

Name of Facility: Colonel Cameron
 DWS Number: 500030889

County: Lambton

Day Nursery Name: YMCA of Sarnia Lambton

Day Nursery DWS Number: 500277980

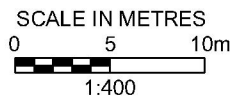
Day Nursery Licence Number: 0005835

Golder Project Number: 18101448 - 3000
 2018 Annual Potable Water Report (revised submission)

Date: December 11, 2018

School Name	Standing Time	Sample Date	Name of Sampler	Sample ID	Sample Location	Fixture ID Number	Time of Standing Sample - Lead Before	Flush Duration (minutes)	Time of Flushed Sample - Lead After	AGAT Chain of Custody Number	Lead Before Standing Sample Results (µg/L)	Lead After Flushed Sample Results (µg/L)
Colonel Cameron	> 6 hours	23-Jun-18	Ali Ismail	219CCP18Pb1	Room 905, sink	08	8:41	10	9:21	18L354469	0.70	<0.50
Colonel Cameron	> 6 hours	23-Jun-18	Ali Ismail	219CCP18Pb2	Room 907, sink	02	8:43	10	9:23	18L354469	1.00	<0.50
Colonel Cameron	> 6 hours	06-Oct-18	Ali Ismail	219CCP18Pb3	In Gym corridor outside room 920S, bottle filler	01	11:35	10	12:15	18L394717	15.40	4.73
Colonel Cameron	> 6 hours	27-Oct-18	Jennifer Douglas	219CCP18Pb3R	In Gym corridor outside room 920S, bottle filler	01	7:59	10	8:39	18L402823	10.00	3.71
Colonel Cameron	> 6 hours	07-Oct-18	Ali Ismail	219CCP18Pb4	In Gym corridor outside room 920S, fountain portion of combo unit	01	8:18	10	8:58	18L394717	8.20	7.64

Created by: AI
 Checked by: JD



YEAR	ID	LOCATION	PHOTO
2007		905	NO PHOTO
2008		905	NO PHOTO
2009		907	NO PHOTO
2010		909	NO PHOTO
2011		926	NO PHOTO
2012	06	909	
2013	01	WASHROOM	
2014	01	CORRIDOR	
2015	02	CORRIDOR	
2016		937	
2017-1	05	WITHIN ROOM 906	
2017-2	19	WITHIN ROOM 926	
2018-1	08	ROOM 905	
2018-2	02	ROOM 907	
2018-3	01	IN GYM CORRIDOR OUTSIDE ROOM 920S	
2018-3R	01	IN GYM CORRIDOR OUTSIDE ROOM 920S	
2018-4	01	IN GYM CORRIDOR OUTSIDE ROOM 920S	

LEGEND

YEAR OF SAMPLING:

2007
2010
2013
2016
2008
2011
2014
2017-1
2009
2012
2015
2018

- 01 SAMPLED FROM DRINKING FOUNTAIN
- 06 SAMPLED FROM TAP/SINK
- 01 SAMPLED FROM BOTTLE FILL STATION

REFERENCE

DRAWING BASED ON PLAN PROVIDED BY LAMBTON KENT DISTRICT SCHOOL BOARD SEPTEMBER 2009.

NOTES

THIS DRAWING IS SCHEMATIC ONLY AND IS TO BE READ IN CONJUNCTION WITH ACCOMPANYING TEXT.

ALL LOCATIONS ARE APPROXIMATE.

PROJECT		LAMBTON KENT DISTRICT SCHOOL BOARD ONTARIO REGULATION 243/07 LEAD SAMPLING	
TITLE		LOCATION PLAN (COLONEL CAMERON - 219)	
PROJECT No.	18101448	FILE No.	18101448-219-R01001
CADD	AMS	Nov. 12/18	SCALE AS SHOWN REV.
CHECK			
		FIGURE 1	



**CLIENT NAME: GOLDER ASSOCIATES LTD.
309 EXETER ROAD, UNIT #1
LONDON, ON N6L1C1
(519) 652-0099**

ATTENTION TO: Chris Rahm

PROJECT: 18101448-1000-Colonel Cameron

AGAT WORK ORDER: 18L354469

WATER ANALYSIS REVIEWED BY: Nivine Basily, Inorganics Report Writer

DATE REPORTED: Jul 25, 2018

PAGES (INCLUDING COVER): 5

VERSION*: 1

Should you require any information regarding this analysis please contact your client services representative at (905) 712-5100

*NOTES

All samples will be disposed of within 30 days following analysis. Please contact the lab if you require additional sample storage time.



