

CES PowerON  
Mr. Tim Thompson  
4444 Eastgate Parkway, Unit 8,  
Mississauga, ON L4W 4T6

August 9, 2021

Sent Via email: [tim@cespoweron.com](mailto:tim@cespoweron.com)

**RE: 219 Fort York Blvd, Toronto, Ontario  
Diesel Generator System Upgrade at Aquarius at Waterpark City (TSCC#1754)  
Substantial Performance  
Our Project No.: RFQ-M20-179**

Enclosed please find the Certificate of Substantial Performance for the above noted project. Please provide the following information with the Submission of the Release of Holdback Invoice:

- Proof of Publication
- Current WSIB Clearance Certificate

A Close-Out Meeting shall be scheduled with site management, *CES PowerON* and *Trinity* for final project review. One hard copy and one electronic copy of the Close-Out Documents to be provided by *CES PowerON* to the site during the meeting. Close-Out Documents shall include:

- Installation and Operation Manuals
- Approved Shop drawings
- MOL Notice of project
- Warranty Letter(s)
- TSSA Variance, code compliance and certificates
- Exhaust System P. Eng. Certification Letter

We trust this is the information you require at this time. Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

**Trinity Engineering & Consulting Inc.**



Ahmed Al Dayyeni, SENIOR ASSOCIATE

[ahmed@trinityeng.ca](mailto:ahmed@trinityeng.ca) 416-662-7084

**Enclosed:**

- Certificate of Substantial Performance (Form 6)

FORM 6

**CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT  
UNDER SECTION 32 OF THE ACT**

*Construction Lien Act*

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*(County/District or Regional Municipality/City or Borough of  
Municipality of Metropolitan Toronto in which premises are situate)*

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*(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:

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*(short description of the improvement)*

to the above premise was substantially performed on:

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*(date substantially performed)*

Date certificate signed: \_\_\_\_\_

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*(Signature of payment certifier where there is one)*

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

Name of owner: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

Address for service: \_\_\_\_\_

Name of payment certifier: \_\_\_\_\_

*(where applicable)*

Address: \_\_\_\_\_

*(Use A or B whichever is appropriate)*

A. Identification of premises for preservation of liens:

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*(where liens attach to premises, reference to lot and plan or instrument registration number)*

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

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*(where liens do not attach to premises)*