



CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - C.R. Judd Public School
Address: 69 Young St.
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 674-3171 / (705) 761-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 347097
PO #: 706LW1736503
Regulation: O.Reg. 243/07
Project #:
DWS #: 500040301
Sampled By: Mike Lavallee

Date Order Received: 6/18/2018
Arrival Temperature: 5 °C

Analysis Started: 6/20/2018
Analysis Completed: 6/21/2018

WORK ORDER SUMMARY

ANALYSES WERE PERFORMED ON THE FOLLOWING SAMPLES. THE RESULTS RELATE ONLY TO THE ITEMS TESTED.

Sample Description	Lab ID	Matrix	Type	Comments	Date Collected	Time Collected
125-F-02 (S)	1352770	Water	Plumbing		6/16/2018	8:15 AM
125-F-02 (F)	1352771	Water	Plumbing		6/16/2018	8:50 AM
125-F-05 (S)	1352772	Water	Plumbing		6/16/2018	8:10 AM
125-F-05 (F)	1352773	Water	Plumbing		6/16/2018	8:45 AM
125-F-06 (S)	1352774	Water	Plumbing		6/16/2018	8:10 AM
125-F-06 (F)	1352775	Water	Plumbing		6/16/2018	8:45 AM
125-F-04 (S)	1352776	Water	Plumbing		6/16/2018	8:04 AM
125-F-04 (F)	1352777	Water	Plumbing		6/16/2018	8:39 AM
125-T-02 (S)	1352778	Water	Plumbing		6/16/2018	8:04 AM
125-T-02 (F)	1352779	Water	Plumbing		6/16/2018	8:39 AM
125-T-03 (S)	1352780	Water	Plumbing		6/16/2018	8:04 AM
125-T-03 (F)	1352781	Water	Plumbing		6/16/2018	8:39 AM
125-T-04 (S)	1352782	Water	Plumbing		6/16/2018	8:04 AM
125-T-04 (F)	1352783	Water	Plumbing		6/16/2018	8:39 AM

METHODS AND INSTRUMENTATION

THE FOLLOWING METHODS WERE USED FOR YOUR SAMPLE(S):

Method	Lab	Description	Reference
ICPMS Reg. Water (R13.1)	Garson	Determination of Metals in Water by ICP/MS	Modified from SW846-6020A



TESTMARK Laboratories Ltd.

Committed to Quality and Service

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RDSB - C.R. Judd Public School

Work Order Number: 347097

REPORT COMMENTS

Water standing in excess of 6hrs, as per O.reg. 243.

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



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RDSB - C.R. Judd Public School

Work Order Number: 347097

WORK ORDER RESULTS

Sample Description	125 - F - 02 (S)		125 - F - 02 (F)		125 - F - 05 (S)		125 - F - 05 (F)			
Lab ID	1352770		1352771		1352772		1352773			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1 [<0.1]	0.1	<0.1	0.1	0.43	0.1	0.16	0.1	ug/L	10
Sample Description	125 - F - 06 (S)		125 - F - 06 (F)		125 - F - 04 (S)		125 - F - 04 (F)			
Lab ID	1352774		1352775		1352776		1352777			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	1.25	0.1	0.36	0.1	0.27	0.1	<0.1	0.1	ug/L	10
Sample Description	125 - T - 02 (S)		125 - T - 02 (F)		125 - T - 03 (S)		125 - T - 03 (F)			
Lab ID	1352778		1352779		1352780		1352781			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.77	0.1	0.22	0.1	0.46	0.1	0.1	0.1	ug/L	10
Sample Description	125 - T - 04 (S)		125 - T - 04 (F)							
Lab ID	1352782		1352783							
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07				
Lead	0.52	0.1	0.24	0.1	ug/L	10				

LEGEND

Dates: Dates are formatted as mm/dd/year throughout this report.

MDL: Method detection limit or minimum reporting limit.

[]: Results for laboratory replicates are shown in square brackets immediately below the associated sample result for ease of comparison.

Quality Control: All associated Quality Control data is available on request.



DRINKING WATER CHAIN OF CUSTODY FORM

Please use our General Chain of Custody Form for non-drinking water sample submissions