Certificate of Analysis

AGAT WORK ORDER: 18L354469

PROJECT: 18101448-1000-Colonel Cameron

5835 COOPERS AVENUE
MISSISSAUGA, ONTARIO
CANADA L4Z 1Y2
TEL (905)712-5100
FAX (905)712-5122
<http://www.agatlabs.com>

CLIENT NAME: GOLDER ASSOCIATES LTD.

SAMPLING SITE: London

ATTENTION TO: Chris Rahm

SAMPLED BY: Nick Sarantakos

O. Reg. 243/07 Lead

DATE RECEIVED: 2018-06-25

DATE REPORTED: 2018-07-25

Parameter	Unit	SAMPLE DESCRIPTION: 219CC18Pb1pre		219CC18Pb1po		219CC18Pb2pre		219CC18Pb2po	
		SAMPLE TYPE: Water		st	219CC18Pb2pre		st	219CC18Pb2po	
		DATE SAMPLED: 2018-06-23		Water	Water	DATE SAMPLED: 2018-06-23		Water	Water
		G / S	RDL	9356706	9356751	G / S	RDL	9356752	9356753
Lead	µg/L	10	0.50	0.70	<0.50	1.00	<0.50		
Analysis Start Date				2018/07/25	2018/07/25	2018/07/25	2018/07/25		
Analysis Start Time				12:38	12:44	12:39	12:40		
Analysis Approval Date				2018/07/25	2018/07/25	2018/07/25	2018/07/25		

Comments: RDL - Reported Detection Limit; G / S - Guideline / Standard: Refers to Ontario Drinking Water Quality Standards. Na value is derived from O. Reg. 248
Guideline values are for general reference only. The guidelines provided may or may not be relevant for the intended use. Refer directly to the applicable standard for regulatory interpretation.

Certified By:

Divine Basily



Quality Assurance

CLIENT NAME: GOLDER ASSOCIATES LTD.
 PROJECT: 18101448-1000-Colonel Cameron
 SAMPLING SITE: London

AGAT WORK ORDER: 18L354469
 ATTENTION TO: Chris Rahm
 SAMPLED BY: Nick Sarantakos

Water Analysis

RPT Date: Jul 25, 2018			DUPLICATE				Method Blank	REFERENCE MATERIAL			METHOD BLANK SPIKE		MATRIX SPIKE		
PARAMETER	Batch	Sample Id	Dup #1	Dup #2	RPD	Measured Value		Acceptable Limits		Recovery	Acceptable Limits		Recovery	Acceptable Limits	
								Lower	Upper		Lower	Upper		Lower	Upper
O. Reg. 243/07 Lead															
Lead	9356706	9356706	0.70	0.69	1.4%	< 0.50	104%	90%	110%	106%	90%	110%	99%	70%	130%

Certified By: _____

Divine Basily



Method Summary

CLIENT NAME: GOLDER ASSOCIATES LTD.

AGAT WORK ORDER: 18L354469

PROJECT: 18101448-1000-Colonel Cameron

ATTENTION TO: Chris Rahm

SAMPLING SITE: London

SAMPLED BY: Nick Sarantakos

PARAMETER	AGAT S.O.P	LITERATURE REFERENCE	ANALYTICAL TECHNIQUE
Water Analysis			
Lead	MET-93-6103	EPA SW-846 6020A & 200.8	ICP-MS
Analysis Start Date			
Analysis Start Time			CALCULATION
Analysis Approval Date			ION CHROMATOGRAPH



AGAT Laboratories

② Beck

5835 Coopers Avenue
Mississauga, ON
L4Z 1Y2
webeath.agatlabs.com • www.agatlabs.com

Drinking Water Chain of Custody Record

P: 905.712.5100 • F: 905.712.5122 • TF: 1.800.856.6261

Laboratory Use Only

Arrival Condition: Good Poor (complete notes)
Arrival Temperature: 2.9, 1.4, 1.4
AGAT Job Number: 181354469
Notes: 5-31-17/3-9

