

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

Construction Act

NIAGARA REGION

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

323 KING STREET, PORT COLBORNE, ON L3K 4H2

(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:

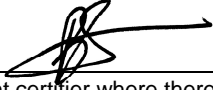
CONTRACT NO. 2021-T-14 - NIAGARA REGION PORT COLBORNE WATER TREATMENT PLANT (WTP) UPGRADES IN THE CITY OF PORT COLBORNE

(short description of the improvement)

to the above premises was substantially performed on **JUNE 27, 2024**

(date substantially performed)

Date certificate signed: **JULY 24, 2024**



(payment certifier where there is one)

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

Name of owner: **NIAGARA REGION**

Address for service: **1815 SIR ISAAC BROCK WAY, P.O. BOX 1042, THOROLD, ON L2V 4T7**

Name of contractor: **ROMAG CONTRACTING LTD**

Address for service: **2400 MEADOWPINE BLVD #105, MISSISSAUGA, ON L5N 6S2**

Name of payment certifier (where applicable): **ENVIRONMENTAL INFRASTRUCTURE SOLUTIONS (EIS)**

Address: **600 ALDEN ROAD SUITE 300, MARKHAM, ON L3R 3T7**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

323 KING STREET, PORT COLBORNE, ON L3K 4H2

(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:

(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)