



**SGS Canada Inc.**

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

**Works #:** 500038819

**Project :** PO#126993

06-August-2024

**PVNC Catholic DSB (Reg243 - St Martin's ES )**

Attn : Nicole Teunissen

**Date Rec. :** 30 July 2024

**LR Report:** CA85019-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		---	10:43
5: MAC		---	10
6: MDL		---	0.01
7: TAP Standing - H171 - BF	24-Jul-24 02:32	23.0	1.12
8: TAP Flushed - H171 - BF	24-Jul-24 03:08	23.0	0.69
9: TAP Standing - Rm 109 - Tap	24-Jul-24 02:30	23.0	1.45
10: TAP Flushed - Rm 109 - Tap	24-Jul-24 03:06	23.0	0.60

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)

Lakefield, 195 Concession St., Lakefield, ON K0L 2H0 Phone: 705-652-2000 Fax: 705-652-6355 Web: www.sgs.com/environment  
London, 657 Concession Court, London, ON, N6E 2S8 Phone: 519-672-4500 Toll Free: 877-848-0000 Fax: 519-672-0361

Received By: Susan Gair  
Received Date: 9-20-04 (mm/dd/yy)  
Received Time: 9:53 (hr : min)

Received By (signature): [Signature]  
Cooling Agent Present: Yes  No

Temperature Upon Receipt: 23.0 X 3 (mm/dd/yy)  
Laboratory Received Date: 9-20-04 (mm/dd/yy)  
Laboratory Received Time: 9:53 (hr : min)

LAB LIMS #: Jul-85019  
Client ID#: M

REPORT INFORMATION

INVOICE INFORMATION

WATER FACILITY INFORMATION

TURNAROUND TIME (TAT) REQUESTED

Company: Cambium Inc.

(same as Report Information)

System Name: Peterborough Victoria Northumberland and Clarington CDSB (St. Martin's)

TAT's are quoted in business days (exclude statutory holidays & weekends). Samples received after 5pm or on weekends: TAT begins next business day.

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

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

Waterworks/DWS#: 500038819  
Contact: Cambium Inc. - Stew Doitra  
Contact Phone: 705-742-7900 ext 210 (StewD), or 705-740-4378 (StewD - cell)  
Physical Address: 531 Ennis Road, Erimonore, Ontario, K0L 1T0, Canada

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

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

Office: 705-748-4861 Ext. 1286 Cell: 416-70-5521

Contact Fax: 705-742-7907

Fax:

Phone: 416-70-5521

Contact Email: Stew.Doitra@cambium-inc.com

Email: Stew.Doitra@cambium-inc.com

Email: accounts@pvncdsb.on.ca; mamukun@pvncdsb.on.ca

MOH Unit: Peterborough County-City Health Unit

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

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

Project #:

P.O.#:

Day Care License #/SFS# N/A

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

ANALYSIS REQUESTED

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

SAMPLE SOURCE CODE	SAMPLE IDENTIFICATION	DATE SAMPLED	TIME SAMPLED	# OF BOTTLES	ANALYSIS REQUESTED			Comments
					Field Total Residual Chlorine	Field Free Residual Chlorine	Lead	
1 TAP-Standing	H121-BF	07/20/04	02:32	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2 TAP-Flushed	H121-BF	07/20/04	05:08	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3 TAP-Standing	Rm 109-Tap	07/20/04	08:30	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4 TAP-Flushed	Rm 109-Tap	07/20/04	03:06	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5 TAP-Standing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 TAP-Flushed					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 TAP-Standing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 TAP-Flushed					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 TAP-Standing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 TAP-Flushed					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature: EM

Relinquished by (NAME): Ethyn Maitye

Date: 07-20-04 (mm/dd/yy)

Signature: EM

Date: 07-20-04 (mm/dd/yy)