



CERTIFICATE OF ANALYSIS

Client:	Mike Lavallee	Work Order Number:	358294
Company:	RDSB - Markstay Public School	PO #:	706LW1736503
Address:	69 Young St Sudbury, ON, P3E 3G5	Regulation:	O.Reg. 243/07
Phone/Fax:	(705) 929-4787 / (705) 761-2442	Project #:	
Email:	lavallm@rainbowschools.ca	DWS #:	500045618
		Sampled By:	Mike Lavallee
Date Order Received:	10/24/2018	Analysis Started:	10/31/2018
Arrival Temperature:	3 °C	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
136-F-01 (S)	1392049	Water	Plumbing		10/21/2018	9:00 AM
136-F-01 (F)	1392050	Water	Plumbing		10/21/2018	9:35 AM
136-F-03 (S)	1392051	Water	Plumbing		10/21/2018	9:06 AM
136-F-03 (F)	1392052	Water	Plumbing		10/21/2018	9:41 AM
136-F-04 (S)	1392053	Water	Plumbing		10/21/2018	9:02 AM
136-F-04 (F)	1392054	Water	Plumbing		10/21/2018	9:37 AM
136-F-05 (S)	1392055	Water	Plumbing		10/21/2018	9:07 AM
136-F-05 (F)	1392056	Water	Plumbing		10/21/2018	9:42 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



TESTMARK Laboratories Ltd.

Committed to Quality and Service

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RDSB - Markstay Public School

Work Order Number: 358294

This report has been approved by:

Khaled Omari, Ph.D.
Laboratory Director



CERTIFICATE OF ANALYSIS

RDSB - Markstay Public School

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WORK ORDER RESULTS

Sample Description	136 - F - 01 (S)		136 - F - 01 (F)		136 - F - 03 (S)		136 - F - 03 (F)		Units	Criteria: O.Reg. 243/07
Lab ID	1392049		1392050		1392051		1392052			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	1.1 [1.3]	0.1	0.8	0.1	1.7	0.1	1.5	0.1	ug/L	10

Sample Description	136 - F - 04 (S)		136 - F - 04 (F)		136 - F - 05 (S)		136 - F - 05 (F)		Units	Criteria: O.Reg. 243/07
Lab ID	1392053		1392054		1392055		1392056			
Metals	Result	MDL	Result	MDL	Result	MDL	Result	MDL		
Lead	1	0.1	0.5	0.1	0.9	0.1	0.9	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 - Markstay Public School</u>		INVOICE TO: (if different from Report)		PROJECT INFORMATION:	
Client: <u>Markstay PS</u>	Client: <u>Rainbow School Board</u>	Client: <u>Rainbow School Board</u>	Client: <u>Rainbow School Board</u>	TM Quote #:	
Address: <u>7 Pioneer Street East, Markstay, ON P0M 2G0</u>	Address: <u>408 Wembley Drive Sudbury ON P3E 1P2</u>	Address: <u>408 Wembley Drive Sudbury ON P3E 1P2</u>	Address: <u>408 Wembley Drive Sudbury ON P3E 1P2</u>	Client P.O. #:	<u>706LW1736503</u>
Contact: <u>Mike Lavallee</u>	Contact: <u>Mike Lavallee</u>	Contact: <u>Mike Lavallee</u>	Contact: <u>Mike Lavallee</u>	Client Project #:	
Email: <u>lavallm@rainbowschools.ca</u>	Email: <u>lavallm@rainbowschools.ca</u>	Email: <u>lavallm@rainbowschools.ca</u>	Email: <u>lavallm@rainbowschools.ca</u>		
Phone: <u>705-929-4787</u>	Phone: <u>705-929-4787</u>	Phone: <u>705-929-4787</u>	Phone: <u>705-929-4787</u>	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	<input type="checkbox"/> 1 Business Day	<input type="checkbox"/> 2 Business Days													WORK ORDER NUMBER:		
QC DATA REPORTED			<input type="checkbox"/> 3 Business Days	<input checked="" type="checkbox"/> Standard													<u>358294</u>		
<input type="checkbox"/> Yes			SPECIFIC DATE: <u>Thu 8/1</u>																
<input type="checkbox"/> No			* Prior arrangements must be made for rush/weekend/holiday work																
SAMPLE DISPOSAL																			
<input type="checkbox"/> Hold																			
<input checked="" type="checkbox"/> Dispose																			
<input type="checkbox"/> Return																			
SAMPLING				SAMPLE DESCRIPTION				Water Trax # (if appl)				Residual Chlorine							
DATE (mm-dd-yy)	TIME	Type**																	
		R	T	D	P														
10-21-18	9:00				X	136-F-01 (S)								Free Total					
10-21-18	9:35				X	136-F-01(F)													
10-21-18	9:06				X	136-F-03 (S)													
10-21-18	9:41				X	136-F-03 (F)													
10-21-18	9:02				X	136-F-04 (S)													
10-21-18	9:37				X	136-F-04 (F)													
10-21-18	9:07				X	136-F-05 (S)													
10-21-18	9:42				X	136-F-05 (F)													

**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: _____

REGULATION: Waterworks # 500045618 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: _____ Phone: _____
Public Health Unit: _____ Fax: _____

Relinquished to Testmark By (Signature) [Signature] Date 10-25-18 Time 9:24

Sampled by: Mike Lavallee Date 10-21-18 Time 9:00 Shipped By [Signature] Shipping Reference 027317

Received By Mike Lavallee Date _____ Time _____ Received at Testmark By [Signature] Date 10/15/18 Time 9:25

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.