ID	n/a	Date of Next Verification	May-15
Client Tag	OCWA# 165372		
GPS Coordinates	N44 44.503 & W81 08 018		

FORWARD FLOW DIRECTION

Converter Details

Manufacturer: Krohne
 Model: IFC 010D
 Converter S/N: A99 11651
 Fuse: On board plug

Totalizer Information

As Found: 2490169 m3
 As Left: 2490188 m3
 Difference: 19 m3

Programming Parameters

Diameter (DN): mm 200
 Full-Scale Flow: lps 200.000
 k-factor: GKL 4.505

Verification Instruments

GS8B Flow Tube Simulator: KRO-1
 Fluke 787 Process Meter: DMM-3
 Stop Watch: 1/100 th second

Test Criteria

Forward Flow Direction Test: Yes
 Allowable % Error: 5

Flow Range @ 10.0 velocity: 215.690 lps
 Flow Zero Reading* lps: 0.5 lps

Display Accuracy Verified: Yes
 Current Output Verified: Yes
 Totalizer Accuracy Verified: Yes

FLOW TUBE SIMULATION*	0	0.5	1	2	5	Y + zero
Display	0.50	11.28	22.07	43.64	108.34	lps
MUT (As Found)	0.50	11.35	22.12	43.67	108.42	lps
MUT (Error)**	n/a	0.58	0.23	0.07	0.07	%
Current O/P	4.040	4.903	5.766	7.491	12.668	mA
MUT (As Found)	4.159	5.058	5.917	7.632	12.782	mA
MUT (Error)**	2.95	3.17	2.63	1.88	0.90	%
Totalizer					108.345	lps
Test Volume					11	m3
Time					101.59	Seconds
Calc. Flowrate					108.28	lps
% Error					-0.06	%

* All values are for "As Found" Values. If the values are not within acceptable limits an "As Left" Certificate will be issued, with corrections.

RESULTS

	Avg. % Error	PASS/FAIL
Display	0.24	PASS
Current O/P	2.14	PASS
Totalizer	-0.06	PASS

This record only validates the operational integrity and accuracy verification results of the secondary element - flow converter ONLY!!! This is not a complete verification/calibration of the entire flow meter whereby, this verification does not validate the integrity of the primary element - measurement device using a comparative technique or traceable standard.

Krohne Flow Meter

Verification/ Calibration Report



Customer: OCWA - West Highlands
 Contact: Leo Paul Frigault
 Cluster Manager
 519-379-2225

WESTERN OFFICE
 212 Terrence Avenue
 Dorchester, Ontario
 N0L 1G3
 t: 519-870-FLOW (3569)
 f: 519-268-3459
 e: stacey@flowmetrix.ca

EASTERN OFFICE
 1602 Old Wooller Road
 Wooller, Ontario
 K0K 3M0
 t: 416-778-1456
 f: 813-398-0294
 e: curbs@flowmetrix.ca

www.flowmetrix.ca

Test Performed By: Paris Machuk
 Field Representative

AS FOUND CERTIFICATION

Plant ID	Warton SPS No2 (441048 Elm St)	Date of Verification	20-May-14
Meter ID	Station Flow	Calibration Frequency	Annual
FIT ID	n/a	Date of Next Verification	May-15
Client Tag	OCWA# 165385		
GPS Coordinates	N44 44.148 & W81 08.008		

FORWARD FLOW DIRECTION

Converter Details

Manufacturer: Krohne
 Model: IFC 010D
 Converter S/N: A98 17181
 Fuse: On board plug

Totalizer Information

As Found: 7431037 m3
 As Left: 7431082 m3
 Difference: 45 m3

Programming Parameters

Diameter (DN): mm 250
 Full-Scale Flow: lps 250.000
 k-factor: GKL 4.544

Verification Instruments

GS8B Flow Tube Simulator: KRO-1
 Fluke 787 Process Meter: DMM-3
 Stop Watch: 1/100 th second

Test Criteria

Forward Flow Direction Test: Yes
 Allowable % Error: 5

Flow Range @ 10.0 velocity: 339.932 lps
 Flow Zero Reading* lps: -1.25 lps

Display Accuracy Verified: Yes
 Current Output Verified: Yes
 Totalizer Accuracy Verified: Yes

FLOW TUBE SIMULATION*	0	0.5	1	2	5	Y + zero	
Display	-1.25	15.75	32.74	66.74	168.72	lps	
MUT (As Found)	-1.25	15.71	32.71	66.69	168.67	lps	
MUT (Error)**	n/a	-0.23	-0.10	-0.07	-0.03	%	
Current O/P	3.920	5.008	6.096	8.271	14.798	mA	
MUT (As Found)	4.152	5.166	6.242	8.410	14.901	mA	
MUT (Error)**	5.92	3.16	2.40	1.68	0.70	%	
Totalizer						168.716	lps
Test Volume						34	m3
Time						201.66	Seconds
Calc. Flowrate						168.60	lps
% Error						-0.07	%

* All values are for "As Found" Values. If the values are not within acceptable limits an "As Left" Certificate will be issued, with corrections.