Client Information

Company: Golder Associates Ltd.
Contact: Christopher Rahm
Address: 309 Exeter Road, Unit #1
London, ON N6L 1C1
Phone: 519-652-0099 Fax: 519-652-6299
PO #: 18101448-1000
Client Project #: 18101448-1000 - Colonel Cameron
AGAT Quotation #: _____

Report Information

1. Name: Connie Ogilvie
Email: connie.ogilvie@lkdsb.net
2. Name: Christopher Rahm / Jennifer Douglas
Email: crahm@golder.com / jennifer_douglas@golder.com

Report Format

Single Sample per page
 Multiple Samples per page

Facility Type (Check all that are applicable)

Large Residential Municipal
 Small Non-Residential Non-Municipal

+ Water Type

(Specify in column below)
Raw (R), Treated (TR),
Distribution (D), Tap (TP)
Private Well (P)

Turnaround Time Required (TAT) *

Regular TAT 7 to 14 business days

Rush TAT (Please provide prior notification)
5 to 7 business days Rush surcharges apply
3 to 5 business days
1 to 3 business days

Date Required (Rush surcharges may apply): _____

Requirements (Check one)

O. Regulation 170 Not Applicable
 O. Regulation 243 Other (Please Specify)
 O. Regulation 318/319

IS THIS WATER BEING CONSUMED BY HUMANS? Yes No

DO THE RESULTS REQUIRE REPORTING TO THE MOECC'S DWIS OR MOH'S LRMA? Yes No

CLIENT IS RESPONSIBLE TO COMPLETE AND SUBMIT LAB SERVICE NOTIFICATION (LSN) FORM TO THE MOECC/PHU. FAILURE TO DO SO MAY DELAY REPORTING.

NOTIFICATION INFORMATION MUST BE COMPLETE BELOW UPON SUBMISSION OF SAMPLES. LABORATORY ANALYSIS WILL NOT COMMENCE UNTIL ALL INFORMATION HAS BEEN PROVIDED.

SAMPLE IDENTIFICATION/LOCATION	DATE SAMPLED	TIME SAMPLED	WATER TYPE *	# OF CONTAINERS	CHLORINE RESIDUAL (incl. Units)	STANDING	FLUSHED	COMMENTS/STANDING TIME (IN MINUTES)	Inorganics (Sch. 23)	Organics (Sch. 24)	Lead	Fluoride	Sodium	Turbidity	Nitrate, Nitrite	Trihalomethanes	E.coli, Total Coliforms
219CC18Pb1pre	<u>June 23/18</u>	<u>8:41</u>	TP	1	N/A		<input checked="" type="checkbox"/>	Flush time (in minutes): <u>10</u>			<input checked="" type="checkbox"/>						
219CC18Pb1post		<u>9:21</u>	TP	1	N/A	<input checked="" type="checkbox"/>		Standing time (in minutes): <u>30</u>			<input checked="" type="checkbox"/>						
219CC18Pb2pre		<u>8:43</u>	TP	1	N/A		<input checked="" type="checkbox"/>	Flush time (in minutes): <u>10</u>			<input checked="" type="checkbox"/>						
219CC18Pb2post		<u>9:23</u>	TP	1	N/A	<input checked="" type="checkbox"/>		Standing time (in minutes): <u>30</u>			<input checked="" type="checkbox"/>						
Do NOT report Thursday PM or on Fridays																	

Samples Taken By (Print Name and Sign): Ali Ismail [Signature]

* TAT is exclusive of weekends and statutory holidays. Prior arrangements must be made with the laboratory in order to submit Microbiology samples on Fridays

NOTIFICATION INFORMATION - (required to report adverse results as per the Safe Drinking Water Act) - Laboratory analysis will not commence until all information is received.

