

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

## CERTIFICATE OF ANALYSIS

Client:	Mike Lavallee	Work Order Number:	346360
Company:	RDSB - Northeastern S.S. Elementary School	PO #:	706LW1736503
Address:	Prog. 69 Young St Sudbury, ON, P3E 3G5	Regulation:	O.Reg. 243/07
Phone/Fax:	(705) 674-3171 / (705) 761-2442	Project #:	
Email:	lavallm@rainbowschools.ca	DWS #:	500045826
		Sampled By:	Mike Lavallee
Date Order Received:	6/11/2018	Analysis Started:	6/14/2018
Arrival Temperature:	7 °C	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
144-T-03 (S)	1106164	Treated Water	Plumbing		6/10/2018	7:53 AM
144-T-03 (F)	1106165	Treated Water	Plumbing		6/10/2018	8:28 AM
144-T-04 (S)	1106166	Treated Water	Plumbing		6/10/2018	7:53 AM
144-T-04 (F)	1106167	Treated Water	Plumbing		6/10/2018	8:28 AM
144-F-03-C (S)	1106168	Treated Water	Plumbing		6/10/2018	7:54 AM
144-F-03-C (F)	1106169	Treated Water	Plumbing		6/10/2018	8:29 AM
144-F-03-A (S)	1106170	Treated Water	Plumbing		6/10/2018	7:54 AM
144-F-03-A (F)	1106171	Treated Water	Plumbing		6/10/2018	8:29 AM
144-F-04 (S)	1106172	Treated Water	Plumbing		6/10/2018	8:08 AM
144-F-04 (F)	1106181	Treated Water	Plumbing		6/10/2018	8:43 AM
144-T-06 (S)	1106182	Treated Water	Plumbing		6/10/2018	8:08 AM
144-T-06 (F)	1106183	Treated Water	Plumbing		6/10/2018	8:43 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



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## CERTIFICATE OF ANALYSIS

RDSB - Northeastern S.S. .Elementary School Prog.

Work Order Number: 346360

### REPORT COMMENTS

Water standing in excess of six hours, as per reg.243

This report has been approved by:

Khaled Omari, Ph.D.  
Laboratory Director



## CERTIFICATE OF ANALYSIS

RDSB - Northeastern S.S. .Elementary School Prog.

Work Order Number: 346360

### WORK ORDER RESULTS

Sample Description	144 - T - 03 (S)		144 - T - 03 (F)		144 - T - 04 (S)		144 - T - 04 (F)			
Lab ID	1106164		1106165		1106166		1106167			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.83 [0.23]	0.1	0.34	0.1	0.11	0.1	0.12	0.1	ug/L	10

Sample Description	144 - F - 03 - C (S)		144 - F - 03 - C (F)		144 - F - 03 - A (S)		144 - F - 03 - A (F)			
Lab ID	1106168		1106169		1106170		1106171			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.71	0.1	0.3	0.1	1.27	0.1	0.4	0.1	ug/L	10

Sample Description	144 - F - 04 (S)		144 - F - 04 (F)		144 - T - 06 (S)		144 - T - 06 (F)			
Lab ID	1106172		1106181		1106182		1106183			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	0.1	2.37	0.1	0.56	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>				<b>INVOICE TO: (if different from Report)</b>												<b>PROJECT INFORMATION:</b>											
Client: NORTHEASTERN ES				Client: RAINBOW DISTRICT SCHOOL BOARD												TM Quote #:											
Address: 45 Spruce Street, Garson ON P3L 1P8				Address: 408 WEMBLY 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:																							
<b>REPORTING/INVOICING FORMAT</b>				<b>TURN AROUND TIME (TAT)*</b>				<b>ANALYSIS REQUESTED</b>												<b>LABORATORY USE ONLY</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																WORK ORDER NUMBER:  346360							
<input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard																											
<b>QC DATA REPORTED</b>				<b>SPECIFIC DATE:</b>																							
<input type="checkbox"/> Yes <input type="checkbox"/> No				* Prior arrangements must be made for rush/weekend/holiday work																							
<b>SAMPLE DISPOSAL</b>				<b>SAMPLE DESCRIPTION</b>				<b>Water Trax #</b>																			
<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return				(This Will Appear On The Report)				(if appl)																			
<b>SAMPLING</b>																											
DATE (mm-dd-yy)		TIME		Type**																							
06/10/2018		07:53				X																					
06/10/2018		08:28				X																					
06/10/2018		07:53				X																					
06/10/2018		08:28				X																					
06/10/2018		07:54				X																					
06/10/2018		08:29				X																					
06/10/2018		07:54				X																					
06/10/2018		08:29				X																					
06/10/2018		08:08				X																					
**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:																											
COMMENTS/FIELD NOTES: Water standing in excess of six hours, as per reg.243																											
SAMPLED BY: M. Lavallee Date: 06/10/2018 Time: 07:53																											
Received By Mike Lavallee Date: Time:																											
REGULATION																											
Waterworks # 500045826 <input type="checkbox"/> O. REG. 170 <input checked="" type="checkbox"/> O. REG. 243 <input type="checkbox"/> O. REG. 319 <input type="checkbox"/> None																											
LSN Form Submitted to MOE/PHU? <input type="checkbox"/> ODWS <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																											
O. REG. 170/319 Only: Phone:																											
Public Health Unit: Fax:																											
Relinquished to Testmark By (Signature) Date: Time: 14:34																											
Shipped By: Hand Date: 06/11/18 Time: 14:34																											
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](mailto: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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