



SGS Canada Inc.

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

Works #: 500035907

Project : PO#126993

06-August-2024

PVNC Catholic DSB (Reg243 - St Alphonsus ES)

Attn : Nicole Teunissen

Date Rec. : 30 July 2024

LR Report: CA85029-JUL24

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		---	06-Aug-24
2: Analysis Start Time		---	08:27
3: Analysis Completed Date		---	06-Aug-24
4: Analysis Completed Time		---	10:51
5: MAC		---	10
6: MDL		---	0.01
7: TAP Standing - H133 - BF	23-Jul-24 03:10	23.0	0.02
8: TAP Flushed - H133 - BF	23-Jul-24 03:54	23.0	0.01 <MDL
9: TAP Standing - Day Care 152 - Tap #2	23-Jul-24 03:08	23.0	5.87
10: TAP Flushed - Day Care 152 - Tap #2	23-Jul-24 03:52	23.0	2.32

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)

Lakeland 185 Concession St., Lakeland, ON N0L 2H0 Phone: 705-652-2000 Fax: 705-652-4365 Web: www.sgs.com/environment
London 657 Consortium Court, London, ON, N6E 2S8 Phone: 519-672-4500 Toll Free: 877-848-8080 Fax: 519-672-0361

Received By: Seamless
Received Date: 7/30/24 (mm/dd/yy)
Received Time: 4:43 (hr: min)

Received by (signature): Seamless
Cooling Agent Present: Yes No Type: g

Temperature Upon Receipt: 23.0 x 3
Laboratory Received Date: 7/30/24 (mm/dd/yy)
Laboratory Received Time: 4:43 (hr: min) Client ID#: LAB LIMS # JMI-85029 M

REPORT INFORMATION

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

INVOICE INFORMATION

(same as Report Information)
Company: PVMC Catholic DSB
Contact: Mweni Amukun
1355 Lansdowne Street West
Peterborough, ON
K9J 7M3
Office: 705-748-4861 Ext. 1286 Cell:
416-770-5521
Phone: accounts@pvmccdsb.on.ca;
Email: mamukun@pvmccdsb.on.ca
P.O.#: _____
#:

WATER FACILITY INFORMATION

System Name: Peterborough Victoria Northumberland and Clarington CDSB (St. Alphonsus)
Waterworks/DWS#: 500035907
Contact: Cambium Inc. - Stew Dolstra
705-742-7900 ext 210 (StewD), or 705-740-4378 (StewD - cell)
875 St. Mary'S Street, Peterborough,
Ontario, K9J 4H7, Canada
Contact Fax: 705-742-7907
Contact Email: Stew.Dolstra@cambium-inc.com
MOH Unit: Peterborough County-City Health Unit
Day Care License #/SFIS# N/A

TURNAROUND TIME (TAT) REQUIRED

TAT's are quoted in business days (exclude statutory holidays & weekends).
Samples received after 6pm 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 #: _____
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 Source water prior to treatment. Water is not for consumption.
- TW = Treated Water Water taken immediately after treatment at point of entry to the distribution system.
- DW = Distribution Water Water taken from a distribution point in a system with treatment.
- 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 system that is not approved).
- TAP (Standing & Flushed) Water taken for the purposes of lead testing under O.Reg. 243/07 (Schools & Daycare)
- 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.
- NR = Not Regulated Not Reportable Samples are not regulated by SDWA

Sample Information

SAMPLE SOURCE CODE	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME SAMPLED	# OF BOTTLES	Comments
1 TAP-Standing	H133-BF	07/29/24	03:10	1	Lead
2 TAP-Flushed	H133-BF	07/29/24	03:54	1	
3 TAP-Standing	Daycare 152-TAP #2	07/23/24	03:08	1	
4 TAP-Flushed	Daycare 152-TAP #2	07/29/24	03:52	1	
5 TAP-Standing					
6 TAP-Flushed					
7 TAP-Standing					
8 TAP-Flushed					
9 TAP-Standing					
10 TAP-Flushed					

ANALYSIS REQUESTED

please enter the analysis required below and check off which analysis applies to each sample

Check if RE-SAMPLE from an adverse report	Field Total Residual Chlorine	Field Free Residual Chlorine	Lead
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observations/Comments (Special Instructions): _____

Sampled by (NAME): Ethan Maitre Signature: EM
Requisitioned by (NAME): Ethan Maitre Signature: EM

Date of Issue: 20 Oct. 2022
Revision: 3.4
Note: (1) Submission of samples to SGS is acknowledgement that you have been provided direction on sample collection/handling and transportation of samples. (2) Submission of samples to SGS is considered authorization for completion of work. Signatures may appear on this form or be retained on file in the contract or in an alternative format (e.g. shipping documents). (3) Results may be sent by email to an unlimited number of addresses for no additional cost. Fax is available upon request. (4) Completion of work may require subcontracting samples between the London and Oakville offices. SGS is issued by the Company under its General Conditions of Service acceptable at http://www.sgs.com/terms_and_conditions.htm. Printed copies are available upon request. Attention is drawn to the limitation of liability, indemnification and jurisdiction issues defined therein.

Date: 07/23/24 (mm/dd/yy)
Date: 07/23/24 (mm/dd/yy)