

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

*Construction Act*

City of Kawartha Lakes

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

97 Francis St. W., Fenelon Falls, ON (Fenelon Falls WTP)

\_\_\_\_\_  
(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:

Ultraviolet disinfection, chloramination installation and lowlift pump replacement

\_\_\_\_\_  
(short description of the improvement)

to the above premises was substantially performed on October 23, 2020 .  
(date substantially performed)

Date certificate signed: October 23, 2020



\_\_\_\_\_  
(payment certifier where there is one)

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

Name of owner: Ontario Clean Water Agency on behalf of the City of Kawartha Lakes

Address for service: PO Box 279, Bobcaygeon, ON K0M1A0

Name of contractor: BGL Contractors Corporation

Address for service: 608 Colby Dr, Waterloo, ON N2V 1A2

Name of payment certifier (where applicable): Jeremy Manning

Address: PO Box 279, Bobcaygeon, ON K0M1A0

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

97 Francis St. W., Fenelon Falls, ON

\_\_\_\_\_  
(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, 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)