

SGS Canada Inc.

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

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

Works #: 500124190 Project : PO#126993

23-August-2024

_

Date Rec.: 20 August 2024 LR Report: CA17181-AUG24

Copy: #1

PVNC Catholic DSB (Reg243 - St Mary's ES-Grafton)

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			23-Aug-24
2: Analysis Start Time			09:00
3: Analysis Completed Date			23-Aug-24
4: Analysis Completed Time			15:11
5: MAC			10
6: MDL			0.01
7: TAP Standing - Hallway 130 (Right) - BF	14-Aug-24 00:10	22.0	1.42
8: TAP Flushed - Hallway 130 (Right) - BF	14-Aug-24 00:46	22.0	0.41

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: 185 Concession St., Lakefield, ON KOL 2HO Phone: 705-652-2000 Fax: 705-652-2056 Web: www. sgs. com/environment

- London: 657 Consortium Court, London, ON, N6E 258 Phone: 519-672-4500 Toll Free: 877-948-9500 Fax: 519-672-0361

- Laboratory Information, Section, Lab. use only

o S. 1916 (mm/dd/yy) n of work. Signatures may appear on this form or be retained on file in the contract, or in an alternative format (e.g.	Date:	ction handling and transportation of samples. (2) Submission of samples to SGS is considered authorization	portation of samples. (2) Su	lection handling and trans	nple colle	that you have been provided d	SGS is acknowledgement	Note: (1) Submission of samples to SGS is acknowledgement that you have been provided direction on san	Relinquished by (NAME):
14 34 (mm/dd/yy)	Date (28)			3	17			1	Sampled By (NAME):
								pecial Instructions	Observations/Comments/S
									10 TAP-Flushed
									9 TAP-Standing
									8 TAP-Flushed
									7 TAP-Standing
									6 TAP-Flushed
									5 TAP-Standing
									4 TAP-Flushed
						3			3 TAP-Standing
		×		7	30: UE	08/14/24/CO: 46	9h+)-BF	Hall way 130(A: 3h+)-BE	2 TAP-Flushed
		×			00:10	08/14/34 00:10	16+1)-BF	HOTHWAY ISO(RIGHT)-BF	1 TAP-Standing
		Field F Chlorin	Field T	Check if		\			
Comments		ree Resid		BOTTLES RE-SAMPL	TIME SAMPLED E	DATE SAMPLED	ICATION	SAMPLE IDENTIFICATION	SAMPLE SOURCE CODE
Delow and Check on which analysis applies to each sample		ig analysis required	9						
off which analysis annies to each sample		asso enter the anal	24	STATE OF THE PERSON NAMED IN		NAME OF TAXABLE PARTY.	STREET, STREET	au VIII se	Cample IIII Cillianon
NIESTED	ANALYSIS REQUESTED	or reportable	MV - Not Regulated Not Reportable	NA.				ation	Sample inform
COWA	Samples are not regulated by SDWA	of Deportable	Not Decidated N	Š					•
Samples taken from a non-standard location under the direction of the system owner for reasons other than assessing water quality against the OSDWA	Samples taken from a non-st	Reportable	RNR = Regulated Not Reportable	RNR				ted (NR)	□ Not Regulated (NR)
Water taken for the purposes of lead testing under O.Reg. 243/07 (Schools & Daycare)	Water taken for the purposes	hed)	TAP (Standing & Flushed)		results in DWIS/LF	Not Required-Do not upload sample results in DWIS/LRMA	☐ Not Requir	Required-Upload sample results in DWIS/LRMA	Required-Upload
naw water for consumption, water laxer from a visuously point in a system with to treatient, (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).	(includes raw water from system systems that have a treatment s	istribution Water	DW-UT = Untreated Distribution Water	-wa				Certificate of Approval Requirement Regulated Not Reportable (RNR)	☐ Certificate o
Water taken from a distribution point in a system with treatment.	Water taken from a distribution	ter	DW = Distribution Water	DW:				107	O.Reg. 243/07
Water taken immediately after treatment at point of entry to the distribution system.	Water taken immediately after		TW = Treated Water	WT:			/	/08	
Source water prior to treatment. Water is not for consumption.	Source water prior to treatme		RW = Raw Water	RW:				/03	☐ O,Reg. 170/03
Codes	Sample Source Codes				đ	er sample submitte	t applies to wate	Please check regulation that applies to water sample submitted	
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.	rocessing samples. Sample source	st be filled out prior to p	rmation sections mus	d the sample info	ty information an ode.	ion Act, the water facil regulation and source	ection and Promot per the applicable r	Drinking Water Act and Health Prot ry will report all adverse results as p	As per the Ontario Safe these acts. The laborato
		SFIS#: N/A	Day Care License #/SFIS#: N/A	Day					Project #:
	Haliburton, Kawartha, Pine Ridge District Health Unit	Haliburton, Kawari Health Unit	MOH Unit:	МОН			P.O.#:		
PRIOR TO SUBMISSION (Additional Charges May Apply)		Stew.Dolstra@cambium-inc.com	Contact Email:	Cont					
2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		705-742-7907	Contact Fax:	Coni	sb.on.ca; dsb.on.ca	accounts@pvnccdsb.on.ca; mamukun@pvnccdsb.on.ca		Stew.Dolstra@cambium-inc.com	=
Specify Due Date:	S			Cell:	61 Ext. 1286	Office: 705-748-4861 Ext. 1286 Cell: 416-770-5521	Phone:		Fax:
		Canada	Physical Address:					705-742-7900 ext 210 (Stew D)	Phone: 705-742
	afton, Ontario	4378 (StewD - cell) 103 Lyle Street, Gra	Contact Phone:	Cont		Peterborough, ON K9J 7M3	Address:	Peterborough ON K9H 1E5	Pet
	210 (StewD), or 705-740-	705-742-7900 ext 210 (StewD),	i	C	Street West	1355 Lansdowne Street West		194 Sopilla Street	Address. 194 oop
TAT's are quoted in business days (exclude statutory holidays & weekends). Samples received after form or on weekends: TAT begins next business day.		500124190 Cambium Inc Stew Dolstra	Waterworks/DWS#:	Waterwo	86	PVNC Catholic DSB	Company:	lstra his Street	
	mberand and	Peterborough Victoria Northui Clarington CDSB (St. Mary's)	System Name:	Syst	tion)	(same as Report Information)	□ (same	n Inc.	Company: Cambium Inc.
TURNAROUND TIME (TAT) REQUIRED	DRMATION	WATER FACILITY INFORMATION	WAT		MATION	INVOICE INFORMATION		REPORT INFORMATION	REPOR
(hr:min) Client ID#:	Laboratory Received Time:		11111		elle i so	Cooling Agent Fresent. Tes —		(hr: min)	Received Time:
(mm/dd/yy)	Temperature Upon Receipt *C	Labo	MIL	13	14	Received By (signature):		2 Surae	Received By
SE 18141 DOU #181 23	270		boratory information Section - Lab use only	Laboratory IIII	t			-	50