

Your P.O. #: BN500636
Your Project #: ST CECILIA
Site:500012702
Your C.O.C. #: NA

Attention: Roland Lawton
Dufferin Peel Catholic District...
School Board
40 Matheson Blvd W
Mississauga, ON
L5R 1C5

Report Date: 2008/08/07

CERTIFICATE OF ANALYSIS

MAXXAM JOB #: A885266
Received: 2008/08/01, 14:11

Sample Matrix: Water
Samples Received: 2

| Analyses | Quantity | Date Extracted | Date Analyzed | Laboratory Method | Method Reference |
|--|----------|-------------------|------------------|-------------------|---------------------|
| Metals Analysis by ICPMS (as received) ¶ | 2 | 2008/08/06 | 2008/08/07 | CAM SOP-00447 | EPA 6020 |

* RPDs calculated using raw data. The rounding of final results may result in the apparent difference.

(1) Metals analysis was performed on the sample 'as received'.

Encryption Key

Please direct all questions regarding this Certificate of Analysis to your Project Manager.

JAMES ASPIN, Project Manager
Email: James.Aspin@maxxamAnalytics.com
Phone# (905) 817-5700 Ext:5771

=====
Maxxam has procedures in place to guard against improper use of the electronic signature and have the required "signatories", as per section 5.10.2 of ISO/IEC 17025:2005(E), signing the reports. SCC and CAEAL have approved this reporting process and electronic report format.

For Service Group specific validation please refer to the Validation Signature Page

Total cover pages: 1

Maxxam Job #: A885266
Report Date: 2008/08/07

Dufferin Peel Catholic District...
Client Project #: ST CECILIA
Project name: 500012702
Your P.O. #: BN500636

ELEMENTS BY ATOMIC SPECTROSCOPY (WATER)

| | | | | | | |
|---------------|--------------|-----------------|--|---|------------|-----------------|
| Maxxam ID | | | AC7917 | AC7918 | | |
| Sampling Date | | | 2008/07/31 07:00 | 2008/07/31 07:35 | | |
| COC Number | | | NA | NA | | |
| | Units | Criteria | ST CECILIA KITCHEN STANDING | ST CECILIA KITCHEN FLUSHED | RDL | QC Batch |

| | | | | | | |
|---------------|------|-------------|--------|--------|--------|---------|
| Metals | | | | | | |
| . Lead (Pb) | mg/L | 0.01 | 0.0010 | 0.0005 | 0.0005 | 1579769 |

RDL = Reportable Detection Limit
QC Batch = Quality Control Batch
CRITERIA: Ontario Regulation 243/07 made under the Safe Drinking Water Act, 2002.
Released June 7, 2007

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Project name: 500012702
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| | |
|-----------|-------|
| Package 1 | 6.3°C |
|-----------|-------|

Each temperature is the average of up to three cooler temperatures taken at receipt

GENERAL COMMENTS

Results relate only to the items tested.

Dufferin Peel Catholic District...
Attention: Roland Lawton
Client Project #: ST CECILIA
P.O. #: BN500636
Project name: 500012702

Quality Assurance Report
Maxxam Job Number: MA885266

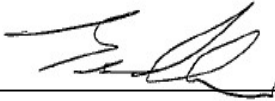
| QA/QC Batch | QC Type | Parameter | Date Analyzed yyyy/mm/dd | Value | Recovery | Units | QC Limits |
|-------------|--------------|-------------|-----------------------------|----------------|----------|-------|-----------|
| 1579769 HRE | MATRIX SPIKE | . Lead (Pb) | 2008/08/07 | | 98 | % | 80 - 120 |
| | Spiked Blank | . Lead (Pb) | 2008/08/07 | | 98 | % | 85 - 115 |
| | Method Blank | . Lead (Pb) | 2008/08/07 | ND, RDL=0.0005 | | mg/L | |
| | RPD | . Lead (Pb) | 2008/08/07 | 0.2 | | % | 25 |

ND = Not detected
RPD = Relative Percent Difference
SPIKE = Fortified sample

Validation Signature Page

Maxxam Job #: A885266

The analytical data and all QC contained in this report were reviewed and validated by the following individual(s).



