

SGS Canada Inc. P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO Phone: 705-652-2000 FAX: 705-652-6365

PVNC Catholic DSB (Reg243 - IM Conception School)

Attn : Nicole Teunissen

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

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			06-Aug-24
2: Analysis Start Time			08:27
3: Analysis Completed Date			06-Aug-24
4: Analysis Completed Time			10:52
5: MAC			10
6: MDL			0.01
7: TAP Standing - Hallway 212 - BF	22-Jul-24 22:00	23.0	2.64
8: TAP Flushed - Hallway 212 - BF	22-Jul-24 22:36	23.0	1.64

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

0003807884

OnLine LIMS

Page 1 of 1 Results relate only to the sample tested. Data reported represents the sample submitted to SGS. Reproduction of this analytical report in full or in part is prohibited without prior written approval. Please refer to SGS General Conditions of Services located at https://www.sgs.ca/en/terms-and-conditions (Printed copies are available upon request.) Test method information available upon request. "Temperature Upon Receipt" is representative of the whole shipment and may not reflect the temperature of individual samples. SGS Canada Inc. Environment-Health & Safety statement of conformity decision rule does not consider uncertainty when analytical results are compared to a specified standard or regulation.

Works #: 500002900 Project : PO#126993

06-August-2024

 Date Rec. :
 30 July 2024

 LR Report:
 CA85032-JUL24

Copy: #1

Received By Search Cert	raar	December Dr. (sinner	S	Laboratory	Laboratory Information Section - Lab use only	n - Lab use o	1000	V026	~ 5033 5 7033
" 7, 30, 24	(mm/dd/yy)	Keceived by (signature).		• D Type		Sal		n Receipt *C .	/ (mm/dd/yy)
REPORT INFOR	ON	INVOICE INFORMATION	MATION	and the second	WA	TER FACILI	WATER FACILITY INFORMATION	Laboratory Received Time:	(hr: min) Client ID#: TURNAROUND TIME (TAT) REQUIRED
Company: Cambium Inc.	(sar	(same as Report Information)	(uoi		System Name:	Peterboro	Peterborough Victoria Northumberand and Clarington CDSB (Immaculate Conception)	numberand and ate Conception)	
Contact: Stew Dolstra Address: 194 Sophia Street	Company: Contact:		B		Waterworks/DWS#: Contact:		500002900 Cambium Inc Stew Dolstra	ŋ	TAT's are quoted in business days (exclude statutory holidays & weekends). Samples received after 6pm or on weekends: TAT begins next business day.
Peterborough ON K9H 1E5			treet West		Contact Phone:	705-742-7900 ext 2 4378 (StewD - cell) 76 Pohinson Street	705-742-7900 ext 210 (StewD), or 705-740- 4378 (StewD - cell) 76 Bobinson Street Deterboration Ortorio	vD), or 705-740- provinth Octorio	🗌 Rush TAT (1-4days)
Phone: 705-742-7900 ext 210 (Stew D) Fax:	Stew D)	Office: 705-748-4861 Ext. 1286 Cell: 416-770-5551	61 Ext. 1286		Physical Address:	K9H 1E8, Canada	Canada Canada		Specify Due Date.
Email: <u>Stew Dolstra@cambium-inc.com</u> JCSh444, nunlo@cambium		accounts@pvnccdsb.on.ca; mamukun@pvnccdsb.on.ca	sb.on.ca; sb.on.ca		Contact Fax:	705-742-7907	205		ם בעכב לאוונוסא מיונים בבענומיו ידע אווידע פעיפ מרמחריפיעי
Project #: Il774, 00	P.O.#:	1		021	Contact Email: Stew.Do MOH Unit: Peterbor	Peterboro	Stew.Dolstra@cambium-inc.com Peterborough County-City Health Unit	.com lealth Unit	PLCAGE CONTRINING OF EXABILITY WITT SOS REPRESENTATIVE PRIOR TO SUBMISSION (Additional Charges May Apply)
As per the Ontario Safe Drinking Water Act and Health Protection and Promotion Act, the water facility int acts. The Heboratory will report all adverse results as per the applicable reoutlation and source code.	and Health Protection and Promesults as per the applicable requ	notion Act, the water facility i liation and source code.	nformation and	the sample in	Iformation sections mus	st be filled out pr	rior to processing sam	ples. Sample source c	Lody Care License # 211.04.1VM ormation 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
Please check	Please check regulation that applies to water sample submitted	vater sample submitted			State of the state	CIPE COLORADO	States of the second	Sample Source Codes	ce Codes
O.Reg. 170/03					RW = Raw Water		Source	water prior to treat	Source water prior to treatment. Water is not for consumption.
O.Reg. 319/08					TW = Treated Water	2	Water	taken immediately a	Water taken immediately after treatment at point of entry to the distribution system.
O.Reg. 243/07					DW = Distribution Water	ater	Water	taken from a distribu	Water taken from a distribution point in a system with treatment.
Certificate of Approval Requirement Regulated Not Reportable (RNR)	irement RNR)				DW-UT = Untreated Distribution Water	Distribution V		ater for consumption s raw water from syste s that have a treatment	reaw water for consumption. Water taken from a distribution point in a system with no treatment (includes raw water from systems that have qualified for an exemption from treatment and raw water from versems that have a treatment is not anonument.
Required-Upload sample results in DWIS/LRMA		Not Required-Do not upload sample results in DWIS/LRMA	sults in DWIS/LR		TAP (Standing & Flushed)	shed)	Water	taken for the purpos	Vater taken for the purposes of lead testing under O.Reg. 243/07 (Schools & Daycare)
Not Regulated (NR)				<u></u>	RNR = Regulated Not Reportable	t Reportable	Sample reason	es taken from a non- s other than assess	Samples taken from a non-standard location under the direction of the system owner for reasons other than assessing water quality against the OSDWA.
				Z	NR = Not Regulated Not Reportable	Not Reportab		Samples are not regulated by SDWA	by SDWA
Sample Information			and the second second	の一般の			· · · · · · · · · · · · · · · · · · ·	ANALYSIS REQUESTED	QUESTED
		Stress Section Section				lease enter ti	he analysis requir	ed below and che	please enter the analysis required below and check off which analysis applies to each sample
SAMPLE SOURCE SA CODE SA	SAMPLE IDENTIFICATION	DATE SAMPLED S	SAMPLED	# OF BOTTLES	Sheck if RE-SAMPLE rom an adverse report Field Total Residual Chlorine	Field Free Residual Chlorine	реад		Comments
1 TAP-Standing Herliway	1 212-85	HEICELEO	23:00				×		
TAP-Flushed Hallway	7 212-BF		32:36	7			×		
TAP-Standing									
TAP-Flushed									
5 TAP-Standing									
TAP-Flushed									
TAP-Standing									
9 TAP-Standing									
10 TAP-Flushed			T						
Observations/Comments/Special Instructions								_	
Sampled By (NAME): EHLAN	mart: re	Sig	Signature: EM	5				Date 03	Antibiorent UC CO. 50 and
								- and	A N