



TESTMARK Laboratories Ltd.

Committed to Quality and Service

Analytical Report

Client:	Mark Bocy	Work Order Number:	247143
Company:	RDSB - Adamsdale Public School	Date Order Received:	7/8/2015
Address:	181 First Ave Sudbury, ON, P3B 3L3	Regulation:	O.Reg. 243/07
Phone:	(705) 674-3171	PO #:	
Fax:	(705) 761-2442	Project #:	
Email:	bocym@rainbowschools.ca; lavallm@rainbowschools.ca	DWS#:	500039131

Analyses were performed on the following samples submitted with your order.

The results relate only to the items tested.

Sample Name	Lab #	Matrix	Type	Comments	Date Collected	Time Collected
STANDING	652251	Water	Plumbing		6/29/2015	6:55
FLUSHING	652252	Water	Plumbing		6/29/2015	19:30

The following instrumentation and reference methods were used for your sample(s)

Method Name	Description	Reference
ICPMS Water	Determination of Metals in Water by ICP/MS Instrument group: Perkin Elmer ICPMS	Based on SW846-6020A

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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Work Order: 247143

Sample Data:

Sample Name: STANDING

Date: 6/29/2015

Matrix: Water

Lab #: 652251

ICPMS Water				
Parameter	MDL	Result	Units	QAQCID
Lead	0.1	0.12	ug/L	20150715.R13-5o1

Sample Name: FLUSHING

Date: 6/29/2015

Matrix: Water

Lab #: 652252

ICPMS Water				
Parameter	MDL	Result	Units	QAQCID
Lead	0.1	0.23	ug/L	20150715.R13-5o1

MDL Method detection limit or minimum reporting limit.

% Rec Surrogate compounds are added to the sample in some cases and the recovery is reported as a percent recovered.

QAQCID This is a unique reference to the quality control data set used to generate the reported value.

Data reported for organic analysis in soil samples are corrected for moisture content

Matrix If the matrix is a leachate, the sample was extracted according to regulation 558.

INT Interferences

TNTC Too numerous to count

ND Not detected

NDOGN No Data, Overgrown with Non-Target

NDOGT No Data, Overgrown with Target

NDOGHPC No Data, Overgrown HPC



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Email: customer.service@testmark.ca

Email: ssm@testmark.ca

Client: RDSB -Adamsdale PS

Address: 181 First Ave

Sudbury, ON P3B 3L3

Contact: Mark Bocy/Mike Lavallee

Phone: M.B.(705) 522-7750 ext 6539
M.L.(705) 566-2280 ext 6339

Testmark Quote #: _____

Client P.O. #: _____

Client Project #: _____

Email Address: bocym@rainbowschools.ca
lavalim@rainbowschools.ca

Fax: (705)-566-2732



REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*				NUMBER OF CONTAINERS	LEAD	ANALYSIS REQUESTED												RESIDUAL CHLORINE (IF APPLICABLE)	LABORATORY USE ONLY					
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail				<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																						WORK ORDER NUMBER:		
QC DATA REPORTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return																						SPECIFIC DATE: <u>THURS 16</u> <small>* Prior arrangements must be made for weekend/holiday work.</small>		
SAMPLING				SAMPLE DESCRIPTION <small>(This Will Appear On The Report)</small>																			TEMP	LAB ID	BOTTLE TYPE			
DATE	TIME	TYPE	MATRIX																									
<u>6/29</u>	<u>6:55am</u>	<u>P</u>	<u>W</u>		<u>STANDING</u>		<u>1</u>																	<u>4</u>	<u>652251</u>	<u>1L</u>		
<u>6/29</u>	<u>7:30pm</u>	<u>P</u>	<u>W</u>		<u>FLUSHING</u>		<u>1</u>																	<u>4</u>	<u>652252</u>	<u>1L</u>		
TYPE: G =Grab, C =Composite OR R =Raw, E =Entry/Treated, D =Distribution, P =Plumbing (O.REG. 170/O.REG. 318/319/O.REG. 243) Matrix: B =Biota, GW =Ground Water, O =Oil, P =Paint, S =Soil, SD =Sediment, SL =Sludge, SW =Surface Water, W =Water				LEGEND <input type="checkbox"/> O.Reg. 153: (March 2004 Standards) Table <input type="checkbox"/> O.Reg. 153: (July 2011 Standards) Table <input type="checkbox"/> O.Reg. 558 <input type="checkbox"/> PWQO <input type="checkbox"/> MISA <input type="checkbox"/> Other: <input type="checkbox"/> None				REGULATION <input type="checkbox"/> O.Reg. 170 (March 2004 Standards) Table <input type="checkbox"/> O.Reg. 170 (July 2011 Standards) Table <input type="checkbox"/> O.Reg. 558 <input type="checkbox"/> PWQO <input type="checkbox"/> MISA <input type="checkbox"/> Other: <input type="checkbox"/> None				DRINKING WATER Waterworks # <u>500039131</u> <input type="checkbox"/> O.Reg 170 <input type="checkbox"/> O.Reg 318/319 <input checked="" type="checkbox"/> O.Reg 243 <input type="checkbox"/> ODWS Are these water samples for human consumption? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the results reportable as per O. Reg 170/318/319? <input type="checkbox"/> Yes <input type="checkbox"/> No O.Reg 170/318/319 Only: <u>SDHU</u> Phone: <u>(705) 522-9200</u> Fax: <u>(705) 677-9607</u> Adverse and Exceedance Notification Information: Name: <u>Mark Bocy</u> Cell: <u>(705) 690-0323</u> Phone: <u>(705) 674-3171</u> Fax: <u>(705) 671-2442</u>												CONFIRMATION REPORT SENT Relinquished to Testmark By (Signature) <u>[Signature]</u> Date <u>July 8/15</u> Time <u>9:30</u> Shipped By <u>Hand</u> Shipping Reference <u>20846</u> Received at Testmark By <u>Andrea</u> Date <u>07/08/15</u> Time <u>4:15</u>				
COMMENTS:																												