BRAD NEWMAN, Scientific Specialist

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6740 Campobello Rd
Mississauga
Ontario L5N 2L8

REGULATION 243 DRINKING WATER SUB CHAIN OF CUSTODY RECORD

Tel: 905-817-5700
Fax: 905-817-5779
Toll Free: 1-800-563-6266

Samples are Regulated
Under Reg 243

1-Aug-08 14:11
JAMES ASPIN
A885266
M_O ENV-813

Report to:

| | | | |
|-------------------|---|--------|-------------------------|
| Company Name: | Dufferin-Peel Catholic District School Board | | |
| Client Contact: | Roland Lawton, General Manager of Physical Plant Facilities | | |
| Address: | 5685 Keaton Cres., Mississauga ON L5R 3H5 | | |
| E-Mail: | <u>roland.lawton@dpcdsb.org</u> | Tel: | 905-890-0708 ext. 23204 |
| Project: | Regulation 243 | Fax: | 905-890-5841 |
| Quote #: | A83456 | P.O.#: | BN500636 |
| Lab Service Rep.: | James Aspen | | |

Invoice to: Same as "Report to"

DW METALS
PRESERVATION
CHECKED

| | |
|------------------------------|-------------------------------------|
| PAGE _____ OF _____ | |
| ANALYSIS REQUESTED | |
| Specify School Type | M.O.E. Assigned Water System Number |
| School | |
| Private School / Day nursery | |
| 500012702 | |
| *08AUG 1 14:11 | |

| Sample Identification | Sample Type (Please Specify Standing / Flushed) | Date Sampled | Time Sampled | Sampler Initials | Field Chlorine | | No. of Bottles | Lead | School | Private School | Day nursery |
|-----------------------|---|--------------|--------------|------------------|----------------|------|----------------|------|--------|----------------|-------------|
| | | | | | Total | Free | | | | | |
| St. Cecilia | | | | | | | | | | | |
| Kitchen - Staffroom | Standing | Tam | July 31 | | | | 1 | X | X | | |
| Kitchen - Staffroom | Flushed | T.Sa | July 31 | | | | 1 | X | X | | |

* In accordance with the Safe Drinking Water Act (2002), notification of adverse results must be reported to the SAC, MOH & Waterworks. Failure to do so is an offence under the act. It is **IMPERATIVE** that the areas shaded in grey be filled out completely before submitting to Maxxam Analytics.

| | | | |
|--|---|--------------------------------|--|
| TAT (Turnaround Time) | Notification Information for School, Private Schools & Day Nurseries | | LABORATORY USE ONLY |
| RUSH TAT MUST HAVE PRIOR APPROVAL | Facility Name: St. Cecilia | Medical Officer of Health | Received By: <i>J. Ballero</i> |
| <input checked="" type="checkbox"/> Normal (5-15 Working Days) | Facility Address: 10 Brickyard Way | Region: Peel Region | Date: 08/01/08 Time: 14:11 |
| <input type="checkbox"/> RUSH (Specify Below) | Brampton, ON L6V 4L5 | Tel #: | Comments: 6/0/0 |
| Date Due: | Tel: 905-459-0575 Fax: 905-459-1884 | Fax #: | |
| PN # | E-mail: | Email: | |
| Relinquished by (Sign Name): <i>J. Ballero</i> | Date: 31 July 08 | Laboratory Prepared Container: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relinquished by (Print Name): <i>JUDITH BALLARO</i> | Time: 7:38am | | |

NOTE: Samples submitted to Maxxam Analytics must be received below 10°C. It is the Sampler's responsibility to ensure adequate cooling is provided so that this receiving temperature is maintained. Please ensure that a separate COC document is used for each individual sample.

Received By: _____
Date: _____