

**TESTMARK Laboratories Ltd.***Committed to Quality and Service*

## CERTIFICATE OF ANALYSIS

Client: Mark Bocy  
Company: RDSB - Charles C. McLean Public School  
Address: 69 Young St  
Sudbury, ON, P3E 3G5  
Phone/Fax: (705) 674-3171 / (705) 761-2442  
Email: bocym@rainbowschools.ca

Work Order Number: 346727  
PO #:  
Regulation: O.Reg. 243/07  
Project #:  
DWS #: 500039105  
Sampled By: Steve McCulloch

Date Order Received: 6/13/2018  
Arrival Temperature: 17 °C

Analysis Started: 6/18/2018  
Analysis Completed: 6/19/2018

## 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
28 (Standing)	1351081	Water	Plumbing		6/13/2018	6:52 AM
28 (Flushed)	1351082	Water	Plumbing		6/13/2018	7:27 AM
20 Standing	1351083	Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/13/2018	6:53 AM
20 Flushed	1351084	Water	Plumbing		6/13/2018	7:28 AM
14 Standing	1351085	Water	Plumbing		6/13/2018	6:54 AM
14 Flushed	1351086	Water	Plumbing		6/13/2018	7:29 AM
30B Standing	1351087	Water	Plumbing		6/13/2018	6:49 AM
30B Flushed	1351088	Water	Plumbing		6/13/2018	7:26 AM
34 Standing	1351089	Water	Plumbing	SAMPLE CONTAINED RESULT EXCEEDENCES.	6/13/2018	6:48 AM
34 Flushed	1351090	Water	Plumbing		6/13/2018	7:22 AM
33 Standing	1351091	Water	Plumbing		6/13/2018	6:44 AM
33 Flushed	1351092	Water	Plumbing		6/13/2018	7:18 AM
F Standing	1351093	Water	Plumbing		6/13/2018	6:40 AM
F Flushed	1351094	Water	Plumbing		6/13/2018	7:15 AM
2B Standing	1351095	Water	Plumbing		6/13/2018	6:42 AM
2B Flushed	1351096	Water	Plumbing		6/13/2018	7:17 AM

## METHODS AND INSTRUMENTATION

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



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

### REPORT COMMENTS

ESTIMATED STANDING TIME: 9 hrs

Lead exceedance reported for samples 1351083 and 1351089. 06/19/18 DC

This report has been approved by:

Khaled Omari, Ph.D.

Laboratory Director



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### WORK ORDER RESULTS

Sample Description	28 (Standing)		28 (Flushed)		20 Standing		20 Flushed		Units	Criteria: O.Reg. 243/07
Lab ID	1351081		1351082		1351083		1351084			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	5.55 [5.54]	0.1	1.94	0.1	17.7	0.1	7.07	0.1	ug/L	10
Sample Description	14 Standing		14 Flushed		30B Standing		30B Flushed		Units	Criteria: O.Reg. 243/07
Lab ID	1351085		1351086		1351087		1351088			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	3.45	0.1	1.5	0.1	6.34	0.1	2.71	0.1	ug/L	10
Sample Description	34 Standing		34 Flushed		33 Standing		33 Flushed		Units	Criteria: O.Reg. 243/07
Lab ID	1351089		1351090		1351091		1351092			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	75.4	0.1	1.54	0.1	3.52	0.1	1.44	0.1	ug/L	10
Sample Description	F Standing		F Flushed		2B Standing		2B Flushed		Units	Criteria: O.Reg. 243/07
Lab ID	1351093		1351094		1351095		1351096			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	0.59	0.1	0.26	0.1	0.29	0.1	0.21	0.1	ug/L	10



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### 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.

LCL: Lower Control Limit.

UCL: Upper Control Limit.

QAQCID: This is a unique reference to the quality control data set used to generate the reported value. Contact our lab for this information, as it is traceable through our LIMS.



