



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mike Lavallee  
Company: RDSB - Larchwood 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: 347095  
PO #: 706LW1736503  
Regulation: O.Reg. 243/07  
Project #:  
DWS #: 500046086  
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)	1352766	Water	Plumbing		6/17/2018	9:17 AM
125-F-02 (F)	1352767	Water	Plumbing		6/17/2018	9:52 AM
125-T-03 (S)	1352768	Water	Plumbing		6/17/2018	9:15 AM
125-T-03 (F)	1352769	Water	Plumbing		6/17/2018	9:50 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

### 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



### CERTIFICATE OF ANALYSIS

RDSB - Larchwood Public School

Work Order Number: 347095

#### WORK ORDER RESULTS

Sample Description	125 - F - 02 (S)		125 - F - 02 (F)		125 - T - 03 (S)		125 - T - 03 (F)			
Lab ID	1352766		1352767		1352768		1352769			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	0.1	9.12	0.1	4.55 [4.57]	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

<b>REPORT TO:</b> Client: Larchwood PS Address: 43 Amin street W, Dowling ON P0M 1R0 Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705-929-4787 Fax: _____	<b>INVOICE TO: (if different from Report)</b> Client: Rainbow School Board Address: 408 Wembley Drive Sudbury ON P3E 1P2 Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705.929.4787 Fax: _____	<b>PROJECT INFORMATION:</b> TM Quote #: Client P.O. #: 706LW1736503 Client Project #:
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<b>REPORTING/INVOICING FORMAT</b> <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail	<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>ANALYSIS REQUESTED</b>	<b>LABORATORY USE ONLY</b> WORK ORDER NUMBER: <span style="font-size: 2em; color: red;">347095</span>																																																																																												
<b>QC DATA REPORTED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPECIFIC DATE:</b> <span style="color: red;">Tues 26</span> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>	<table border="1" style="width:100%; height: 100px;"> <tr><td style="width:5%;">Resample (Yes or No?)</td><td style="width:5%;">Lead</td><td style="width:5%;">Free</td><td style="width:5%;">Total</td><td style="width:5%;">Residual Chlorine</td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">X</td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> </table>	Resample (Yes or No?)	Lead	Free	Total	Residual Chlorine	X	X				X	X				X	X				X	X				X	X				X	X																																																													
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**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243) Adverse and Exceedance Notification Information: Name: Mike Lavallee Cell: 705-929-4787 Phone: _____ Fax: _____	<b>REGULATION</b> Waterworks # 500046086 <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
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<b>COMMENTS/FIELD NOTES:</b> water standing in excess of 6 hrs, as per O.reg. 243 <span style="color: red;">Bottles said 163-F-02(S), 163-F-02(F), 163-T-03(S), and 163-T-03(F) but client would like to use description on chain of custody. 06/18/18 A.D.</span>	O. REG. 170/319 Only: _____ Phone: _____ Public Health Unit: _____ Fax: _____ Relinquished to Testmark By (Signature) _____ Date 06-18-18 Time 1:37P
Sampled By Jason Czaja <span style="color: red;">M. Lavallee</span> Date 06-17-18 Time 9:15A	Shipped By <span style="color: red;">Hand</span> Shipping Reference 027032 Received at Testmark By <span style="color: red;">Hand</span> Date 6/18/18 Time 1:36P

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (F) • customer.service@testmark.ca  
 100 Wilson Ave., Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1125 (F) • timmins@testmark.ca  
 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