

**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 - Mother Teresa ES)

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			30-Aug-24
2: Analysis Start Time			07:16
3: Analysis Completed Date			30-Aug-24
4: Analysis Completed Time			10:57
5: MAC			10
6: MDL			0.01
7: TAP Standing - Staff Room 114 - Tap	23-Aug-24 00:00	23.0	0.32
8: TAP Flushed - Staff Room 114 - Tap	23-Aug-24 00:35	23.0	0.16

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

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 #: 500038702 Project : PO#126993

30-August-2024

Date Rec.: 26 August 2024 LR Report: CA14913-AUG24

**Copy:** #1



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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-Sep-24
2: Analysis Start Time			07:09
3: Analysis Completed Date			06-Sep-24
4: Analysis Completed Time			10:19
5: MAC			10
6: MDL			0.01
7: TAP Standing - Toddler Rm 117 - Tap	30-Aug-24 00:00	21.0	0.12
8: TAP Flushed - Toddler Rm 117 - Tap	30-Aug-24 00:35	21.0	0.11

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

0003846586

**DhLine 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

Works #: 500038702 Project : PO#126993

06-September-2024

Date Rec.: 03 September 2024 LR Report: CA14135-SEP24

Copy: #1

SGS	Industries & Environment	- Lakefield: 185 - London: 657 C	- Lakefield 186 Concession St. Lakefield, ON K0L 240 Phone 1046 622:200 Fax: 705-622-836 Web www.sgs.com/environment - Lakefield 186 Concession St. Lakefield, ON K0L 240 Phone 519-672-4360 Toil Free 817-848-8000 Fax: 519-672-0361	ON KOL 2H0 Ph ON, N6E 2S8 Ph	one: 705-652-200 10ne: 519-672-45	00 Fax: 705-652 00 Toll Free: 87	-6365 Web: ww 7-848-8060 Fa:	x 519-672-0361		n (isti aity)			
Received By:	Li 24 (mm/dd/yy)		Received By (signature) Cooling Agent Present:	ature): A	No P Type	pe pe	n Section -	Laboratory Information Section - Lab use only	Temperature Upon Receipt "C 23 1/2 Laboratory Received Date:/	te /	(br : m)	LAB LIMS #: <u>インに</u> /dd/yy) n) Client ID#:	G 14913 23
240	D	State State	INVOICE INFORMATION	RMATION		同志学で	WATE	R FACILITY	WATER FACILITY INFORMATION		TU	RNAROUND TIM	TURNAROUND TIME (TAT) REQUIRED
Company: Cambium Inc.	0	□ (same	(same as Report Information)	ation)		System Name		Peterborough Clarington CD	Peterborough Victoria Northumberand and Clarington CDSB (Mother Teresa)	berand and sa)			
	-	Company:	PVNC Catholic DSB	SB		Waterworks/DWS#:		500038702	١		TAT's are quoted in bi Samples received after	usiness days (exc er 6pm or on wee)	TAT's are quoted in business days (exclude statutory holidays & weekends). Samples received after 6pm or on weekends: TAT begins next business day.
Address: 194 Sopnia Street Peterborough	Peterborough ON K9H 1E5	Address:	Peterborough, ON	Street West		Contact Phone:		205-742-7900 ext 2 4378 (StewD - cell)	4378 (StewD - cell)	or 705-740-		Rush TAT (1-4days)	
Phone: 705-742-790	705-742-7900 ext 210 (Stew D)		K9J 7M3			Physical Address:		78 Glenabbey 2B5, Canada	78 Glenabbey Drive, Courtice, Ontario, L1E 2B5, Canada	Ontario, L1E			
		Phone.	Office: 705-748-4861 Ext. 1286 Cell: 416-770-5521	861 Ext. 128							Specify Due Date:		
Email: <u>Stew.Dolstra</u>	Stew.Dolstra@cambium-inc.com	Email:	accounts@pvnccdsb.on.ca; mamukun@pvnccdsb.on.ca	dsb.on.ca; dsb.on.ca		Contact Fax:		705-742-7907	7				
		P.O.#				Contact Email: MOH Unit:		Stew.Dolstra( Durham Regio	Stew.Dolstra@cambium-inc.com Durham Regional Health Unit	ы	PLEASE CONFIRM PRIOR TO :	SUBMISSION (A	PLEASE CONFIRM RUSH FEASIBILITY WITH SGS REPRESENTATIVE PRIOR TO SUBMISSION (Additional Charges May Apply)
Project #:		#				Day Care License #/SFIS# N/A	icense #/S	FIS# N/A			-		