O/P 4/20 mA has a slight positive bias

RESULTS

	Avg. % Error	PASS/FAIL
Display	-0.11	PASS
Current O/P	1.98	PASS
Totalizer	-0.07	PASS

This record only validates the operational integrity and accuracy verification results of the secondary element - flow converter ONLY!!! This is not a complete verification/calibration of the entire flow meter whereby, this verification does not validate the integrity of the primary element - measurement device using a comparative technique or traceable standard.

Rectangular Weir With End Contractions



Customer
Contact
 OCWA - West Highlands
 Leo Paul Frigault
 Cluster Manager
 519-797-3080

Western Office
 212 Terrence Avenue
 Dorchester, Ontario
 N0L 1G3
 t: 519-870-FLOW (3569)
 f: 519-268-3459
 e: stacey@flowmetrix.ca

Eastern Office
 1602 Old Wooler Rd
 Wooler, Ontario
 K0K 3M0
 t: 416-779-1456
 f: 613-398-0294
 e: curlis@flowmetrix.ca

Test Performed By:
 Paris Machuk
 Field Representative

Plant ID	Warton WWTP	Date of Verification	20-May-14
Meter ID	Final Effluent	Calibration Frequency	Annual
FIT ID	n/a	Date of Next Verification	May-15
Client Tag	OCWA# 209316		
GPS Coordinates	N44 44.014 & W81 07.965		

Converter Details

Manufacturer: Milltronics
 Model: MultiRanger
 Converter S/N: 05w023466
 Fuse: Panel

Totalizer Information

As Found: 198864.26 m3
 As Left: 198895.26 m3
 31 m3

Programming Parameters

Flume Type: Contracted Rectangular Weir
 Weir Length: 1.010 m
 Max. Head: 0.2 m
 Max. Flow: 574.07 m3/h
 Max Flow: 159.46 l/s
 Empty Distance: 0.5038 m

Verification Instruments

Steel Ruller
 Tape Measure
 Spare XRS5 Transducer
 Display Accuracy Verified: Yes
 mA Output Accuracy Verified: Yes
 Totalizer Accuracy Verified: Yes

AS FOUND	0	13	36	66	100	% F.S. Flow
FLOW TUBE SIMULATION*	0	0.050	0.100	0.150	0.200	m
Display	0.000	73.978	207.149	376.713	574.070	m3/h
MUT (As Found)	0.03	72.61	205.40	377.40	581.00	m3/h
MUT (Error)**	n/a	-0.24	-0.30	0.12	1.21	%
mA Output	4.00	6.06	9.77	14.50	20.00	mA
MUT (As Found)	3.999	5.956	9.633	14.167	19.659	mA
MUT (Error)**	-0.02	-1.75	-1.44	-2.29	-1.71	%
Totalizer					574.070	m3/h
Test Volume					16.89	m3
Time					105.05	Seconds
Calc. Flowrate					578.81	m3/h
% Error					0.83	%

* All values are for "As Found" values. If the values are not within acceptable limits an "As Left" certificate will be issued unless otherwise noted.

Comments

Results

GPS Coordinates

	Avg. % Error	PASS/FAIL
Display	0.20	PASS
mA Output	-1.80	PASS
Totalizer	0.83	PASS

This record only validates the operational integrity and accuracy verification results of the Secondary flow converter ONLY!!! This is not a complete calibration of the entire flow meter whereby, this verification does not validate the integrity of the primary measurement device using a comparative technique or traceable standard.

APPENDIX D

Septage Receiving Works Summary

2014

2014 Sewage Hauled to Warton Sewage Lagoons

Date	Gallons	Cubic Metres	Location	Hauler
Jan-14	13,600	61.82	Tim Hortons (Hep)	Owen Sound Septic Services
Jan-14	6,900	31.37		Grey Bruce Septic Service
Feb-14	13,600	61.82	Tim Hortons (Hep)	Owen Sound Septic Services
Feb-14	10,200	46.37		Grey Bruce Septic Service
Mar-14	17,000	77.28	Tim Hortons (Hep)	Owen Sound Septic Services
Mar-14	11,100	50.46		Grey Bruce Septic Service
Mar-14				Scott Field Septic Service
Apr-14	51,000	231.85	Tim Hortons (Hep)	Owen Sound Septic Services
Apr-14	12,200	55.46		Grey Bruce Septic Service
May-14	40,800	185.48	Tim Hortons (Hep)	Owen Sound Septic Services
Jun-14	40,800	185.48	Tim Hortons (Hep)	Owen Sound Septic Services
Jul-14	520	2.36		B&L Portable Toilets
Jul-14	51,000	231.85	Tim Hortons (Hep)	Owen Sound Septic Services
Jul 29/14	193	2.76		Bluewater Sanitation
Aug 1/14	120			Bluewater Sanitation
Aug 12/14	205			Bluewater Sanitation
Aug 28/14	89			Bluewater Sanitation
Aug-14	54,400	247.30	Tim Hortons (Hep)	Owen Sound Septic Services
Sep-14	37,400	170.02	Tim Hortons (Hep)	Owen Sound Septic Services
Oct-14	40,800	185.48	Tim Hortons (Hep)	Owen Sound Septic Services
Nov-14	27,200	123.65	Tim Hortons (Hep)	Owen Sound Septic Services
Nov-14	1,200	5.46		Grey Bruce Septic Service
28-Nov-14	800	3.64	Park / Berford Lake	Ron Nickason
Dec-14	34,000	154.57	Tim Hortons (Hep)	Owen Sound Septic Services
Dec-14	7,800	35.46		Grey Bruce Septic Service