INFORMATION FOR ADVERSE REPORTING

Waterworks Name: Colonel Cameron Public School
MOECC# (ie. Waterworks #): 500030889/Co-located facility: 500277980
Contact: Connie Ogilvie
Email: connie.ogilvie@lkdsb.net
Phone: 1-519-336-1500 Ext. 31559
After Hours Phone: 519-381-3250
Address/Location (if different from client above):
200 Wellington Street, Ontario, N7T 7L2

MEDICAL OFFICER OF HEALTH (MOH)

Region: Lambton, Ontario
PHU Contact: Dr. Sudit Ranade
Phone: 519-383-8331 X 3500 Fax: 519-383-7092
Email: publichealth@county-lambton.on.ca

Samples Relinquished By (Print Name and Sign): <u>Ali Ismail</u> <u>[Signature]</u>	Date/Time: <u>June 25/18 10:00</u>	Samples Received By (Print Name and Sign): <u>Jessica Smith</u> <u>[Signature]</u>	Date/Time: <u>6/25/18 10:00</u>	Pink Copy - Client Yellow/Golden Copy - AGAT White Copy- AGAT	Page <u>1</u> of <u>1</u> N ^o : DW
Samples Relinquished By (Print Name and Sign): <u>Jessica Smith</u> <u>[Signature]</u>	Date/Time: <u>6/25/18 3:00</u>	Samples Received By (Print Name and Sign): _____	Date/Time: _____		
Samples Relinquished By (Print Name and Sign): _____	Date/Time: <u>6/25/18</u>	Samples Received By (Print Name and Sign): <u>F.O.</u>	Date/Time: _____		

CLIENT NAME: GOLDER ASSOCIATES LTD.
309 EXETER ROAD, UNIT #1
LONDON, ON N6L1C1
(519) 652-0099

ATTENTION TO: Chris Rahm

PROJECT: 18101448-3000- Colonel Cameron

AGAT WORK ORDER: 18L394717

WATER ANALYSIS REVIEWED BY: Amanjot Bhela, Inorganic Supervisor

DATE REPORTED: Oct 15, 2018

PAGES (INCLUDING COVER): 7

VERSION*: 1

Should you require any information regarding this analysis please contact your client services representative at (905) 712-5100

*NOTES

All samples will be disposed of within 30 days following analysis. Please contact the lab if you require additional sample storage time.



Certificate of Analysis

AGAT WORK ORDER: 18L394717

PROJECT: 18101448-3000- Colonel Cameron

5835 COOPERS AVENUE
MISSISSAUGA, ONTARIO
CANADA L4Z 1Y2
TEL (905)712-5100
FAX (905)712-5122
<http://www.agatlabs.com>

CLIENT NAME: GOLDER ASSOCIATES LTD.

ATTENTION TO: Chris Rahm

SAMPLING SITE: Colonel Cameron Public School

SAMPLED BY: ALI ISMAIL

O. Reg. 243/07 Lead

DATE RECEIVED: 2018-10-09

DATE REPORTED: 2018-10-15

Parameter	Unit	SAMPLE DESCRIPTION:		219CC18Pb4	219CC18Pb4	219CC18Pb3	219CC18Pb3
		G / S	RDL	(BF)	(AF)	(BF)	(AF)
Lead	µg/L	10	0.50	8.20	7.64	15.4	4.73
Analysis Start Date				2018/10/15	2018/10/15	2018/10/15	2018/10/15
Analysis Start Time				15:14	15:15	15:16	15:17
Analysis Approval Date				2018/10/15	2018/10/15	2018/10/15	2018/10/15

Comments: RDL - Reported Detection Limit; G / S - Guideline / Standard: Refers to Ontario Drinking Water Quality Standards. Na value is derived from O. Reg. 248
Guideline values are for general reference only. The guidelines provided may or may not be relevant for the intended use. Refer directly to the applicable standard for regulatory interpretation.
Analysis performed at AGAT Toronto (unless marked by *)

Certified By:

Amrajot Bhele




Guideline Violation

AGAT WORK ORDER: 18L394717

PROJECT: 18101448-3000- Colonel Cameron

5835 COOPERS AVENUE
MISSISSAUGA, ONTARIO
CANADA L4Z 1Y2
TEL (905)712-5100
FAX (905)712-5122
<http://www.agatlabs.com>

CLIENT NAME: GOLDER ASSOCIATES LTD.

