

WSP Canada Inc.

ATTN: Marc St-Germain

100 Commerce Valley Drive West

Thornhill ON L3T 0A1

Date Received: 28-MAY-20

Report Date: 04-JUN-20 14:19 (MT)

Version: FINAL

Client Phone: 905-882-4211

Certificate of Analysis

Lab Work Order #: L2454251
Project P.O. #: 191-09337-01
Job Reference: 500015315

C of C Numbers: Legal Site Desc:

Candice Hunter Account Manager

 $[This\ report\ shall\ not\ be\ reproduced\ except\ in\ full\ without\ the\ written\ authority\ of\ the\ Laboratory.]$

ADDRESS: 95 West Beaver Creek Road, Unit 1, Richmond Hill, ON L4B 1H2 Canada | Phone: +1 905 881 9887 | Fax: +1 905 881 8062 ALS CANADA LTD | Part of the ALS Group | An ALS Limited Company





ANALYTICAL GUIDELINE REPORT

L2454251 CONTD.... Page 2 of 3

500015315 04-JUN-20 14:19 (MT) Sample Details Grouping Result Qualifier D.L. Units Analyte Analyzed **Guideline Limits** ~P1 ST. HEDWAY C.S 5000153 5-HWR02-BF-S L2454251-1 DAN BUCK on 27-MAY-20 @ 17:5-Sampled By: #1 #2 Matrix: **PLUMBING Total Metals** Lead (Pb) 4.3 1.0 ug/L 04-JUN-20 10 L2454251-2 ~P2 ST. HEDWAY C.S 500015315-HWR02-BF-F Sampled By: DAN BUCK on 27-MAY-20 @ 18:3 #1 #2 Matrix: **PLUMBING Total Metals** Lead (Pb) 2.3 1.0 ug/L 04-JUN-20 10

^{**} Detection Limit for result exceeds Guideline Limit. Assessment against Guideline Limit cannot be made.

Analytical result for this parameter exceeds Guideline Limit listed on this report. Guideline Limits applied:

Reference Information

Methods Listed (if applicable):

ALS Test Code	Matrix	Test Description	Method Reference***							
PB-ONT-DW-243-WT	Water	Lead (O.Reg 243/07)	EPA 200.8							
TURB-MET-WT	-MET-WT Water Turbidity on preserved metals APHA 2130 B									
			red by the sample under defined conceadings are obtained from a Nephelo	ditions with the intensity of light scattered meter.						
*** ALS test methods may in	corporate mo	difications from specified reference	e methods to improve performance							
*** ALS test methods may in Chain of Custody number		difications from specified reference	e methods to improve performance.							
Chain of Custody number	rs:	<u>'</u>	e methods to improve performance.	test. Refer to the list below:						
Chain of Custody number	rs: above test co	<u>'</u>		test. Refer to the list below: Laboratory Location						

GLOSSARY OF REPORT TERMS

Surrogates are compounds that are similar in behaviour to target analyte(s), but that do not normally occur in environmental samples. For applicable tests, surrogates are added to samples prior to analysis as a check on recovery. In reports that display the D.L. column, laboratory objectives for surrogates are listed there.

mg/kg - milligrams per kilogram based on dry weight of sample

mg/kg wwt - milligrams per kilogram based on wet weight of sample

mg/kg lwt - milligrams per kilogram based on lipid-adjusted weight

mg/L - unit of concentration based on volume, parts per million.

< - Less than.

D.L. - The reporting limit.

N/A - Result not available. Refer to qualifier code and definition for explanation.

ONTARIO, CANADA

Test results reported relate only to the samples as received by the laboratory.

UNLESS OTHERWISE STATED, ALL SAMPLES WERE RECEIVED IN ACCEPTABLE CONDITION.

Analytical results in unsigned test reports with the DRAFT watermark are subject to change, pending final QC review.

Application of guidelines is provided "as is" without warranty of any kind, either expressed or implied, including, but not limited to, fitness for a particular purpose, or non-infringement. ALS assumes no responsibility for errors or omissions in the information. Guideline limits are not adjusted for the hardness, pH or temperature of the sample (the most conservative values are used). Measurement uncertainty is not applied to test results prior to comparison with specified criteria values.



Quality Control Report

Workorder: L2454251 Report Date: 04-JUN-20 Page 1 of 2

Client: WSP Canada Inc.

