



TESTMARK Laboratories Ltd.

Committed to Quality and Service

Confirmation of Sample Receipt

Your samples have been received at Testmark's Sample Reception and have now been issued a unique Work Order number as well as unique Sample I.D. numbers.

Here are some details of your submission:

Client Name: RDSB - Queen Elizabeth II Public School
Contact: Mark Bocy
Project Number:
Work Order #: 245100
Date Received: 6/17/2015
Method of Shipment: Hand
Waybill Reference #: NA
Estimated Date of Completion*: 6/25/2015
Water Works #: 500045969

Sample Details

Sample Number	Sample Date	Sample Description	Analysis	Regulation (if applicable)
646589	6/17/2015	STAFFROOM (Standing)	ICPMS Water	O.Reg. 243/07
646589	6/17/2015	STAFFROOM (Standing)	MetalsWater/Prep	O.Reg. 243/07
646590	6/17/2015	STAFFROOM (Flushing)	ICPMS Water	O.Reg. 243/07
646590	6/17/2015	STAFFROOM (Flushing)	MetalsWater/Prep	O.Reg. 243/07

Entry of your submission is based on information contained on your Chain of Custody. If you have any questions regarding this submission, kindly contact Testmark's Customer Service department by email using customer.service@testmark.ca

* Please note this is an estimated date. Over 95% of our reports are completed within 5 business days. Please note however that non-routine and subcontracted analyses may significantly exceed normal turnaround times.

In these cases, a partial report may be issued.



TESTMARK Laboratories Ltd.

Committed to Quality and Service

7 Margaret St.

677 MacDonald Ave., Unit 7

Garson, ON CANADA P3L 1E1

Sault Ste. Marie, ON CANADA P6B 1J4

Phone: (705) 693-1121 Fax: (705) 693-1124

Phone: (705) 254-7117 Fax: (705) 254-3820

Email: customer.service@testmark.ca

Email: ssm@testmark.ca

Client: RDSB - Queen-E Ps

Testmark Quote #: _____

Address: 32 Dell Street.

Client P.O. #: _____

Sudbury, ON P3C 2X8

Client Project #: _____

Contact: Mark Bocy

Email Address: bocym@rainbowschools.ca

Phone: 705-674-3171 Ext. 7231

Fax: 705-761-2442

REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*		NUMBER OF CONTAINERS	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			Lead (Pb)													CONTAINERS RECEIVED	WORK ORDER NUMBER:				
QC DATA REPORTED				<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																	245100				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				SPECIFIC DATE: <u>Thurs 25</u>																					
SAMPLE DISPOSAL				* Prior arrangements must be made for weekend/holiday work																					
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return																									
SAMPLING				SAMPLE DESCRIPTION																					
DATE	TIME	TYPE	MATRIX	(This Will Appear On The Report)														TEMP	LAB ID	BOTTLE TYPE					
<u>June 17</u>	<u>7:00am</u>	<u>P</u>	<u>W</u>	<u>STAFF ROOM</u>	<u>(Standing)</u>													<u>17</u>	<u>646589</u>						
<u>June 17</u>	<u>7:35am</u>	<u>P</u>	<u>W</u>	<u>STAFF ROOM</u>	<u>(Flushed)</u>													<u>17</u>	<u>646590</u>						

LEGEND: 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

REGULATION: O.Reg. 153: (March 2004 Standards) Table (1 2 3 4 5 6)
 O.Reg. 153: (July 2011 Standards) Table (1 2 3 4 5 6 7 8 9)
 O.Reg. 558 PWQO MISA Other: _____ None

Waterworks # 500046986 O.Reg 170 O.Reg 318/319 O.Reg 243 ODWS

Are these water samples for human consumption? 45969 As per client Yes No

Are the results reportable as per O. Reg 170/318/319? Yes No

O.Reg 170/318/319 Only: Public Health Unit SDHU
 Name: Mark Bocy Cell: 705-522-9200
 Phone: 705-674-3171 EXT 7231 Fax: 705-677-9607

Adverse and Exceedance Notification Information:
 Name: Mark Bocy Cell: 705-690-0323
 Phone: 705-674-3171 EXT 7231 Fax: 705-761-2442

COMMENTS: 10 hours

Estimated Standing Time: 10 hours

Sampled By (Print and Sign) [Signature] Date June 17/15 Time 7:00am

Received By (Print and Sign) Lisa Polano Date June 17/15 Time 8:40

Relinquished to Testmark By (Signature) [Signature] Date June 17/15 Time 9:10am

Shipped By Hand Shipping Reference NA

Received at Testmark By [Signature] Date 6/17/15 Time 0910



TESTMARK Laboratories Ltd.

Committed to Quality and Service

RDSB - Queen Elizabeth II Public School

Work Order: 245100

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



TESTMARK Laboratories Ltd.

Committed to Quality and Service

RDSB - Queen Elizabeth II Public School

Work Order: 245100

Regulation: O.Reg. 243/07

Sample Name: STAFFROOM (Standing)

Lab #:646589

Parameter	Reg. Value	Result	RDL	MDL	Reg Units	Units
Lead	10	0.46	1	0.1	ug/L	ug/L

Regulation: O.Reg. 243/07

Sample Name: STAFFROOM (Flushing)

Lab #:646590

Parameter	Reg. Value	Result	RDL	MDL	Reg Units	Units
Lead	10	0.33	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.