

December 20, 2024

Joe Woodruff
Master Utility Division Inc.
15920 Side Road 17 PO Box 114
Sunderland ON
LOC 1H0

Subject: OID2024-030 Conell Booster Valves and Chambers Substantial Performance

Dear Mr. Woodruff

Attached is the Certificate of Substantial Performance of the Contract under Section 32 of the *Construction Lien Act* (Form 9) for the above-noted project. Please arrange to advertise this certificate in the Daily Commercial News and provide proof of publication. In accordance with section GC 8.02.04.05.03, the Release of Holdback payment will be due within 61 Days after the proof of publication dates and submission of:

- a) A satisfactory Certificate of Clearance from the Workplace Safety and Insurance Board; and
- b) proof of publication of the Certificate of Substantial Performance

Deficiencies and remaining work:

- 1. Record Drawing submissions and invoicing – Estimated Value = \$10,000.00
- 2. Insulation of chambers 5 and 9 – Estimated Value = \$2,600.00

Total deficiencies is \$12,600.00.

Please contact the undersigned if you have any questions.

Sincerely,

Mark Walker, P.Eng, PMP.

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

Town of Georgina

(County/District/Regional Municipality/Town/City in which premises are situated)

26557 Civic Centre Rd, Keswick ON, L4P 3G1

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

Conell Booster Valves and Chamber

(short description of the improvement)

to the above premises was substantially performed **November 16, 2024**

(date substantially performed)

on Date certificate signed: **December 20, 2024**

Mark Walker



(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: **Town of Georgina**

Address for service: **26557 Civic Centre Road, Keswick ON, L4P 3G1**

Name of contractor: **Master Utility Division**

Address for service: **26 Ravenscrest Road, Sutton, West, ON L0E 1R0**

Name of payment certifier (where applicable): **Parsons Inc.**

Address: **625 Cochrane Drive, Suite 300 Markham ON, L3R 9R9**

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(if a lien attaches to the premises, a legal description of the premises,
including all property identifier numbers and addresses for the premises)

☒ B. Office to which claim for lien must be given to preserve lien:

26557 Civic Centre Road, Keswick ON, L4P 3G1

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)