ATTENTION TO: Chris Rahm

SAMPLEID	SAMPLE TITLE	GUIDELINE	ANALYSIS PACKAGE	PARAMETER	UNIT	GUIDEVALUE	RESULT
9610105	219CC18Pb3 (BF)	O.Reg.169/03(ug/L)	O. Reg. 243/07 Lead	Lead	µg/L	10	15.4

Quality Assurance

 CLIENT NAME: GOLDER ASSOCIATES LTD.
 PROJECT: 18101448-3000- Colonel Cameron
 SAMPLING SITE: Colonel Cameron Public School

 AGAT WORK ORDER: 18L394717
 ATTENTION TO: Chris Rahm
 SAMPLED BY: ALI ISMAIL

Water Analysis															
RPT Date: Oct 15, 2018			DUPLICATE				Method Blank	REFERENCE MATERIAL			METHOD BLANK SPIKE		MATRIX SPIKE		
PARAMETER	Batch	Sample Id	Dup #1	Dup #2	RPD	Measured Value		Acceptable Limits		Recovery	Acceptable Limits		Recovery	Acceptable Limits	
								Lower	Upper		Lower	Upper		Lower	Upper

O. Reg. 243/07 Lead															
Lead	9610110		0.58	0.57	NA	< 0.50	105%	90%	110%	109%	90%	110%	101%	70%	130%

Comments: NA signifies Not Applicable.
 Duplicate Qualifier: As the measured result approaches the RL, the uncertainty associated with the value increases dramatically, thus duplicate acceptance limits apply only where the average of the two duplicates is greater than five times the RL

Certified By:






Method Summary

CLIENT NAME: GOLDER ASSOCIATES LTD.

AGAT WORK ORDER: 18L394717

PROJECT: 18101448-3000- Colonel Cameron

ATTENTION TO: Chris Rahm

SAMPLING SITE: Colonel Cameron Public School

SAMPLED BY: ALI ISMAIL

PARAMETER	AGAT S.O.P	LITERATURE REFERENCE	ANALYTICAL TECHNIQUE
Water Analysis			
Lead	MET-93-6103	EPA SW-846 6020A & 200.8	ICP-MS
Analysis Start Date			
Analysis Start Time			CALCULATION
Analysis Approval Date			ION CHROMATOGRAPH



AGAT Laboratories

5835 Coopers Avenue
Mississauga, ON
L4Z 1Y2

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Laboratory Use Only

Arrival Condition: Good POOR (complete notes)

Arrival Temperature: 7.8/18.1

AGAT Job Number: 18L394717

Notes: 3-7/4-4/5-0

Drinking Water Chain of Custody Record

P: 905.712.5100 • F: 905.712.5122 • TF: 1.800.856.6261

Client Information

Company: Golder Associates Ltd.
 Contact: Christopher Rahm
 Address: 309 Exeter Road, Unit #1
London, ON N6L 1C1
 Phone: 519-652-0099 Fax: 519-652-6299
 PO #: 18101448-3000
 Client Project #: 18101448-3000 - Colonel Cameron
 AGAT Quotation #: _____

Report Information

1. Name: Connie Ogilvie
 Email: connie.ogilvie@lkdsb.net
 2. Name: Christopher Rahm / Jennifer Douglas
 Email: crahm@golder.com / jennifer_douglas@golder.com

Report Format

Single Sample per page
 Multiple Samples per page

Facility Type (Check all that are applicable)

Large OR Small
 Residential OR Non-Residential
 Municipal OR Non-Municipal

+ Water Type
 (Specify in column below)

Raw (R), Treated (TR),
 Distribution (D), Tap (TP)
 Private Well (P)

Turnaround Time Required (TAT) *

Regular TAT 7 to 14 business days
Rush TAT 5 to 7 business days Rush surcharges apply
 3 to 5 business days
 1 to 3 business days
 Date Required (Rush surcharges may apply): _____

Requirements (Check one)

O. Regulation 170 Not Applicable
 O. Regulation 243 Other (Please Specify)
 O. Regulation 318/319

IS THIS WATER BEING CONSUMED BY HUMANS? Yes No

DO THE RESULTS REQUIRE REPORTING TO THE MOECC'S DWIS OR MOH'S LRMA? Yes No

CLIENT IS RESPONSIBLE TO COMPLETE AND SUBMIT LAB SERVICE NOTIFICATION (LSN) FORM TO THE MOECC/PHU. FAILURE TO DO SO MAY DELAY REPORTING.