As per the Ontario Safe Drink acts. The laboratory will report	ing Water Act and Health Protection all adverse results as per the application of the application of the application of the second sec	on and Promoti plicable regulat	on Act, the water facility on and source code.	y information an	nd the sample i	information se	ctions must b	e filled out prior t	o processing samples.	sample source c	odes indicate whether	samples are Rep	As per the Ontario Safe Ornking 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 mese acts. The laboratory will report all adverse results as per the applicable regulation and source code.
0 Ren 170/03	Please check regulation that applies to water sample submitted	ppiles to wa	er sample submitte	Design of the second se		RW = Raw Water	Vater	Contraction of the	Source wat	er prior to treatment. Wat	Source water prior to treatment. Water is not for consumption.	or consumption.	
	ć					TW = Treated Water	d Water		Water taker	n immediately at	ter treatment at point	nt of entry to the	Water taken immediately after treatment at point of entry to the distribution system.
						DW = Distribution Water	oution Wate	er	Water taker	n from a distribu	Water taken from a distribution point in a system with treatment.	m with treatmer	<u>1t</u>
Certificate of Ap Regulated Not F	Certificate of Approval Requirement					DW-UT = Ur	treated Dis	DW-UT = Untreated Distribution Water		for consumption v water from syste	. Water taken from ms that have qualified system that is not app	a distribution performance of the forman exemption proved).	Raw 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 systems that have a treatment settem that is not approved.
	Required-Upload sample results in DWIS/LRMA	Not Requi	Not Required-Do not upload sample results in DWIS/LRMA	results in DWIS/		TAP (Standing & Flushed)	ng & Flush	ed)	Water taker	n for the purpos	es of lead testing ur	nder O.Reg. 24:	Water taken for the purposes of lead testing under O.Reg. 243/07 (Schools & Daycare)
Not Regulated (NR)	NR)					RNR = Regulated Not Reportable	ilated Not F	Reportable	Samples ta reasons oth	ken from a non- ner than assessi	ng water quality aga	ainst the OSDV	Samples taken from a non-standard location under the direction of the system owner for reasons other than assessing water quality against the OSDWA.
Sample Information					Tall Street	NR = Not Re	gulated No	NR = Not Regulated Not Reportable	Samples ar	ANALYSIS REDUESTED	DIFETED		
							plea	se enter the a	please enter the analysis required below and check off which analysis applies to each sample	elow and che	k off which analy	sis applies to	each sample
SAMPLE SOURCE CODE	SAMPLE IDENTIFICATION	ATION	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 57	Staff Room 114-	TOP	00:00/23/24/00:00	00:00	2				×				
2 TAP-Flushed 5	f Reomiliu-	TAP	08/23/2400	10:35					×				に行いたい。
3 TAP-Standing													
4 TAP-Flushed													
5 TAP-Standing							C.P.						
6 TAP-Flushed													
7 TAP-Standing													
8 TAP-Flushed								100					
9 TAP-Standing													第二 法法地学 深 かう
10 TAP-Flushed							the local sector						
Observations/Comments/Special Instructions	Instructions												
Sampled By (NAME):		ic		Signature: EM	3					Date OS	123 24	(mm/dd/yy)	
Relinquished by (NAME):	Ethon	in acknowledgemen	MALTIC Signature: EN Date OS 123 124	Signature: 5/	Ollection/handling an	d transportation of	samples (2) Subr	mission of samples to S	SGS is considered authorizatio	Date 08	Signatures may appear on t	(mm/dd/yy) his form or be retained	(mm/dd/yy) on this form or be retained on file in the contract. or in an alternative format (e.g.
Date of Issue 20 Oct 2022	shipping documents). (3) Results may b	e sent by email to an	unlimited number of addresses	s for no additional co as com/terms and c	onditions htm. (Prin	upon request. (4) ( ited copies are avai	Completion of work lable upon reques	k may require subcontri t) Attention is drawn t	acting samples between the Lo o the limitation of liability, inden	nndon and Lakefield labo	n tssues defined therein.	ued by the Company u	nder its General Conditions of Service accessible at