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### QUALITY CONTROL DATA

THIS SECTION REPORTS QC RESULTS ASSOCIATED WITH THE TEST BATCH; THESE ARE NOT YOUR SAMPLE RESULTS.  
QAQC details include only values where sufficient sample data allowed measurement.

#### Metals

##### Method Blank: LRB-6 (Blank- µg/L) (6)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	1	ug/L	0	<1	1	20180619.R13-6o1

##### Sample Spike: LFMS-10 (N 100 µg/L) (10)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	70	79.7	130	20180619.R13-6o1

##### Reference Sample: CRM-12 (EP-L-3) (12)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	% Rec	80	90.8	120	20180619.R13-6o1

##### %RPD: % RPD (4)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	0	0.2	20	20180619.R13-6o1

##### Positive Control: LFB-7 (N 100 µg/L) (7)

Parameter	MDL	Units	LCL	Result	UCL	QAQCID
Lead	N/A	%	80	86.3	120	20180619.R13-6o1



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THIS INDEX SHOWS HOW YOUR SAMPLES ARE ASSOCIATED TO THE CONTROLS INCLUDED IN THE IDENTIFIED BATCHES.

Sample Description	Lab ID	Method	QAQCID	Prep QAQCID
14 Flushed	1351086	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
14 Standing	1351085	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
20 Flushed	1351084	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
20 Standing	1351083	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
28 (Flushed)	1351082	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
28 (Standing)	1351081	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
28 (Standing)	1351081r	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
2B Flushed	1351096	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
2B Standing	1351095	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
30B Flushed	1351088	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
30B Standing	1351087	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
33 Flushed	1351092	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
33 Standing	1351091	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
34 Flushed	1351090	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
34 Standing	1351089	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
F Flushed	1351094	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S
F Standing	1351093	ICPMS Reg. Water (R13.1)	20180619.R13-6o1	20180618.A52S



# DRINKING WATER CHAIN OF CUSTODY FORM

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

<b>REPORT TO:</b> Client: <u>RDSB - Charles C. McLean P.S.</u> Address: <u>43 Hall Street</u> <u>Gore Bay, ON POP 1H0</u> Contact: <u>Mark Bocy</u> Email: <u>bocym@rainbowschools.ca; lavallm@rainbowschools.ca</u> Phone: <u>705-674-3171</u> Fax: <u>McColl@rainbowschools.ca</u>				<b>INVOICE TO: (if different from Report)</b> Client: _____ Address: _____ Contact: _____ Email: _____ Phone: _____ Fax: _____				<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: _____ Client Project #: _____																																																																																																																																																																																																																																								
<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <b>QC DATA REPORTED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				<b>TURN AROUND TIME (TAT)*</b> <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard <b>SPECIFIC DATE:</b> <u>Thursday</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>				<b>ANALYSIS REQUESTED</b> <table border="1" style="width:100%; text-align: center;"> <tr> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">ICPMS 1 (Pb)</th> <th colspan="10"></th> <th colspan="2">Residual Chlorine</th> </tr> <tr> <th colspan="10"></th> <th>Free</th> <th>Total</th> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td> <td></td> </tr> </table>				Resample (Yes or No?)	ICPMS 1 (Pb)											Residual Chlorine												Free	Total	X														X														X														X														X														X														X														X														X														X														<b>LABORATORY USE ONLY</b> WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">346727</div>																																																														
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**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243) <b>Adverse and Exceedance Notification Information:</b> Name: <u>Mark Bocy</u> Cell: <u>705-690-0323</u> Phone: <u>705-671-3174 x 7231</u> Fax: <u>705-761-2442</u>								<b>REGULATION</b> Waterworks # <u>500039105</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 LSN Form Submitted to MOE/PHU? <input type="checkbox"/> Not Applicable <input 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. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																																																																																																								
<b>COMMENTS/FIELD NOTES:</b> <u>-Lead exceedance reported for samples 1351083 and 1351089. 06/19/18</u>								O. REG. 170/318/319 Only: _____ Phone: <u>705-522-9200</u> Public Health Unit: <u>SDHU</u> Fax: <u>705-677-9607</u>																																																																																																																																																																																																																																								
<b>ESTIMATED STANDING TIME:</b> <u>9 hrs</u>								Relinquished to Testmark By (Signature) _____ Date _____ Time _____																																																																																																																																																																																																																																								
Sampled By (Print and Sign) <u>Steve McCulloch</u> Date <u>June 13/18</u> Time <u>6:30am</u>				Shipped By <u>Hand</u> Shipping Reference <u>02702</u>				Received at Testmark By _____ Date <u>6/13/18</u> Time <u>1442</u>																																																																																																																																																																																																																																								