Total 472,927 2,149.93

APPENDIX E

Community Complaints

2014

Ontario Clean Water Agency Community Complaints

Facility ID: 5620
Facility Name: Warton Wastewater Treatment Lagoon
Address: c/o Southampton WPCP
City: Southampton
Province: Ontario
Postal Code: NOH 2LO
Name of Person who filed
Complaint: _____
Address: 396 Mary Street
Phone: _____

NOTE: If there were multiple complaints, provide the name of the person who filed the initial complaint and note the number and details in the "Description" field below

Date of Complaint: 11/01/2014
Time of Complaint: 03:19:08 PM

Nature of Complaint

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Water Supply Taste/Colour | <input type="checkbox"/> Water Pressure/No Water |
| <input type="checkbox"/> Visual | <input checked="" type="checkbox"/> Service Problem | <input type="checkbox"/> Basement Flooding |
| <input type="checkbox"/> Odour | <input type="checkbox"/> Sludge Related | |
- Other: _____

Description:

Blocked Sanitary service

Action taken in response:

Camera inspected and flushed service several times, root infestation where service connects to the main. Cut asphalt in preparation for excavation and repair, repairs completed

Was the source of the problem identified?: ● Yes ○ No

Was the source an OCWA facility/activity?: ○ Yes ● No If "Yes", describe:

--

If any remedial action is required, complete action plan form

Updated By: David Trombley 13/02/2014 03:27:58 PM

Investigating Operator:

Comments:

Ontario Clean Water Agency Community Complaints

Facility ID: 5620
Facility Name: Warton Wastewater Treatment Lagoon
Address: c/o Southampton WPCP
City: Southampton
Province: Ontario
Postal Code: NOH 2LO
Name of Person who filed
Complaint: _____
Address: 571 Mary Street
Phone: _____

NOTE: If there were multiple complaints, provide the name of the person who filed the initial complaint and note the number and details in the "Description" field below

Date of Complaint: 20/02/2014
Time of Complaint: 02:32:12 PM

Nature of Complaint

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Water Supply Taste/Colour | <input type="checkbox"/> Water Pressure/No Water |
| <input type="checkbox"/> Visual | <input checked="" type="checkbox"/> Service Problem | <input type="checkbox"/> Basement Flooding |
| <input type="checkbox"/> Odour | <input type="checkbox"/> Sludge Related | |
- Other: _____

Description:

Complaint of storm water entering system from manhole.

Action taken in response:

Installed "bowl" in manhole.

Was the source of the problem identified?: ● Yes ○ No

Was the source an OCWA facility/activity?: ○ Yes ● No If "Yes", describe:

[Empty rectangular box for remedial action plan]

If any remedial action is required, complete action plan form

Updated By: Cherie Young 16/04/2014 02:37:35 PM

Investigating Operator:

Comments:

Ontario Clean Water Agency Community Complaints

Facility ID: 5620
Facility Name: Warton Wastewater Treatment Lagoon
Address: c/o Southampton WPCP
City: Southampton
Province: Ontario
Postal Code: NOH 2LO
Name of Person who filed Complaint: Keith Gilbert
Address: 344 Elm Street
Phone: 519-534-2635

NOTE: If there were multiple complaints, provide the name of the person who filed the initial complaint and note the number and details in the "Description" field below

Date of Complaint: 28/11/2014
Time of Complaint: 11:00:17 AM

Nature of Complaint

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Noise | <input type="checkbox"/> Water Supply Taste/Colour | <input type="checkbox"/> Water Pressure/No Water |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Service Problem | <input checked="" type="checkbox"/> Basement Flooding |
| <input type="checkbox"/> Odour | <input type="checkbox"/> Sludge Related | |
- Other: _____

Description:

Resident complained of sewer backing up in his basement. Plumber attempted to dislodge blockage with water pressure, but was unsuccessful.

Action taken in response:

With camera, blockage was identified and confirmed as on private property side. Assist resident with rented auger to dislodge soft blockage.

Was the source of the problem identified?: ● Yes ○ No

Was the source an OCWA facility/activity?: ○ Yes ● No If "Yes", describe:

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If any remedial action is required, complete action plan form

Updated By: Cherie Young 09/12/2014 11:54:00 AM

Investigating Operator: David Noble

Comments:

First operator response by Dave Noble; follow up by Leo Paul Frigault & Bernie Rotors