

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

CERTIFICATE OF ANALYSIS

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

Work Order Number: 358291
PO #: 706LW1736503
Regulation: O.Reg. 243/07
Project #:
DWS #: 500045995
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
308-F-01-A (S)	1392033	Water	Plumbing		10/21/2018	7:11 AM
308-F-01-A (F)	1392034	Water	Plumbing		10/21/2018	7:46 AM
308-F-02-A (S)	1392035	Water	Plumbing		10/21/2018	7:11 AM
308-F-02-A (F)	1392036	Water	Plumbing		10/21/2018	7:46 AM
308-B/F-01 (S)	1392037	Water	Plumbing		10/21/2018	6:49 AM
308-B/F-01 (F)	1392038	Water	Plumbing		10/21/2018	7:26 AM
308-F-03 (S)	1392039	Water	Plumbing		10/21/2018	6:49 AM
308-F-03 (F)	1392040	Water	Plumbing		10/21/2018	7:26 AM
308-F-04 (S)	1392041	Water	Plumbing		10/21/2018	7:04 AM
308-F-04 (F)	1392042	Water	Plumbing		10/21/2018	7:39 AM
308-F-05-A (S)	1392043	Water	Plumbing		10/21/2018	6:45 AM
308-F-05-A (F)	1392044	Water	Plumbing		10/21/2018	7:20 AM
308-T-05 (S)	1392045	Water	Plumbing		10/21/2018	6:46 AM
308-T-05 (F)	1392046	Water	Plumbing		10/21/2018	7:21 AM
308-F-05-B (S)	1392047	Water	Plumbing		10/21/2018	6:45 AM
308-F-05-B (F)	1392048	Water	Plumbing		10/21/2018	7:20 AM

METHODS AND INSTRUMENTATION



TESTMARK Laboratories Ltd.
Committed to Quality and Service

CERTIFICATE OF ANALYSIS

RDSB - Lasalle Secondary School

Work Order Number: 358291

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

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director

**TESTMARK Laboratories Ltd.***Committed to Quality and Service***CERTIFICATE OF ANALYSIS**

RDSB - Lasalle Secondary School

Work Order Number: 358291

WORK ORDER RESULTS

Sample Description	308 - F - 01 - A (S)		308 - F - 01 - A (F)		308 - F - 02 - A (S)		308 - F - 02 - A (F)		Units	Criteria: O.Reg. 243/07
Lab ID	1392033		1392034		1392035		1392036			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	0.5	0.1	0.2	0.1	0.8	0.1	0.2	0.1	ug/L	10
Sample Description	308 - B/F - 01 (S)		308 - B/F - 01 (F)		308 - F - 03 (S)		308 - F - 03 (F)		Units	Criteria: O.Reg. 243/07
Lab ID	1392037		1392038		1392039		1392040			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	<0.1	0.1	<0.1	0.1	<0.1	0.1	<0.1	0.1	ug/L	10
Sample Description	308 - F - 04 (S)		308 - F - 04 (F)		308 - F - 05 - A (S)		308 - F - 05 - A (F)		Units	Criteria: O.Reg. 243/07
Lab ID	1392041		1392042		1392043		1392044			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	0.2	0.1	0.2	0.1	0.1	0.1	<0.1	0.1	ug/L	10
Sample Description	308 - T - 05 (S)		308 - T - 05 (F)		308 - F - 05 - B (S)		308 - F - 05 - B (F)		Units	Criteria: O.Reg. 243/07
Lab ID	1392045		1392046		1392047		1392048			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	0.2	0.1	<0.1	0.1	0.2	0.1	<0.1	0.1	ug/L	10



TESTMARK Laboratories Ltd.

Committed to Quality and Service

CERTIFICATE OF ANALYSIS

RDSB - Lasalle Secondary School

Work Order Number: 358291

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.

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



V-TM-DW-2017-6.2

Page

of

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

[illegible]

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 (T) • 705-531-1125 (F) • timmins@testmark.ca

6820 Kitimat Road Unit #1, Mississauga, ON, L5N 5M3 • 905-871-0521 (T) • 905-821-2095 (F) • mississauga@testmark.ca

1470 Government Road, Kirkland Lake, ON P2N 3J1 • 705-642-3222 (T) • 705-642-3222 (F) • kirkland.lake@testmark.ca

*** Please contact Customer Service for assistance with CofC's for Schedule 15.1 testing

FC's for each Waterworks. Samples must be received before 11:00 AM on evidence that an attempt was made to

