

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

*Construction Act*

Smith Falls, Ontario, Lanark County

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

Smith Falls Hospital - 60 Cornelia Street West, Smith Falls, ON K7A 2H9

(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:

Smith Falls Hospital Lab G117 Sewer Replacement

(short description of the improvement)

to the above premises was substantially performed on February 8, 2022

(date substantially performed)

Date certificate signed:

2022-02-11



(payment certifier where there is one)

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

Name of owner: Perth and Smith Falls District Hospital

Address for service: 60 Cornelia Street West, Smith Falls, ON K7A 2H9

Name of contractor: Graebeck Construction Ltd.

Address for service: 160 Terence Matthews Crescent, Kanata, ON K2M 0B2

Name of payment certifier (where applicable): James D. Chapman, HDR Architecture Associates, Inc.

Address: 300 Richmond Road Suite 200, Ottawa ON, K1Z 6X6.

(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:  
Smith Falls Hospital c/o Diane Hodgins, Vice President of Finance and Support Services, 60 Cornelia Street West,  
Smith Falls, ON K7A 2H9

(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)