

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

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Valley View P.S.
Address: 69 Young St.
Sudbury, ON, P3E 3G5
Phone/Fax: (705) 674-3171 / (705) 671-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 347105
PO #: 706LW1736503
Regulation: O.Reg. 243/07
Project #:
DWS #: 500044448
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
153-T-03 (S)	1352833	Water	Plumbing		6/16/2018	9:37 AM
153-T-03 (F)	1352834	Water	Plumbing		6/16/2018	10:12 AM
153-F-01 (S)	1352835	Water	Plumbing		6/16/2018	9:38 AM
153-F-01 (F)	1352836	Water	Plumbing		6/16/2018	10:13 AM
153-F-01-A (S)	1352837	Water	Plumbing		6/16/2018	9:38 AM
153-F-01-A (F)	1352838	Water	Plumbing		6/16/2018	10:13 AM
153-F-02 (S)	1352839	Water	Plumbing		6/16/2018	9:38 AM
153-F-02 (F)	1352840	Water	Plumbing		6/16/2018	10:13 AM
153-F-02-A (S)	1352841	Water	Plumbing		6/16/2018	9:38 AM
153-F-02-A (F)	1352842	Water	Plumbing		6/16/2018	10:13 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 6 hrs, as per O.reg. 243.



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This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Valley View P.S.

Work Order Number: 347105

WORK ORDER RESULTS

Sample Description	153 - T - 03 (S)		153 - T - 03 (F)		153 - F - 01 (S)		153 - F - 01 (F)			
Lab ID	1352833		1352834		1352835		1352836			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	0.23	0.1	0.11	0.1	<0.1	0.1	<0.1	0.1	ug/L	10

Sample Description	153 - F - 01 - A (S)		153 - F - 01 - A (F)		153 - F - 02 (S)		153 - F - 02 (F)			
Lab ID	1352837		1352838		1352839		1352840			
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	0.1	<0.1	0.1	ug/L	10

Sample Description	153 - F - 02 - A (S)		153 - F - 02 - A (F)			
Lab ID	1352841		1352842			
Metals	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	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.

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: Client: Valley View PS Address: 1840 Valley View Road, Val Caron, ON P3N 1K8 Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705-929-4787 Fax:				INVOICE TO: (if different from Report) Client: Rainbow School Board Address: 408 Wembley Drive Sudbury ON P3E 1P2 Contact: Mike Lavallee Email: lavallm@rainbowschools.ca Phone: 705.929.4787 Fax:				PROJECT INFORMATION: TM Quote #: Client P.O. #: 706LW1736503 Client Project #:																																																																																																																																																															
REPORTING/INVOICING FORMAT <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail QC DATA REPORTED <input type="checkbox"/> Yes <input type="checkbox"/> No SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		TURN AROUND TIME (TAT)* <input type="checkbox"/> 1 Business Day <input type="checkbox"/> 2 Business Days <input type="checkbox"/> 3 Business Days <input checked="" type="checkbox"/> Standard SPECIFIC DATE: <u>Tues 26</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>		ANALYSIS REQUESTED <div style="border: 1px solid black; width: 100px; height: 100px; background-color: blue; margin: 0 auto;"></div>		LABORATORY USE ONLY WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">347105</div>																																																																																																																																																																	
SAMPLING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DATE (mm-dd-yy)</th> <th rowspan="2">TIME</th> <th colspan="4">Type**</th> <th rowspan="2">SAMPLE DESCRIPTION (This Will Appear On The Report)</th> <th rowspan="2">Water Trax # (if appl)</th> <th rowspan="2">Resample (Yes or No?)</th> <th rowspan="2">Lead</th> <th rowspan="2">Free</th> <th rowspan="2">Total</th> <th rowspan="2">CONTAINERS RECEIVED</th> <th rowspan="2">TEMP</th> <th rowspan="2">Btl. Type</th> <th rowspan="2">Lab ID</th> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> </tr> </thead> <tbody> <tr><td>06-16-2018</td><td>9:37</td><td></td><td></td><td></td><td>X</td><td>153-T-03 (S)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td>5</td><td>LP</td><td>1352833</td></tr> <tr><td>06-16-2018</td><td>10:12</td><td></td><td></td><td></td><td>X</td><td>153-T-03 (F)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352834</td></tr> <tr><td>06-16-2018</td><td>9:38</td><td></td><td></td><td></td><td>X</td><td>153-F-01 (S)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352835</td></tr> <tr><td>06-16-2018</td><td>10:13</td><td></td><td></td><td></td><td>X</td><td>153-F-01 (F)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352836</td></tr> <tr><td>06-16-2018</td><td>9:38</td><td></td><td></td><td></td><td>X</td><td>153-F-01-A (S)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352837</td></tr> <tr><td>06-16-2018</td><td>10:13</td><td></td><td></td><td></td><td>X</td><td>153-F-01-A (F)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352838</td></tr> <tr><td>06-16-2018</td><td>9:38</td><td></td><td></td><td></td><td>X</td><td>153-F-02 (S)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352839</td></tr> <tr><td>06-16-2018</td><td>10:13</td><td></td><td></td><td></td><td>X</td><td>153-F-02 (F)</td><td></td><td></td><td>X</td><td></td><td></td><td>1</td><td></td><td></td><td>1352840</td></tr> <tr><td>06-16-2018</td><td>9:38</td><td></td><td></td><td></td><td></td><td>153-F-02-A (S)</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td>1352841</td></tr> </tbody> </table>		DATE (mm-dd-yy)	TIME	Type**				SAMPLE DESCRIPTION (This Will Appear On The Report)	Water Trax # (if appl)	Resample (Yes or No?)	Lead	Free	Total	CONTAINERS RECEIVED	TEMP	Btl. Type	Lab ID	R	T	D	P	06-16-2018	9:37				X	153-T-03 (S)			X			1	5	LP	1352833	06-16-2018	10:12				X	153-T-03 (F)			X			1			1352834	06-16-2018	9:38				X	153-F-01 (S)			X			1			1352835	06-16-2018	10:13				X	153-F-01 (F)			X			1			1352836	06-16-2018	9:38				X	153-F-01-A (S)			X			1			1352837	06-16-2018	10:13				X	153-F-01-A (F)			X			1			1352838	06-16-2018	9:38				X	153-F-02 (S)			X			1			1352839	06-16-2018	10:13				X	153-F-02 (F)			X			1			1352840	06-16-2018	9:38					153-F-02-A (S)						1			1352841	REGULATION Waterworks # 500044448 <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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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Adverse and Exceedance Notification Information: Name: Mike Lavallee Cell: 705-929-4787 Phone: Fax:								COMMENTS/FIELD NOTES: water standing in excess of 6 hrs, as per O.reg. 243 O. REG. 170/319 Only: Phone: Public Health Unit: Fax: Relinquished to Testmark By (Signature) <u>M. Lavallee</u> Date <u>06-18-18</u> Time <u>1:40</u>																																																																																																																																																															
Sampled by: <u>M. Lavallee</u> Date <u>06-16-2018</u> Time <u>9:37</u>				Shipped By <u>Hand</u> Shipping Reference <u>027032</u>				Received at Testmark By <u>[Signature]</u> Date <u>6/18/18</u> Time <u>1336</u>																																																																																																																																																															

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 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

[illegible]

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