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

Please use separate CoC'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



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

<b>REPORT TO:</b>						<b>INVOICE TO: (if different from Report)</b>								<b>PROJECT INFORMATION:</b>											
Client: RDSB - Charles C. McLean P.S.						Client:								TM Quote #:											
Address: 43 Hall Street Gore Bay, ON P0P 1H0						Address:								Client P.O. #:											
Contact: Mark Bocy						Contact:								Client Project #:											
Email: bocym@rainbowschools.ca; lavallm@rainbowschools.ca						Email:																			
Phone: 705-674-3171 Fax:						Phone: Fax:																			
<b>REPORTING/INVOICING FORMAT</b>						<b>TURN AROUND TIME (TAT)*</b>						<b>ANALYSIS REQUESTED</b>						<b>Residual Chlorine</b>  Free Total		<b>LABORATORY USE ONLY</b>  WORK ORDER NUMBER:  <b>346727</b>					
<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																			
<b>QC DATA REPORTED</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																			
<b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return						<b>SPECIFIC DATE:</b> Thurs 21 <small>* Prior arrangements must be made for rush/weekend/holiday work</small>																			
<b>SAMPLING</b>						<b>SAMPLE DESCRIPTION</b>						<b>Water Trax # (if appl)</b>		<b>Resample (Yes or No?)</b>  ICPMS 1 (Pb)											
DATE (mm-dd-yy)		TIME		Type** R T D P																					
Tue 13/18		6:48 AM				X		34 Standing				X								1 11 LP 1351089					
		7:22 am				X		34 Flushed				X								1 11 1351090					
		6:44 am				X		33 Stading				X								1 11 1351091					
		7:18 AM				X		33 Flushed				X								1 11 1351092					
		6:40 AM				X		F Stading				X								1 11 1351093					
		7:15 AM				X		F Flushed				X								1 11 1351094					
		6:42 am				X		2B Stading				X								1 11 1351095					
		7:17 Am				X		2B Flushed				X								1 11 1351096					
**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 318 / 319 / O.REG. 243)						<b>REGULATION</b>						Waterworks # <b>500039105</b> <input type="checkbox"/> O. REG. 170 <input type="checkbox"/> O. REG. 318/319 <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 type="checkbox"/> Yes <input type="checkbox"/> No													
Name: Mark Bocy Cell: 705-690-0323												Are these water samples for human consumption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
Phone: 705-671-3174 x 7231 Fax: 705-761-2442												Are the results reportable as per O. REG. 170/318/319? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
COMMENTS/FIELD NOTES:						O. REG. 170/318/319 Only:						Phone: 705-522-9200													
						Public Health Unit: SDHU						Fax: 705-677-9607													
						Relinquished to Testmark By (Signature)						Date						Time							
<b>ESTIMATED STANDING TIME:</b> 9 hrs						Shipped By						Shipping Reference													
Sampled By (Print and Sign) Steve McMillan						Date Jun 13/18 Time 6:40 AM						Received at Testmark By						Date							
Received By (Print and Sign) Steve McMillan						Date Jun 13/18 Time 9:15 AM												Time							

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