

Your P.O. #: BN500636  
Your Project #: ST JUDE  
Site:500013794  
Your C.O.C. #: NA

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

**Report Date: 2008/07/24**

**CERTIFICATE OF ANALYSIS**

**MAXXAM JOB #: A878000**  
**Received: 2008/07/17, 13:23**

Sample Matrix: Water  
# Samples Received: 2

Analyses	Quantity	Date Extracted	Date Analyzed	Laboratory Method	Method Reference
Metals Analysis by ICPMS (as received) 0	2	2008/07/22	2008/07/24	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

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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 #: A878000  
Report Date: 2008/07/24

Dufferin Peel Catholic District...  
Client Project #: ST JUDE  
Project name: 500013794  
Your P.O. #: BN500636

**ELEMENTS BY ATOMIC SPECTROSCOPY (WATER)**

Maxxam ID			Z95524		
Sampling Date			2008/07/17 06:55		
COC Number			NA		
	<b>Units</b>	<b>Criteria</b>	<b>ST. JUDE KITCHEN-STAFFROOM/STANDING</b>	<b>RDL</b>	<b>QC Batch</b>

<b>Metals</b>					
. Lead (Pb)	mg/L	<b>0.01</b>	0.0037	0.0005	1567574
<p>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</p>					

Maxxam ID			Z95525		
Sampling Date			2008/07/17 07:25		
COC Number			NA		
	<b>Units</b>	<b>Criteria</b>	<b>ST. JUDE KITCHEN-STAFFROOM/FLUSHED</b>	<b>RDL</b>	<b>QC Batch</b>

<b>Metals</b>					
. Lead (Pb)	mg/L	<b>0.01</b>	0.0022	0.0005	1567567
<p>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</p>					

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Dufferin Peel Catholic District...  
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Package 1	13.7°C
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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 JUDE  
P.O. #: BN500636  
Project name: 500013794

Quality Assurance Report  
Maxxam Job Number: MA878000

QA/QC Batch	QC Type	Parameter	Date Analyzed yyyy/mm/dd	Value	Recovery	Units	QC Limits
1567567 JBW	MATRIX SPIKE	. Lead (Pb)	2008/07/24		99	%	80 - 120
	Spiked Blank	. Lead (Pb)	2008/07/24		99	%	85 - 115
	Method Blank	. Lead (Pb)	2008/07/24	ND, RDL=0.5		ug/L	
	RPD	. Lead (Pb)	2008/07/24	2.9		%	25
1567574 JBW	MATRIX SPIKE	. Lead (Pb)	2008/07/24		104	%	80 - 120
	Spiked Blank	. Lead (Pb)	2008/07/24		99	%	85 - 115
	Method Blank	. Lead (Pb)	2008/07/24	ND, RDL=0.5		ug/L	
	RPD	. Lead (Pb)	2008/07/24	0.8		%	25

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

**Validation Signature Page**

**Maxxam Job #: A878000**

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

  


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TROY CARRIERE, B.Sc., C.Chem, 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

17-Jul-08 13:23  
JAMES ASPIN  
A878000  
FW ENV-464  
CAM FCD-00196/2

**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: [roland.lawton@dpccdsb.org](mailto:roland.lawton@dpccdsb.org) Tel: 905-890-0708 ext. 23204  
Project: Regulation 243 Fax: 905-890-5841  
Quote #: A83456 P.O.#: BN500636  
Lab Service Rep.: James Aspin

Invoice to:  Same as "Report to"

**DW METALS  
PRESERVATION  
CHECKED**

ANALYSIS REQUESTED							
Specify School Type	M.O.E. Assigned Water System Number						
<table border="1"> <tr> <td>School</td> <td>Private School</td> <td>Day nursery</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	School	Private School	Day nursery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	500013794
School	Private School	Day nursery					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Sample Identification	Sample Type (Please Specify Standing / Flushed)	Date Sampled	Time Sampled	Sampler Initials	Field Chlorine		No. of Bottles	Lead
					Total	Free		
St. Jude Kitchen - Staffroom	Standing	17.07	6:55	R.G.			1	X
Kitchen - Staffroom	Flushed	17.07	7:25	R.G.			1	X

**SIF** : Sample Inspection  
Resolved  By: \_\_\_\_\_  
Date: \_\_\_\_\_

In accordance with the Safe Drinking Water Act (2002), notification of failure to meet the standard is required. Failure to do so is an offence under the act. It is IMPERATIVE that you notify the Ministry of Health and Waterworks before submitting to Maxxam Analytics.

TAT (Turnaround Time)	Notification Information for School	Medical Officer of Health	LABORATORY USE ONLY
<b>RUSH TAT MUST HAVE PRIOR APPROVAL</b>	Facility Name: St. Jude Facility Address: 175 Nahal Way Mississauga, ON L4Z 3J6	Region: Peel Region	Received By: <i>Theresa Wang</i> Date: 08/07/17 Time: 13:23
<input type="checkbox"/> Normal (5-15 Working Days)			Comments: 12/14/15
<input type="checkbox"/> RUSH (Specify Below)		Tel #: _____ Fax #: _____	08 JUL 17 13:23
Rate Due:	Tel: 905-568-3720 Fax: 905-568-0631	Email: _____	
Delivered by (Sign Name): <i>Roseanne Ciampolo</i>	Date: 17-07-008	Laboratory Prepared Container: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Delivered by (Print Name): <i>ROSANNA CIAMPILO</i>	Time: 7.30		

**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 met. Please ensure that a separate COC document is used for each individual sample.