



**SGS Canada Inc.**

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

**Works #:** 500038754

**Project :** PO#126993

23-August-2024

**PVNC Catholic DSB (Reg243 - St Francis of Assisi ES)**

Attn : Nicole Teunissen

**Date Rec. :** 20 August 2024

**LR Report:** CA17194-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		---	23-Aug-24
2: Analysis Start Time		---	09:00
3: Analysis Completed Date		---	23-Aug-24
4: Analysis Completed Time		---	15:15
5: MAC		---	10
6: MDL		---	0.01
7: TAP Standing - Kitchen 134 - Tap (Left)	16-Aug-24 01:24	22.0	0.32
8: TAP Flushed - Kitchen 134 - Tap (Left)	16-Aug-24 02:00	22.0	0.14
9: TAP Standing - Kitchen 213 - BF (Right)	16-Aug-24 01:27	22.0	0.01 <MDL
10: TAP Flushed - Kitchen 213 - BF (Right)	16-Aug-24 02:03	22.0	0.01 <MDL

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)

Temperature Upon Receipt: 22.0 X 3  
Lab Lims #: AVE 17194  
Client ID#: DM

Received By: Sven Lerner  
Received Date: 05/16/24 (mm/dd/yy)  
Received Time: 09:16 (hr : min)

Received By (signature): Sven Lerner  
Cooling Agent Present: Yes  No

Laboratory Information Section - Lab use only  
Type: N/A

Laboratory Received Date: 05/16/24 (mm/dd/yy)  
Laboratory Received Time: \_\_\_\_\_ (hr : min)

Turnaround Time (TAT) Required

REPORT INFORMATION

INVOICE INFORMATION

WATER FACILITY INFORMATION

TURNAROUND TIME (TAT) REQUIRED

Company: Cambium Inc.

(same as Report Information)

System Name: Peterborough Victoria Northumberland and Clarington CDSB (St. Francis)

TAT's are quoted in business days (exclude statutory holidays & weekends). Samples received after 6pm or on weekends: TAT begins next business day.

Contact: Stew Dolstra  
Address: 194 Sophia Street  
Peterborough ON K9H 1E5

Company: PVNC Catholic DSB  
Contact: Mwanu Amukun  
Address: 1355 Lansdowne Street West  
Peterborough, ON K9J 7M3

Waterworks/DWS#: 500038754  
Contact: Cambium Inc. - Stew Dolstra  
Contact Phone: 705-742-7900 ext 210 (StewD), or 705-740-4378 (StewD - cell)  
Physical Address: 1774 Rudell Road, Newcastle, Ontario, L1B 1E2, Canada

Regular TAT (5-7days)   
Rush TAT (1-4days)

Phone: 705-742-7900 ext 210 (Stew D)

Office: 705-748-4861 Ext. 1286 Cell: 416-770-5521

Contact Fax: 705-742-7907

Specify Due Date: \_\_\_\_\_

Fax: Stew.Dolstra@cambium-inc.com  
Email: Stew.Dolstra@cambium-inc.com

Phone: accounts@pvncdsb.on.ca; manukun@pvncdsb.on.ca

Contact Email: Stew.Dolstra@cambium-inc.com  
MOH Unit: Durham Regional Health Unit  
Day Care License #/S/FIS#/NA

PLEASE CONFIRM RUSH FEASIBILITY WITH SGS REPRESENTATIVE PRIOR TO SUBMISSION (Additional Charges May Apply)

Project #:

P.O. #:

Contact Email: Stew.Dolstra@cambium-inc.com  
MOH Unit: Durham Regional Health Unit  
Day Care License #/S/FIS#/NA

PLEASE CONFIRM RUSH FEASIBILITY WITH SGS 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 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.

Please check regulation that applies to water sample submitted

Sample Source Codes

- O Reg 170/03
- O Reg 319/08
- O Reg 243/07
- Certificate of Approval Requirement
- Regulated Not Reportable (RNR)
- Required-Upload sample results in DWIS/LRMA
- Not Regulated (NR)
- Not Required-Do not upload sample results in DWIS/LRMA

- 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

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

ANALYSIS REQUESTED

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 K. Kitchen 134 - Tap (L+H)	05/16/24	09:24	2	<input type="checkbox"/>			X	
2	TAP-Flushed K. Kitchen 134 - Tap (L+H)	05/16/24	09:21:00	2	<input type="checkbox"/>			X	
3	TAP-Standing Hallway 213 - BF (R:9h+)	05/16/24	09:37	2	<input type="checkbox"/>			X	
4	TAP-Flushed Hallway 213 - BF (R:9h+)	05/16/24	09:03	2	<input type="checkbox"/>			X	
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"/>				

Observed/Comments/Special Instructions

Sampled By (NAME): Ethyn Muffire  
Signature: EM

Relinquished by (NAME): Ethyn Muffire  
Signature: EM

Date: 05/16/24 (mm/dd/yy)

Form 3.12  
Note: (1) Submission of samples to SGS is acknowledgment that you have been provided copies of sample collection, handling and transportation of samples. (2) Submission of samples to SGS is considered authorization for SGS to use the samples for any purpose. (3) Signature of the person who submitted the samples is required. (4) Completion of work may require submission of samples between the collection and labeled laboratory. The responsibility for the samples is transferred to the laboratory upon receipt. (5) Samples may be sent by email to an authorized email address. (6) Samples may be sent by mail to an authorized address. (7) Attention is drawn to the limitation of liability, indemnification and jurisdiction issues defined therein.  
http://www.sgs.com/terms\_and\_conditions.htm