100 Commerce Valley Drive West

Thornhill ON L3T 0A1

Contact: Marc St-Germain

Test		Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
PB-ONT-DW-243-V	VT	Water							
Batch R5	106360								
WG3335040-4 Lead (Pb)	DUP		WG3335040-3 9.8	9.8		ug/L	1.0	20	04-JUN-20
WG3335040-2 Lead (Pb)	LCS			99.5		%		70-130	04-JUN-20
WG3335040-1 Lead (Pb)	MB			<1.0		ug/L		1	04-JUN-20
WG3335040-5 Lead (Pb)	MS		WG3335040-3	94.1		%		70-130	04-JUN-20

Quality Control Report

Workorder: L2454251 Report Date: 04-JUN-20

Client: WSP Canada Inc. Page 2 of 2

100 Commerce Valley Drive West Thornhill ON L3T 0A1

Contact: Marc St-Germain

Legend:

Limit ALS Control Limit (Data Quality Objectives)

DUP Duplicate

RPD Relative Percent Difference

N/A Not Available

LCS Laboratory Control Sample SRM Standard Reference Material

MS Matrix Spike

MSD Matrix Spike Duplicate

ADE Average Desorption Efficiency

MB Method Blank

IRM Internal Reference Material
CRM Certified Reference Material
CCV Continuing Calibration Verification
CVS Calibration Verification Standard
LCSD Laboratory Control Sample Duplicate

Hold Time Exceedances:

All test results reported with this submission were conducted within ALS recommended hold times.

ALS recommended hold times may vary by province. They are assigned to meet known provincial and/or federal government requirements. In the absence of regulatory hold times, ALS establishes recommendations based on guidelines published by the US EPA, APHA Standard Methods, or Environment Canada (where available). For more information, please contact ALS.

The ALS Quality Control Report is provided to ALS clients upon request. ALS includes comprehensive QC checks with every analysis to ensure our high standards of quality are met. Each QC result has a known or expected target value, which is compared against predetermined data quality objectives to provide confidence in the accuracy of associated test results.

Please note that this report may contain QC results from anonymous Sample Duplicates and Matrix Spikes that do not originate from this Work Order.



ALS-Waterloo, 60 Northland Road, Unit 1, Waterloo, Ontario N2V 2B8



L2454251-COFC

Environmental Division

DRINKING WATER CHAIN OF CUSTODY

ARE THE SAMPLES SUBJECT TO REGULATION 243/07?