NOTIFICATION INFORMATION MUST BE COMPLETE BELOW UPON SUBMISSION OF SAMPLES. LABORATORY ANALYSIS WILL NOT COMMENCE UNTIL ALL INFORMATION HAS BEEN PROVIDED.

SAMPLE IDENTIFICATION/LOCATION	DATE SAMPLED	TIME SAMPLED	WATER TYPE *	# OF CONTAINERS	CHLORINE RESIDUAL (incl. Units)	STANDING	FLUSHED	COMMENTS/STANDING TIME (IN MINUTES)	Inorganics (Sch. 23)	Organics (Sch. 24)	Lead	Fluoride	Sodium	Turbidity	Nitrate, Nitrite	Trihalomethanes	E.coli, Total Coliforms
219CC18Pb4	Oct. 7/18	8:18	TP	1	N/A		✓	Flush time (in minutes): 10			✓						
219CC18Pb4	Oct. 7/18	8:58	TP	1	N/A	✓		Standing time (in minutes): 30			✓						
Do NOT report Thursday PM or on Fridays																	

Samples Taken By (Print Name and Sign): Ali Ismail

* TAT is exclusive of weekends and statutory holidays. Prior arrangements must be made with the laboratory in order to submit Microbiology samples on Fridays

NOTIFICATION INFORMATION - (required to report adverse results as per the Safe Drinking Water Act) - Laboratory analysis will not commence until all information is received.

INFORMATION FOR ADVERSE REPORTING				MEDICAL OFFICER OF HEALTH (MOH)			
Waterworks Name: <u>Colonel Cameron Public School</u>	Phone: <u>1-519-336-1500 Ext. 31559</u>	Fax: <u>519-337-0613</u>	Region: <u>Lambton, Ontario</u>	PHU Contact: <u>Dr. Sudit Ranade</u>			
MOECC# (ie. Waterworks #): <u>500030889/Co-located facility: 500277980</u>	After Hours Phone: <u>519-381-3250</u>	Address/Location (if different from client above): <u>200 Wellington Street, Ontario, N7T 7L2</u>	Phone: <u>519-383-8331 X 3500</u>	Fax: <u>519-383-7092</u>	Email: <u>publichealth@county-lambton.on.ca</u>		
Contact: <u>Connie Ogilvie</u>							
Email: <u>connie.ogilvie@lkdsb.net</u>							

Samples Relinquished By (Print Name and Sign): <u>Dustin Brown</u>	Date/Time: <u>10/09/18</u>	Samples Received By (Print Name and Sign): <u>Jessica Smith</u>	Date/Time: <u>10/9/18 11:30</u>	Pink Copy - Client	Page <u>1</u> of <u>2</u>
Samples Relinquished By (Print Name and Sign): <u>Jessica Smith</u>	Date/Time: <u>10/9/18 3:00</u>	Samples Received By (Print Name and Sign):	Date/Time: <u>10/9/18</u>	Yellow/Golden Copy - AGAT	Nº: DW
Samples Relinquished By (Print Name and Sign): _____	Date/Time: _____	Samples Received By (Print Name and Sign): _____	Date/Time: <u>10/9/18</u>	White Copy - AGAT	



AGAT Laboratories

5835 Coopers Avenue
Mississauga, ON
L4Z 1Y2
webearth.agatlabs.com • www.agatlabs.com

Laboratory Use Only

Arrival Condition: Good POOR (complete notes)

Arrival Temperature: 7.0/7.3

AGAT Job Number: 18L 294717

Notes: 3.7/4.4/5.0

Drinking Water Chain of Custody Record

P: 905.712.5100 • F: 905.712.5122 • TF: 1.800.856.6261

Client Information

Company: Golder Associates Ltd.

