

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

*Construction Act*

OXFORD COUNTY / TOWN OF INGERSOLL / TOWN OF TILLSONBURG

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

CHARLES ST. W., ALDER RD., MASON DR., MELITA ST., GREENWOOD RD., TOWN OF INGERSOLL & NORTH ST. W., TOWN OF TILLSONBURG

(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:

TENDER-ENG-2022-332 - INGERSOLL & TILLSONBURG SANITARY SEWER LINING - CONTRACT 950332/950229-2022

(short description of the improvement)

to the above premises was substantially performed on AUGUST 22, 2022

(date substantially performed)

Date certificate signed: SEPTEMBER 8, 2022

Melissa Abercrombie  
(payment certifier where there is one)

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

Name of owner: OXFORD COUNTY

Address for service: 21 REEVE STREET, P.O. BOX 1614, WOODSTOCK, ON, N4S 7Y3

Name of contractor: SEWER TECHNOLOGIES INC.

Address for service: 11 EASY STREET PORT PERRY, ONTARIO L9L-0A1

Name of payment certifier (where applicable): MELISSA ABERCROMBIE,  
P.ENG., PMP

Address: 21 REEVE STREET, P.O. BOX 1614, WOODSTOCK, ON, N4S 7Y3

(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:

AS ABOVE

\_\_\_\_\_  
(if the lien does not attach to the premises, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)