



**TESTMARK Laboratories Ltd.**

Committed to Quality and Service

## CERTIFICATE OF ANALYSIS

Client: Mike Lavallee  
Company: RDSB - Chelmsford S.S.  
Address: 69 Young St.  
Sudbury, ON, P3E 3G5  
Phone/Fax: (705) 929-4787 / (705) 761-2442  
Email: lavallm@rainbowschools.ca

Work Order Number: 358293  
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: 11/1/2018

### 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-05-A-S	1392029	Water	Plumbing		10/21/2018	11:04 AM
302-F-05-A-F	1392030	Water	Plumbing		10/21/2018	11:39 AM
302-F-05-B-S	1392031	Water	Plumbing		10/21/2018	11:06 AM
302-F-05-B-F	1392032	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 - 05 - A - S		302 - F - 05 - A - F		302 - F - 05 - B - S		302 - F - 05 - B - F			
Lab ID	1392029		1392030		1392031		1392032			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL	Units	Criteria: O.Reg. 243/07
Lead	6.2 [6.2]	0.1	3	0.1	3.9	0.1	2.4	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

<b>REPORT TO:</b> <u>RDSB-Chelmsford S.S.</u> Client: <u>CVDCS</u> Address: <u>3594 ON 144, Chelmsford, On P0M 1L0</u> Contact: <u>Mike Lavallee</u> Email: <u>lavallm@rainbowschools.ca</u> Phone: <u>705-929-4787</u> Fax: _____	<b>INVOICE TO: (if different from Report)</b> Client: <u>Rainbow District School Board</u> Address: <u>408 Wembley Drive, Sudbury, ON P3E 1P2</u> Contact: <u>Mike Lavallee</u> Email: <u>lavallm@rainbowschools.ca</u> Phone: <u>705.929.4787</u> Fax: _____	<b>PROJECT INFORMATION:</b> TM Quote #: _____ Client P.O. #: <u>706LW1839818</u> 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>QC DATA REPORTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>SAMPLE DISPOSAL</b> <input type="checkbox"/> Hold <input checked="" type="checkbox"/> Dispose <input type="checkbox"/> Return	<b>SPECIFIC DATE:</b> <u>Thurs 10/1</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>										Resample (Yes or No?)	Lead	Free	Residual Chlorine Total	CONTAINERS RECEIVED	358293						
<b>SAMPLING</b>		<b>SAMPLE DESCRIPTION</b> (This Will Appear On The Report)	<b>Water Trax #</b> (if appl)																				
DATE (mm-dd-yy)	TIME	Type** R T D P																			TEMP	Btl. Type	Lab ID
10-21-18	11:04																				132	1LP	1392029
10-21-18	11:39																				↓	↓	1392030
10-21-18	11:06																				↓	↓	1392031
10-21-18	11:41																				↓	↓	1392032

**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: <u>Mike Lavallee</u> Cell: <u>705-929-4787</u> Phone: _____ Fax: _____	<b>REGULATION</b> Waterworks # <u>500045748</u> <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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COMMENTS/FIELD NOTES: <u>Water standing in excess of six hours, as per reg. 243</u>				O. REG. 170/319 Only: _____ Phone: _____ Public Health Unit: _____ Fax: _____ Relinquished to Testmark By (Signature): <u>M. Lavallee</u>	
taken by: M. Lavallee	Date: 10-21-18	Time: 11:04	Shipped By: <u>Hand</u>	Shipping Reference: <u>027317</u>	
Received By Mike Lavallee	Date: _____	Time: _____	Received at Testmark By: <u>Akhila</u>	Date: <u>24/10/18</u>	Time: <u>9:25</u>

7 Margaret Street, Garson, ON, P3L 1E1 • 705-693-1121 (P) • 705-693-1124 (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.