Contact: Christopher Rahm

Address: 309 Exeter Road, Unit #1
London, ON N6L 1C1

Phone: 519-652-0099 Fax: 519-652-6299

PO #: 18101448-3000

Client Project #: 18101448-3000 - Colonel Cameron

AGAT Quotation #: _____

Report Information

1. Name: Connie Ogilvie
Email: connie.ogilvie@lkdsb.net

2. Name: Christopher Rahm / Jennifer Douglas
Email: crahm@golder.com / jennifer_douglas@golder.com

Report Format

Single Sample per page

Multiple Samples per page

Facility Type (Check all that are applicable)

Large OR Small

Residential OR Non-Residential

Municipal OR Non-Municipal

+ Water Type
(Specify in column below)

Raw (R), Treated (TR),
Distribution (D), Tap (TP)
Private Well (P)

Turnaround Time Required (TAT) *

Regular TAT 7 to 14 business days

Rush TAT (Please provide prior notification)

5 to 7 business days Rush surcharges apply

3 to 5 business days

1 to 3 business days

Date Required (Rush surcharges may apply): _____

Requirements (Check one)

O. Regulation 170 Not Applicable

O. Regulation 243 Other (Please Specify)

O. Regulation 318/319

IS THIS WATER BEING CONSUMED BY HUMANS? Yes No

DO THE RESULTS REQUIRE REPORTING TO THE MOECC'S DWIS OR MOH'S LRMA? Yes No

CLIENT IS RESPONSIBLE TO COMPLETE AND SUBMIT LAB SERVICE NOTIFICATION (LSN) FORM TO THE MOECC/PHU. FAILURE TO DO SO MAY DELAY REPORTING.

NOTIFICATION INFORMATION MUST BE COMPLETE BELOW UPON SUBMISSION OF SAMPLES. LABORATORY ANALYSIS WILL NOT COMMENCE UNTIL ALL INFORMATION HAS BEEN PROVIDED.

SAMPLE IDENTIFICATION/LOCATION	DATE SAMPLED	TIME SAMPLED	WATER TYPE *	# OF CONTAINERS	CHLORINE RESIDUAL (incl. Units)	STANDING	FLUSHED	COMMENTS/STANDING TIME (IN MINUTES)	Inorganics (Sch. 23)	Organics (Sch. 24)	Lead	Fluoride	Sodium	Turbidity	Nitrate, Nitrite	Trihalomethanes	E.coli, Total Coliforms
219CC18Pb3	<u>Oct. 6/18</u>	<u>11:35</u>	TP	1	N/A		<input checked="" type="checkbox"/>	Flush time (in minutes): <u>16</u>			<input checked="" type="checkbox"/>						
219CC18Pb3	<u>Oct. 6/18</u>	<u>12:15</u>	TP	1	N/A	<input checked="" type="checkbox"/>		Standing time (in minutes): <u>30</u>			<input checked="" type="checkbox"/>						
								Flush time (in minutes):									
								Standing time (in minutes):									
Samples Taken By (Print Name and Sign): <u>Ali Ismail</u>																	

* TAT is exclusive of weekends and statutory holidays. Prior arrangements must be made with the laboratory in order to submit Microbiology samples on Fridays

NOTIFICATION INFORMATION - (required to report adverse results as per the Safe Drinking Water Act) - Laboratory analysis will not commence until all information is received.

INFORMATION FOR ADVERSE REPORTING				MEDICAL OFFICER OF HEALTH (MOH)			
Waterworks Name: <u>Colonel Cameron Public School</u>	Phone: <u>1-519-336-1500 Ext. 31559</u>	Fax: <u>519-337-0613</u>	Region: <u>Lambton, Ontario</u>	PHU Contact: <u>Dr. Sudit Ranade</u>	Phone: <u>519-383-8331 X 3500</u>	Fax: <u>519-383-7092</u>	
MOECC# (ie Waterworks #): <u>500030889/Co-located facility: 500277980</u>	After Hours Phone: <u>519-381-3250</u>	Address/Location (if different from client above): <u>200 Wellington Street, Ontario, N7T 7L2</u>					
Contact: <u>Connie Ogilvie</u>							
Email: <u>connie.ogilvie@lkdsb.net</u>							
Samples Relinquished By (Print Name and Sign): <u>Dustin Brown</u>	Date/Time: <u>10/09/18</u>	Samples Received By (Print Name and Sign): <u>Jessica Smith</u>	Date/Time: <u>10/9/18 11:30</u>	Blank Copy - Client	Page <u>2</u> of <u>2</u>		
Samples Relinquished By (Print Name and Sign): <u>Jessica Smith</u>	Date/Time: <u>10/9/18 11:30</u>	Samples Received By (Print Name and Sign): _____	Date/Time: _____	Yellow/Golden Copy - AGAT	Nº: <u>DW</u>		
Samples Relinquished By (Print Name and Sign): _____	Date/Time: _____	Samples Received By (Print Name and Sign): _____	Date/Time: _____	White Copy - AGAT			



