



**SGS Canada Inc.**

P.O. Box 4300 - 185 Concession St.  
Lakefield - Ontario - K0L 2H0  
Phone: 705-652-2000 FAX: 705-652-6365

**Works #:** 500002913

**Project :** PO#126993

30-August-2024

**PVNC Catholic DSB (Reg243 - Good Shepherd ES)**

Attn : Nicole Teunissen

**Date Rec. :** 26 August 2024

**LR Report:** CA14918-AUG24

1355 Lansdowne Street West  
Peterborough, ON  
K9J 7M3, Canada

**Copy:** #1

Phone: Office: 705-748-4861 Ext. 1286 Cell: 905-914-7130  
Fax:

# CERTIFICATE OF ANALYSIS

## Final Report

Sample ID	Sample Date & Time	Temperature Upon Receipt °C	Lead ug/L
1: Analysis Start Date		---	30-Aug-24
2: Analysis Start Time		---	07:16
3: Analysis Completed Date		---	30-Aug-24
4: Analysis Completed Time		---	10:58
5: MAC		---	10
6: MDL		---	0.01
7: TAP Standing - Hallway 207 - FTN	20-Aug-24 22:00	23.0	0.05
8: TAP Flushed - Hallway 207 - FTN	20-Aug-24 22:36	23.0	0.02

MAC - Maximum Acceptable Concentration  
MDL - SGS Method Detection Limit

### Method Descriptions

Parameter	Description	SGS Method Code
Lead	Lead by ICP-MS Drinking Water	ME-CA-[ENV]SPE-LAK-AN-006

**Kimberley Didsbury**  
Project Specialist,  
Environment, Health & Safety



Industries & Environment

Request for Laboratory Services and CHAIN OF CUSTODY - Specific SDWA/HPPA (1st Party)

LAB LIMS #: Aug-14918 MW

Received By: Sean Colner  
Received Date: 8-20-20 (m/d/yyyy)  
Received Time: 8:29 (hr / min)

Received by (signature): [Signature]  
Cooling Agent Present: Yes  No  Type: N/A

Temperature Upon Receipt °C: 23.53  
Laboratory Received Date: 8-20-20 (m/d/yyyy)  
Laboratory Received Time: (hr - min)  
Client ID#: [Blank]

REPORT INFORMATION

INVOICE INFORMATION

WATER FACILITY INFORMATION

TURNAROUND TIME (TAT) REQUIRED

Company: Cambium Inc.  
Contact: Stew Dolstra  
Address: 194 Sophia Street  
Peterborough ON K9H 1E5  
Phone: 705-742-7900 ext 210 (Stew D)  
Fax: [Blank]  
Email: Stew.Dolstra@cambium-inc.com

Company: PVMC Catholic DSB  
Contact: Mweni Amukun  
Address: 1355 Lansdowne Street West  
Peterborough, ON  
K9J 7M3  
Office: 705-748-4861 Ext. 1286 Cell:  
416-770-5521  
accounts@pvmcpcb.on.ca  
mamukun@pvmcpcb.on.ca

System Name: Peterborough Victoria Northumberland and  
Clarington CDSB (Good Shepherd)  
Waterworks/DWS#: 500002913  
Contact: Cambium Inc. - Stew Dolstra  
705-742-7900 ext 210 (StewD), or 705-740-  
4378 (StewD - cell)  
Physical Address: 20 Farmington Drive, Courtnice, Ontario, L1E  
3B9, Canada  
Contact Fax: 705-742-7907  
Contact Email: Stew.Dolstra@cambium-inc.com  
MCH Unit: Durham Regional Health Unit  
Day Care License #/SFS# N/A

TAT's are quoted in business days (exclude statutory holidays & weekends).  
Samples received after 5pm or on weekends: TAT begins next business day.  
 Regular TAT (5-7days)  
 Rush TAT (1-4days)  
Specify Due Date: \_\_\_\_\_  
PLEASE CONFIRM RUSH FEASIBILITY WITH SGS REPRESENTATIVE  
PRIOR TO SUBMISSION (Additional Charges May Apply)

Project #: P.O. #:  
As per the Ontario Safe Drinking Water Act and Health Protection and Promotion Act, the water facility information and the sample information sections must be filled out prior to processing samples. Sample source codes indicate whether samples are Reportable or Not Reportable under these Acts. The laboratory will report all adverse results as per the applicable regulation and source code.

Sample Source Codes  
RW = Raw Water  
TW = Treated Water  
DW = Distribution Water  
DW-UT = Untreated Distribution Water  
TAP (Standing & Flushed)  
RNR = Regulated Not Reportable  
NR = Not Regulated Not Reportable  
Samples are not regulated by SDWA

- O.Reg. 17/0/03
- O.Reg. 319/08
- O.Reg. 243/07
- Certificate of Approval Requirement
- Regulated Not Reportable (RNR)
- Required-Upload sample results in DWS/LRMA
- Not Regulated (NR)

Sample Information  
SAMPLE SOURCE CODE  
SAMPLE IDENTIFICATION  
DATE SAMPLED  
TIME SAMPLED  
# OF BOTTLES  
Check if RE-SAMPLE from an adverse report  
Field Total Residual Chlorine  
Field Free Residual Chlorine  
Lead  
Comments

SAMPLE SOURCE CODE	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME SAMPLED	# OF BOTTLES	Check if RE-SAMPLE from an adverse report	Field Total Residual Chlorine	Field Free Residual Chlorine	Lead	Comments
1 TAP-Standing	Hallway 202-ETN	08/20/20	02:00	2	<input type="checkbox"/>			X	
2 TAP-Flushed	Hallway 202-FTN	08/20/20	02:36	2	<input type="checkbox"/>			X	
3 TAP-Standing					<input type="checkbox"/>				
4 TAP-Flushed					<input type="checkbox"/>				
5 TAP-Standing					<input type="checkbox"/>				
6 TAP-Flushed					<input type="checkbox"/>				
7 TAP-Standing					<input type="checkbox"/>				
8 TAP-Flushed					<input type="checkbox"/>				
9 TAP-Standing					<input type="checkbox"/>				
10 TAP-Flushed					<input type="checkbox"/>				

Signature: EM  
Date: 08/20/20  
Retinquished by (NAME): Eamon Murtre  
Signature: EM  
Date: 08/20/20