

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) _____

Distance(s) _____

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

Sampling and Monitoring Program Status:

- 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:

Yes No

If no, identify issues.

- 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):

Yes No Not applicable (No C of A, authorizing/
control document applies)

If no, specify below or provide details in an attachment.

| Surface Water Sampling Location | Description/Explanation for change (change in name or location, additions, deletions) | Date |
|---------------------------------|---|------|
| | | |
| | | |
| | | |
| | | |

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.

Yes No Not applicable

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:

Yes No Not applicable

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 |
|---------------------------------|---|------|
| | | |
| | | |
| | | |
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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):

Yes No

If no, specify:

Sampling and Monitoring Program Results/WDS Conditions and Assessment:

5) The receiving water body meets surface water-related compliance criteria and assessment criteria: i.e., there are no exceedances of criteria, based on MOE 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):

Yes No

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

| Parameter | Compliance or Assessment Criteria or Background | Amount by which Compliance or Assessment Criteria or Background Exceeded |
|-------------|---|--|
| e.g. Nickel | e.g. C of A limit, PWQO, background | e.g. X% above PWQO |
| | | |
| | | |
| | | |
| | | |

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)?

Yes No

If yes, specify

- 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.

Yes No

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.

- 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)):

Yes No Not known Not applicable

If yes, provide details and whether remedial measures are necessary.

- 9) Have trigger values for contingency plans or site remedial actions been exceeded (where they exist):

Yes No Not applicable

If yes, list value(s) that are/have been exceeded and follow-up action taken.

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 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 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.

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: _____.

Recommendations:

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

- No changes to the monitoring program are recommended
- The following change(s) to the monitoring program is/are recommended:

- No changes to the site design and operation are recommended
- The following change(s) to the site design and operation is/are recommended:

CEP Signature: *F. Fothergill*
Relevant Discipline Civil Engineering - Water Resources
Date: (yyyy/mm/dd): April 23, 2015

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