



SGS Canada Inc.

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

Works #: 500038728

Project : PO#126993

30-August-2024

PVNC Catholic DSB (Reg243 - St Stephen's SS)

Attn : Nicole Teunissen

Date Rec. : 26 August 2024

LR Report: CA14921-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		---	30-Aug-24
2: Analysis Start Time		---	07:16
3: Analysis Completed Date		---	30-Aug-24
4: Analysis Completed Time		---	10:58
5: MAC		---	10
6: MDL		---	0.01
7: TAP Standing - Hallway 1512 - BF	22-Aug-24 03:03	23.0	0.11
8: TAP Flushed - Hallway 1512 - BF	22-Aug-24 03:39	23.0	0.06

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)

Received By: *Sew Dostra* (m/d/yyyy)

Received Date: *08/22/24* (m/d/yyyy)

Received Time: *8:30* (hr : min)

Received By (signature): *Sew Dostra* Laboratory Information Section - Lab use only

Temperature Upon Receipt °C: *23.0 x 3*

LAB LIMS #: *AVG14921*

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. Stephens)

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

Contact: Sew Dostra

Company: PVNC Catholic DSB

Waterworks/DWS#: 500038728

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

Address: 194 Sophia Street

Contact: Nwenn Amukun

Contact: Cambium Inc. - Sew Dostra

Specify Due Date: _____

Peterborough ON K9H 1E5

Address: 1355 Lansdowne Street West

Contact Phone: 705-742-7900 ext 210 (Seward), or 705-740-4378 (Seward - cell)

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

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

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

Physical Address: 300 Scupog Street, Bowmanville, Ontario, L1C 3K3, Canada

Fax: Sew Dostra@cambium-inc.com

Phone: 705-742-7907

Contact Fax: 705-742-7907

Email: Sew Dostra@cambium-inc.com

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

Contact Email: Sew Dostra@cambium-inc.com

Project #: _____

P.O. #: _____

MOH Unit: Durham Regional Health Unit

Day Care License #/SFIS# N/A

Sample Source Codes

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

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 DWS/SLRMA

Not Regulated (NR)

Sample Information

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	Hallway 1512-BE	08/22/24	03:03	2	<input type="checkbox"/>			X	
2 TAP-Flushed	Hallway 1512-BE	08/22/24	03:31	2	<input type="checkbox"/>			X	
3 TAP-Standing					<input type="checkbox"/>				
4 TAP-Flushed					<input type="checkbox"/>				
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"/>				

Signature: *EM*

Date: *08/22/24*

SGS logo and contact information