

SGS Canada Inc.

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

Phone: 705-652-2000 FAX: 705-652-6365

Works #: 500038767 Project : PO#126993

06-September-2024

Date Rec.: 03 September 2024 LR Report: CA14132-SEP24

Copy: #1

PVNC Catholic DSB (Reg243 - St Joseph's ES-Cobourg)

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-Sep-24
2: Analysis Start Time			07:09
3: Analysis Completed Date			06-Sep-24
4: Analysis Completed Time			10:18
5: MAC			10
6: MDL			0.01
7: TAP Standing - Hallway 176 - BF	29-Aug-24 01:53	21.0	1.42
8: TAP Flushed - Hallway 176 - BF	29-Aug-24 02:29	21.0	0.81

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

Process of Section Contract	glanders may appear on this form or be tradified on the firme contact, or in an alternative format (e.g., tories. This document is issued by the Company under its General Conditions of Service accessible at issues defined therein.	nife of	of work may require subco	transportation of samples. (a) completion and copies are available upon	collection/nandling and cost. Fax is available u conditions.htm. (Print	es for no additional of the complete services and complete service	ent that you have been provided on unlimited number of address http://www.	Results may be sent by email to	shipping documents). (3) F	Date of Issue: 20 Oct. 2022
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Industries & Environment - Lavefield: 185 Concession St., Lavefield, ON KOL 2HO Phone: 705-6852-2000 Fax: 705-6852-20081 - London: 657 Consortium Court, London, ON, N8E 285 Phone: 519-672-4500 Toll Free: 877-848-2000 Fax: 519-672-20361 - Laboratory Received By (signature): - Received By (signature): - Report INFORMATION - Received By (signature): - Report INFORMATION - Received By (signature): - Laboratory Received Date: - Laboratory Received Time: - Laboratory Rec	ecify Due Date:	Spe			36 Cell:	861 Ext. 128	Office: 705-748-4			
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- Lakefield: 185 Concession St., Lakefield, ON KOL 240 Phone: 705-652-2000 Fax: 705-652-2006 Fax: 705-	T's are quoted in business days (exclude statutory holidays & weekends), imples received after 6pm or on weekends: TAT begins next business day Regular TAT (5-7days)	205 140		/aterworks/DWS / ontact:		SB		Company Contact:	stra nia Street	Contact: Stew Dol Address: 194 Sopl
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