REPORT TO:				INVOICE TO: (if different from Report)				PROJECT INFORMATION:							
Client: C.R Judd PS				Client: Rainbow School Board				TM Quote #:							
Address: 8 Lincoln Crescent, Capreol ON P0M 1H0				Address: 408 Wembley Drive Sudbury ON P3E 1P2				Client P.O. #: 706LW1736503							
Contact: Mike Lavallee				Contact: Mike Lavallee				Client Project #:							
Email: lavallm@rainbowschools.ca				Email: lavallm@rainbowschools.ca											
Phone: 705-929-4787 Fax:				Phone: 705.929.4787 Fax:											
REPORTING/INVOICING FORMAT			TURN AROUND TIME (TAT)*			ANALYSIS REQUESTED						LABORATORY USE ONLY			
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard												Residual Chlorine
QC DATA REPORTED			SPECIFIC DATE: <u>Tues 26</u>			Free			Total						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return			* Prior arrangements must be made for rush/weekend/holiday work									CONTAINERS RECEIVED			TEMP
SAMPLE DISPOSAL			SAMPLE DESCRIPTION			Water Trax # (if appl)			Btl. Type						
SAMPLING			(This Will Appear On The Report)									Resample (Yes or No?)			Lab ID
DATE (mm-dd-yy)	TIME	Type**													
		R T D P													
06-16-2018	08:15				X	125-F-02(S)			X						
06-16-2018	08:50				X	125-F-02 (F)			X						
06-16-2018	08:10				X	125-F-05 (S)			X						
06-16-2018	08:45				X	125-F-05 (F)			X						
06-16-2018	08:10				X	125-F-06 (S)			X						
06-16-2018	08:45				X	125-F-06 (F)			X						
06-16-2018	08:04				X	125-F-04 (S)			X						
06-16-2018	08:39				X	125-F-04 (S)			X						
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)				REGULATION				Waterworks # 500040301				<input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 319 <input type="checkbox"/> None <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS			
Adverse and Exceedance Notification Information:								LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name: Mike Lavallee Cell: 705-929-4787				Are these water samples for human consumption?				Are the results reportable as per O. REG. 170/319?							
Phone: Fax:				O. REG. 170/319 Only:				Phone:							
COMMENTS/FIELD NOTES: water standing in excess of 6 hrs, as per O.reg. 243				Public Health Unit:				Fax:							
				Relinquished to Testmark By (Signature) <i>[Signature]</i>				Date: 06-18-18 Time: 1:39 ^{PM}							
Sampled By Jason Czaja		Date: 06-16-18		Time: 8:07 A		Shipped By		Shipping Reference: 027032		Date: 6/18/18		Time: 1336			
Received By Mike Lavallee		Date:		Time:		Received at Testmark By		Date:		Time:					

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca
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 6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-2095 (F) • mississauga@testmark.ca
 1470 Government Road, Kirkland Lake, ON P2N 3J1 • 705-642-3361 (P) • 705-642-3222 (F) • kirkland.lake@testmark.ca

*** Please contact Customer Service for assistance with customized CofC's for Schedule 15.1 testing.

Please use separate CofC's for each Waterworks. Samples must be received below 10°C with evidence that an attempt was made to ensure adequate cooling.

CONFIRMATION REPORT
SENT



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Please use our General Chain of Custody Form for non-drinking water sample submissions

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Contact: Mike Lavallee				Contact: Mike Lavallee				Client Project #:											
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REPORTING/INVOICING FORMAT				TURN AROUND TIME (TAT)*				LABORATORY USE ONLY											
<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard															
QC DATA REPORTED				ANALYSIS REQUESTED				CONTAINERS RECEIVED 347097											
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				Resample (Yes or No?) Lead Free Total Residual Chlorine															
SAMPLE DISPOSAL				SAMPLE DESCRIPTION				WORK ORDER NUMBER: 347097											
<input type="checkbox"/> Yes <input type="checkbox"/> No				SPECIFIC DATE: Tues 26 <small>* Prior arrangements must be made for rush/weekend/holiday work</small>															
SAMPLING				Water Trax # (if appl)				TEMP Btl. Type Lab ID											
DATE (mm-dd-yy)	TIME	Type**		This Will Appear On The Report		(if appl)													
		R	T	D	P														
06-16-2018	08:04				X	125-T-02 (S)		X											
06-16-2018	08:39				X	125-T-02 (F)		X											
06-16-2018	08:04				X	125-T-03-(S)		X											
06-16-2018	08:39				X	125-T-03 (F)		X											
06-16-2018	08:34				X	125-T-04 (S)		X											
06-16-2018	08:39				X	125-T-04 (F)		X											
8:04 - QA per bottle.																			
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)				REGULATION				Waterworks # 500040301 <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 319 <input type="checkbox"/> None <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> ODWS LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the results reportable as per O. REG. 170/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Adverse and Exceedance Notification Information:				O. REG. 170/319 Only:				Phone:											
Name: Mike Lavallee Cell: 705-929-4787				Public Health Unit:				Fax:											
Phone: Fax:				Relinquished to Testmark By (Signature)				Date											
COMMENTS/FIELD NOTES: water standing in excess of 6 hrs, as per O.reg. 243								DO-18-18 1:39 ⁰											
Sampled By Jason Czaja <i>McLavallee</i>				Date 06-16-18				Time 8:04 A											
Received By Mike Lavallee				Date				Time											
				Shipped By				Shipping Reference											
				Received at Testmark By				Date 6/18/18											
								Time 1:336											

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