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SGS Industries & Environment	Request for Laboratory Services and CHAIN OF CUSTODY - specific SU - Lakefield 185 Concession St., Lakefield, ON KOL 240 Phone. 705-652-2000 Fax 705-652-26365 Web www.sgs contenvironment	Request for Laboratory Services and CHAIN OF CUSTODY - specific SDWA/HPPA (1st Party) Lakefield: 185 Concession St. Lakefield, ON K0L 2H0 Phone: 705-652:2000 Fax: 705-652:2055 Web: www.sgs.com/environment	/A/HPPA (1st Party)	
Bacalina Br Sola Korner	A	<u>v</u>	Barante 02/0X2 CLAB LIMS #	500/4/35
Received Time: 11: 21 (hr: min)	Cooling Agent Present. Yes No	Type: M/A Labo	: (hr : min) Client ID;	
REPORT INFO	INVOICE INFORMATION	WATER FACILITY INFORMATION		TURNAROUND TIME (TAT) REQUIRED
Company: Cambium Inc.	(same as Report Information)	Peterborough Victoria Northumber System Name: Clarington CDSB (Mother Teresa)	Peterborough Victoria Northumberand and Clarington CDSB (Mother Teresa)	
Contact: Stew Dolstra	Company: PVNC Catholic DSB	Watenworks/DWS#: 500038702	Fe q	cclude statutory holidays & weekends). ekends: TAT begins next business day.
Address: 194 Sophia Street	Contact: Mwenu Amukun	Contact: Cambium Inc Stew Dolstra	71 05 705 740	
Peterborough ON K9H 1E5	Address: Peterborough, ON K9J 7M3	Contact Phone: 4378 (StewD - cell) 78 Glenabbev Drive.	78 Glenabbev Drive. Courtice. Ontario. L1E 78 Glenabbev Drive. Courtice. Ontario. L1E	
Phone: 705-742-7900 ext 210 (Stew D)		Physical Address:	2B5, Canada	
	Office: 705-748-4861 Ext. 1286 Cell: Phone: 416-770-5521		Specify Due Date:	
Email: <u>Stew.Dolstra@cambium-inc.com</u>	Email: accounts@pvnccdsb.on.ca; mamukun@pvnccdsb.on.ca	Contact Fax: 705-742-7907		
	P.O.#:	Contact Email: Stew.Dolstra@cambium-inc.com MOH Unit: Durham Regional Health Unit	m	PLEASE CONFIRM RUSH FEASIBILITY WITH SGS REPRESENTATIVE PRIOR TO SUBMISSION (Additional Charges May Apply)
Project #:	#	Day Care License #/SFIS#: N/A		
As per the Ontario Safe Drinking Water Act and Health Protecti acts. The laboratory will report all adverse results as per the ap	on and Promotion Act, the water facility information and the sa plicable regulation and source code.	mple information sections must be filled out prior to process	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.	portable or Not Reportable under these
	Please check regulation that applies to water sample submitted	BW = Baw Water	Source water noint to treatment Water is not for consumption	
0 Reg 319/08		ter		ne distribution system.
<ul> <li>O.Reg. 243/07</li> </ul>		DW = Distribution Water	Water taken from a distribution point in a system with treatment.	nt.
Certificate of Approval Requirement		DW-UT = Untreated Distribution Water	Raw 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 systems that have a treatment existem that is not accornicated.	oint in a system with no treatment n from treatment and raw water from
Required-Upload sample results in DWIS/LRMA	Not Required-Do not upload sample results in DWIS/LRMA	TAP (Standing & Flushed)	Water taken for the purposes of lead testing under O.Reg. 243/07 (Schools & Daycare)	13/07 (Schools & Daycare)
Not Regulated (NR)		RNR = Regulated Not Reportable	Samples taken from a non-standard location under the direction of the system owner for reasons other than assessing water quality against the OSDWA.	on of the system owner for VA.
Comple Information		NR = Not Regulated Not Reportable	Samples are not regulated by SDWA	
		please enter the analysis	please enter the analysis required below and check off which analysis applies to each sample	each sample
SAMPLE SOURCE SAMPLE IDENTIFICATION	TTION DATE TIME #OF SAMPLED SAMPLED BOTTLES	Check if RE-SAMPLE from an adverse report Field Total Residual Chlorine		Comments
1 TAP-Standing TODDIER AM 117-T	Terp 08/30/2400:00 2			
Rm 117-				
4 TAP-Flushed				
5 TAP-Standing				
6 TAP-Flushed				
7 TAP-Standing				
8 TAP-Flushed				
9 TAP-Standing				
10 TAP-Flushed				
Observations/Comments/Special Instructions				
Sampled By (NAME): Ethan Martire	Signature: FM		Date: 05, 30, 34 (mm/dd/yy)	
d by (NAME):	F.YC Signature: EM	Bee out leave during a second of the best size of second a to DDD is second	Date: 09 1 30 1 20 (mm/dd/yy)	and file in these markets in a large with the state of th
Date of Issue 20 Oct 2022 Shipping documents). (3) Results may b	e sent by email to an unlimited number of addresses for no additional course-unit and http://www.sgs.com/terms_and_conditions.ht	vaning and una separation of a sampless, (c) commission or samples to coco is complex valiable upon request. (c) Completion of work may require subcontracting sample m. (Printed copies are available upon request.) Attention is drawn to the limitatio	shoping documents]. (3) Results may be sent by small to an uninited number for success or success and the success of the succe	inder its General Conditions of Service accessible at