YES Circle One

IF NO IS IT AVAILABLE FOR CONSUMPTION YES NO

Please place separate schools on a SEPARATE Chain of Custody

oll-Free 1-8	300-668- 987 8			• • •	ouse p	iaco so,	arate st	,1100I3 C	ni a SLI	ANA	150	/IIairi	OI C	Justo	ay	
WORKS LAB QUOTE Q63028			CONTACT NAME		ANALYSES REQUESTED										FOR LAB USE ONLY	
		Scott Grieve		Ple											- FOR LAB USE UNLY	
421	orive Ave	Scott.grieve@dcdsb marc.st.germain@w	.ca sp.com												SUBMISSION NO. 5	
					1 1				1 1							
		LOCAL PUBLIC HEALTH UNIT Region of Durham Public Health												RECEIVED BY:		
School p	Private School	HEALTH UNIT CONTACT PHONE/FA Tel: 905-668-7711 Fax: 905-666-6214		þe	þe			r attach):			DATE/TIME: 13:00 Hay 28/2					
(e.a.	Plumbing Sample Point	Sampling D	ate/Time	MO						(specify o	if NOT ok		ne 1L	Check	TEMPERATURE AT RECEIPT:	
	Please indicate ONE	Date	Time	Ont						Other	Check	동	/olun	Fime	LAB ID	
	TAP/OTHER				TT			\top		1	Ť	_		•		
(11(1.11)	TAPTOTILE		 		++					<u> </u>	_	_	_			
Cihis.	BF	May 27/20	H:59	_							_					
												 			> -	
Flush Time	TAP/ OTHER										_				· · · · · · · · · · · · · · · · · · ·	
			† 		++	+				1 1	\dashv	+	\dashv			
5 MM.	BF	May 27/20	18:31	~												
											<u> </u>					
, 			├ ───			ot										
/	Please ensure bottle	is labelled similarly	<u> </u>									[_		I		
Dan Buck			4850 F	ther Com	ments/C	autions (F	Please ide	ntify know	n or suspe in @ ws	ected h	azard m	s) / R	eferer	nce Inf	o (P.O. #, Proj #)	
UBMITTED TO LAB BY: (SIGNATURE) David Bull											0275f	v05 Reg 243/07 CoC				
	WORK School sylvanian (e.g. on will Stand Time (hh:mm)	WORKS CATEGORY School Private School Nursery More Private School Plumbing Sample Point Please indicate ONE TAP/ OTHER Please ensure bottle CL	CONTACT NAME Scott Grieve	CONTACT NAME PROJECT 19737-6 CONTACT NAME Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve CONTACT NAME Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve CONTACT NAME Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve CONTACT NAME Scott Grieve CONTACT NAME Scott Grieve CONTACT NAME Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve Tel: 905-668-7711 Fax: 905-668-6214 The Please indicate ONE Sampling Date/Time Date Time TAP/ OTHER Flush Time (hh:mm) TAP/ OTHER CONTACT PHONE/FAX /EMAIL Scott Grieve Tel: 905-668-7711 Fax: 905-666-6214 The Please indicate ONE Sampling Date/Time Date Time Please indicate ONE Sampling Date/Time Date Time Contact Number 437-213-4850 Flush Time CONTACT PHONE/FAX /EMAIL Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve The Please date of the Contact Name CONTACT PHONE/FAX /EMAIL Scott Grieve The Please date of the Contact Name CONTACT PHONE/FAX /EMAIL Tel: 905-668-7711 Fax: 905-666-6214 The Please indicate ONE Sampling Date/Time Date Time CONTACT PHONE/FAX /EMAIL Tel: 905-668-7711 Fax: 905-666-6214 The Please indicate ONE Sampling Date/Time Date Time The Please indicate ONE Files of the Contact Name The Please indicate ON	CONTACT NAME PROJECT 197377 C Scott Grieve CONTACT PHONE/FAX /EMAIL Scott.grieve@dcdsb.ca marc.st.germain@wsp.com daniel.buck@wsp.com LOCAL PUBLIC HEALTH UNIT Region of Durham Public Health WORKS CATEGORY School Private School School School School Private School Scho	Flush Time (hh:mm) TAP/OTHER Contact Number Contac	Flush Time (hh:mm) Flush Time (hh:mm) Please ensure bottle is labelled similarly ACCONTACT NAME Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve CONTACT PHONE/FAX /EMA	Flush Time (hh:mm) Please ensure bottle is labelled similarly CONTACT NAME Scott Grieve Scott Grieve Scott Grieve Please invoice to marc.st. CONTACT NAME Scott Grieve Please indicate test for each Please indicate test for each CONTACT PHONE/FAX /EMAIL Scott.grieve@dcdsb.ca marc.st.qermain@wsp.com daniel.buck@wsp.com daniel.buck@wsp.com LOCAL PUBLIC HEALTH UNIT Region of Durham Public Health WORKS CATEGORY School a Private School Date Nursery Demandary Private School Date Flumbing Sample Point Date Time Date Time TAP/ OTHER Please ensure bottle is labelled similarly Contact Number 437-213-4850 Please invoice to marc.st.	CONTACT NAME Scott Grieve Please indicate less for each sample CONTACT NAME Scott Grieve Please indicate less for each sample CONTACT PHONE/FAX/EMAIL Scott Grieve @ details CONTACT PHONE/FAX/EMAIL Scott Grieve @ details CONTACT PHONE/FAX/EMAIL Scott Grieve @ details CONTACT PHONE/FAX Flease indicate less for each sample CONTACT PHONE/FAX Flease indicate less f	CONTACT NAME Scott Grieve Please indicate test for each sample by Check	CONTACT NAME Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX /EMAIL Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX /EMAIL Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX /EMAIL Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX /EMAIL Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX /EMAIL Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX /EMAIL Scott Grieve Please indicate test for each sample by Checkmark in CONTACT PHONE/FAX Tel: 905-668-7711 Fax: 905-668-7711 Fax: 905-668-6214 Fax: 905-66	OINTECT 1907372-5 SCONTACT NAME SCONTACT NAME SCONTACT PHONE/FAX /EMAIL SCONTACT PHONE/FAX /EMAI	Ol-Free 1-800-668-9878 LAB GUOTE G89328 PROJECT 1 9 1-9737-5 Scott Grieve CONTACT NAME Please indicate test for each sample by Checkmark in the box b CONTACT PHONE/RAX/EMAIL Scott grieve@closb.ca marc.st.germain@wsp.com daniel.buck@wsp.com d	Oll-Free 1-800-668-9878 LAB GUIDTE G89328 PROJECT 14 1-9937-7 5 Scott Grieve CONTACT NAME Scott Grieve CONTACT PHONE/FAX/EMAIL Scott Grieve CONTACT NAME Please indicate test for each sample by Checkmark in the box below The box Scott Grieve Please indicate test for each sample by Checkmark in the box below The box Scott Grieve Please indicate test for each sample by Checkmark in the box below The box Scott Grieve Please indicate test for each sample by Checkmark in the box below The box Scott Grieve Please indicate test for each sample by Checkmark in the box below The box Scott Grieve The box Scott Grieve Please indicate test for each sample by Checkmark in the box below The box Scott Grieve The box Sco	LAB QUOTE OF SA028 PROJECT A I - 09737-5 Scott Grieve CONTACT NAME Scott Grieve CONTACT PHONE/FAX /EMAIL Scott Grieve GONTACT PHONE/FAX /EMAIL Scott Grieve Godds. Co. amac. St. agemain@wsp.com daniel.buck@wsp.com LOCAL PUBLIC HEALTH UNIT Region of Durham Public Health Fax: 905-666-6214	

Please photocopy for your records.

Date: 28-Feb-15

Page: 1 of 1