Please use separate CofC's for each Waterworks. Samples must be received below 100°F in evidence that an attempt was made to ensure adequate cooling.

land.lake@testmark.ca
e 15.1 testing.
attempt was made to ensure adequate cooling



DRINKING WATER CHAIN OF CUSTODY FORM

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

REPORT TO: Client: <u>Lasalle SS</u> Address: <u>1545 Kennedy Street, Sudbury ON P3A 2G1</u> Contact: <u>Mike Lavallee</u> Email: <u>lavallm@rainbowschools.ca</u> Phone: <u>705-929-4787</u> Fax: _____				INVOICE TO: (if different from Report) Client: <u>Rainbow 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: _____				PROJECT INFORMATION: TM Quote #: _____ Client P.O. #: <u>706LW1736503</u> 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 type="checkbox"/> Standard SPECIFIC DATE: <u>Thurs 1</u> <small>* Prior arrangements must be made for rush/weekend/holiday work</small>				ANALYSIS REQUESTED <table border="1" style="width:100%; text-align: center;"> <tr> <td>Resample (Yes or No?)</td> <td>Lead</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				Resample (Yes or No?)	Lead																																																																														
Resample (Yes or No?)	Lead																																																																																										
SAMPLING <table border="1" style="width:100%; text-align: center;"> <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> </tr> <tr> <th>R</th> <th>T</th> <th>D</th> <th>P</th> </tr> <tr><td>10.21.18</td><td>7:39</td><td></td><td></td><td></td><td>X</td><td>308-F-04 (F)</td><td></td></tr> <tr><td>10.21.18</td><td>6.:45</td><td></td><td></td><td></td><td>X</td><td>308-F-05-A (S)</td><td></td></tr> <tr><td>10.21.18</td><td>7:20</td><td></td><td></td><td></td><td>X</td><td>308-F-05-A (F)</td><td></td></tr> <tr><td>10.21.18</td><td>6:46</td><td></td><td></td><td></td><td>X</td><td>308-T-05 (S)</td><td></td></tr> <tr><td>10.21.18</td><td>7:21</td><td></td><td></td><td></td><td>X</td><td>308-T-05 (F)</td><td></td></tr> <tr><td>10.21.18</td><td>6:45</td><td></td><td></td><td></td><td>X</td><td>308-F-05-B(S)</td><td></td></tr> <tr><td>10.21.18</td><td>7:20</td><td></td><td></td><td></td><td>X</td><td>308-F-05-B(F)</td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td></tr> </table>				DATE (mm-dd-yy)	TIME	Type**				SAMPLE DESCRIPTION (This Will Appear On The Report)	Water Trax # (if appl)	R	T	D	P	10.21.18	7:39				X	308-F-04 (F)		10.21.18	6.:45				X	308-F-05-A (S)		10.21.18	7:20				X	308-F-05-A (F)		10.21.18	6:46				X	308-T-05 (S)		10.21.18	7:21				X	308-T-05 (F)		10.21.18	6:45				X	308-F-05-B(S)		10.21.18	7:20				X	308-F-05-B(F)							X								X			LABORATORY USE ONLY WORK ORDER NUMBER: <div style="font-size: 2em; color: red; text-align: center;">358291</div>			
DATE (mm-dd-yy)	TIME	Type**				SAMPLE DESCRIPTION (This Will Appear On The Report)	Water Trax # (if appl)																																																																																				
		R	T	D	P																																																																																						
10.21.18	7:39				X	308-F-04 (F)																																																																																					
10.21.18	6.:45				X	308-F-05-A (S)																																																																																					
10.21.18	7:20				X	308-F-05-A (F)																																																																																					
10.21.18	6:46				X	308-T-05 (S)																																																																																					
10.21.18	7:21				X	308-T-05 (F)																																																																																					
10.21.18	6:45				X	308-F-05-B(S)																																																																																					
10.21.18	7:20				X	308-F-05-B(F)																																																																																					
					X																																																																																						
					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: <u>Mike Lavallee</u> Cell: <u>705-929-4787</u> Phone: _____ Fax: _____				REGULATION Waterworks # <u>500045995</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 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																																																																																							
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>[Signature]</u> Date <u>10-24-18</u> Time <u>7:24</u>																																																																																							
Submitted by: <u>[Signature]</u> Date <u>10-21-18</u> Time <u>6:45</u>				Shipped By: <u>Hand</u> Shipping Reference <u>027317</u>																																																																																							
Received By Mike Lavallee Date _____ Time _____				Received at Testmark 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) • 705-693-1124 (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.