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CLIENT REGULATION REPORT*

* Please note that the terms "Regulation Report" and "Reg. Value" in the context of this report may refer to regulatory limits, regulatory guidelines, standards or objectives, or client-specific operational limits or guidelines from sources such as a site-specific Certificate of Approval, as selected by the client on the Chain of Custody. Highlighted results indicate a measured value that exceeds the reported Reg. Value.

TESTMARK Laboratories Ltd. has included the criteria values set by the appropriate government agency as part of this report for purposes of reference only. These values may or may not accurately reflect the current values prescribed by government regulation and it is the Client's responsibility to compare the results reported herein with official government sources to ensure it meets the prescribed criteria. Should any discrepancies be discovered or should you have any questions or comments regarding the information in this report, please contact TESTMARK Laboratories Ltd. by phone or by email at reg.report@testmark.ca

7 Margaret Street, Garson Ontario Canada, P3L 1E1



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Work Order: 247143

Regulation: O.Reg. 243/07

Sample Name: STANDING

Lab #:652251

Parameter	Reg. Value	Result	RDL	MDL	Reg Units	Units
Lead	10	0.12	1	0.1	ug/L	ug/L

Regulation: O.Reg. 243/07

Sample Name: FLUSHING

Lab #:652252

Parameter	Reg. Value	Result	RDL	MDL	Reg Units	Units
Lead	10	0.23	1	0.1	ug/L	ug/L

Additional Table Information:

- O. Reg. 153/04 Table 1 Ground Water - It is the sum of 1- and 2- methyl-naphthalene which is the limit expressed
- O. Reg. 153/04 Table 2 Soil (any) - It is the sum of 1- and 2- methyl-naphthalene which is the limit expressed
- O. Reg. 153/04 Table 2 Ground Water - The Sum of F1 + F2 cannot exceed 1000 ug/L
- O. Reg. 153/04 Table 2 Ground Water - The Sum of F3+F4 cannot exceed 1000 ug/L
- O. Reg. 153/04 Table 3 Soil (any) - It is the sum of 1- and 2- methyl-naphthalene which is the limit expressed
- O. Reg. 153/04 Table 4 Soil (any) - It is the sum of 1- and 2- methyl-naphthalene which is the limit expressed
- O. Reg. 153/04 Table 4 Ground Water - The Sum of F1 + F2 cannot exceed 1000 ug/L
- O. Reg. 153/04 Table 4 Ground Water - The Sum of F3+F4 cannot exceed 1000 ug/L
- O. Reg. 153/04 Table 5 Soil (any) - It is the sum of 1- and 2- methyl-naphthalene which is the limit expressed
- O. Reg. 153/04 Table 6 - It is the sum of 1- and 2- methyl-naphthalene which is the limit expressed

All O. Reg. 153/04 Tables - The limits presented for o-xylene, and m/p-xylene are the limits for Total Xylene. Accordingly, the regulation limit expressed in this report is for the Sum of these parameters.