



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

Client: Mike Lavallee
Company: RDSB - Chelmsford S.S.
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Sudbury, ON, P3E 3G5
Phone/Fax: (705) 929-4787 / (705) 761-2442
Email: lavallm@rainbowschools.ca

Work Order Number: 358296
PO #: 706LW1839818
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045748
Sampled By: Mike Lavallee

Date Order Received: 10/24/2018
Arrival Temperature: 3 °C

Analysis Started: 10/31/2018
Analysis Completed: 11/2/2018

WORK ORDER SUMMARY

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

Sample Description	Lab ID	Matrix	Type	Comments	Date Collected	Time Collected
302-F-01 (S)	1392063	Water	Plumbing		10/21/2018	11:18 AM
302-F-01 (F)	1392064	Water	Plumbing		10/21/2018	11:53 AM
302-F-02 A (S)	1392065	Water	Plumbing		10/21/2018	11:14 AM
302-F-02 A (F)	1392066	Water	Plumbing		10/21/2018	11:49 AM
302-F-03 (S)	1392067	Water	Plumbing		10/21/2018	11:12 AM
302-F-03 (F)	1392068	Water	Plumbing		10/21/2018	11:47 AM
302-F-04 A (S)	1392069	Water	Plumbing		10/21/2018	11:06 AM
302-F-04 A (F)	1392070	Water	Plumbing		10/21/2018	11:41 AM

METHODS AND INSTRUMENTATION

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

Method	Lab	Description	Reference
ICPMS Reg. Water (A13)	Garson	Determination of Metals in Water by ICP/MS	Modified from SW846-6020A

REPORT COMMENTS

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



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This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Chelmsford S.S.

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WORK ORDER RESULTS

Sample Description	302 - F - 01 (S)		302 - F - 01 (F)		302 - F - 02 A (S)		302 - F - 02 A (F)			
Lab ID	1392063		1392064		1392065		1392066			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	3.5	0.1	2.9	0.1	4.3	0.1	1.9	0.1	ug/L	10

Sample Description	302 - F - 03 (S)		302 - F - 03 (F)		302 - F - 04 A (S)		302 - F - 04 A (F)			
Lab ID	1392067		1392068		1392069		1392070			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	<0.1	0.1	<0.1	0.1	5 [5.1]	0.1	3	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.

Exceedences: HIGHLIGHTED CELLS INDICATE THAT THE RESULT EXCEEDS A REGULATORY LIMIT. CALCULATED UNCERTAINTY ESTIMATIONS ARE NOT APPLIED FOR DETERMINING SAMPLE EXCEEDANCES..

DRINKING WATER CHAIN OF CUSTODY FORM

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

REPORT TO: <u>RDSB-Chelmsford S.S.</u>		INVOICE TO: (if different from Report)		PROJECT INFORMATION:	
Client: CVDCS		Client: Rainbow District School Board		TM Quote #:	
Address: 3594 ON 144, Chelmsford, ON P0M 1L0		Address: 408 Wembley Drive, Sudbury, ON P3E 1P2		Client P.O. #: 706LW1839818	
Contact: Mike Lavallee		Contact: Mike Lavallee		Client Project #:	
Email: <u>lavallm@rainbowschools.ca</u>		Email: <u>lavallm@rainbowschools.ca</u>			
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 QC DATA REPORTED <input type="checkbox"/> Yes <input checked="" 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		ANALYSIS REQUESTED Resample (Yes or No?) Lead Residual Chlorine Free Total										CONTAINERS RECEIVED 358296						
SAMPLE DISPOSAL <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return		SPECIFIC DATE: <u>Thurs 1</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>																		
SAMPLING		SAMPLE DESCRIPTION (This Will Appear On The Report)		Water Trax # (if appl)																
DATE (mm-dd-yy)	TIME	Type** R T D P															TEMP	Btl. Type	Lab ID	
10-21-18	11:18				X	302-F-01 (S)												3°C	1LP	1392063
10-21-18	11:53				X	302-F-01 (F)														1392064
10-21-18	11:14				X	302-F-02 (S)														1392065
10-21-18	11:49				X	302-F-02 (F)														1392066
10-21-18	11:12				X	302-F-03 (S)														1392067
10-21-18	11:47				X	302-F-03 (F)														1392068
10-21-18	11:06				X	302-F-04 (S)														1392069
10-21-18	11:41				X	302-F-04 (F)														1392070

**Type: R=Raw, T=Entry/Treated, D=Distribution, P=Plumbing (O.REG. 170 / O.REG. 319 / O.REG. 243)

Waterworks # 500045748 O. REG. 170 O. REG. 319 None
 O. REG. 243 ODWS

LSN Form Submitted to MOE/PHU? Not Applicable Yes No
 Are these water samples for human consumption? Yes No
 Are the results reportable as per O. REG. 170/319? Yes No

COMMENTS/FIELD NOTES: Water standing in excess of six hours, as per reg.243

O. REG. 170/319 Only: Public Health Unit: Relinquished to Testmark By (Signature) [Signature] Date 10-21-18 Time 9:24

Phone: _____ Fax: _____

taken by: M.Lavallee <u>[Signature]</u>	Date 10-21-18	Time 11:04	Shipped By	Shipping Reference <u>027-317</u>
Received By Mike Lavallee	Date	Time	Received at _____ By <u>[Signature]</u>	Date <u>24/10/18</u> Time <u>9:25</u>

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1122 (F) • customer.service@testmark.ca
 100 Wilson Ave., Timmins, ON, P4N 2S9 • 705-531-1121 (P) • 705-531-1122 (F) • timmins@testmark.ca
 6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-821-1112 (P) • 905-821-1113 (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