CLIENT NAME: GOLDER ASSOCIATES LTD.
309 EXETER ROAD, UNIT #1
LONDON, ON N6L1C1
(519) 652-0099

ATTENTION TO: Chris Rahm

PROJECT: 18101448-3000 - Colonel Cameron

AGAT WORK ORDER: 18L402823

WATER ANALYSIS REVIEWED BY: Nivine Basily, Inorganics Report Writer

DATE REPORTED: Nov 05, 2018

PAGES (INCLUDING COVER): 5

VERSION*: 1

Should you require any information regarding this analysis please contact your client services representative at (905) 712-5100

*NOTES

All samples will be disposed of within 30 days following analysis. Please contact the lab if you require additional sample storage time.



Certificate of Analysis

AGAT WORK ORDER: 18L402823

PROJECT: 18101448-3000 - Colonel Cameron

5835 COOPERS AVENUE
MISSISSAUGA, ONTARIO
CANADA L4Z 1Y2
TEL (905)712-5100
FAX (905)712-5122
<http://www.agatlabs.com>

CLIENT NAME: GOLDER ASSOCIATES LTD.

SAMPLING SITE: Colonel Cameron

ATTENTION TO: Chris Rahm

SAMPLED BY: Jennifer Douglas

O. Reg. 243/07 Lead

DATE RECEIVED: 2018-10-29

DATE REPORTED: 2018-11-05

Parameter	Unit	SAMPLE DESCRIPTION:		219CC18Pb3R	219CC18Pb3R
		G / S	RDL	(BF)	(AF)
				Water	Water
				2018-10-27	2018-10-27
				9658821	9658839
Lead	µg/L	10	0.50	10.0	3.71
Analysis Start Date				2018/11/05	2018/11/05
Analysis Start Time				15:00	15:00
Analysis Approval Date				2018/11/05	2018/11/05

Comments: RDL - Reported Detection Limit; G / S - Guideline / Standard: Refers to Ontario Drinking Water Quality Standards. Na value is derived from O. Reg. 248
Guideline values are for general reference only. The guidelines provided may or may not be relevant for the intended use. Refer directly to the applicable standard for regulatory interpretation.

Certified By:



Quality Assurance

CLIENT NAME: GOLDER ASSOCIATES LTD.
 PROJECT: 18101448-3000 - Colonel Cameron
 SAMPLING SITE: Colonel Cameron

AGAT WORK ORDER: 18L402823
 ATTENTION TO: Chris Rahm
 SAMPLED BY: Jennifer Douglas

Water Analysis

RPT Date: Nov 05, 2018			DUPLICATE			Method Blank	REFERENCE MATERIAL			METHOD BLANK SPIKE			MATRIX SPIKE		
PARAMETER	Batch	Sample Id	Dup #1	Dup #2	RPD		Measured Value	Acceptable Limits		Recovery	Acceptable Limits		Recovery	Acceptable Limits	
								Lower	Upper		Lower	Upper		Lower	Upper
O. Reg. 243/07 Lead															
Lead	9660419		<0.50	<0.50	NA	< 0.50	97%	90%	110%	91%	90%	110%	84%	70%	130%

Comments: NA signifies Not Applicable.

Duplicate Qualifier: As the measured result approaches the RL, the uncertainty associated with the value increases dramatically, thus duplicate acceptance limits apply only where the average of the two duplicates is greater than five times the RL.

Certified By: _____

Divine Basily



Method Summary

CLIENT NAME: GOLDER ASSOCIATES LTD.

AGAT WORK ORDER: 18L402823

PROJECT: 18101448-3000 - Colonel Cameron

ATTENTION TO: Chris Rahm

SAMPLING SITE: Colonel Cameron

SAMPLED BY: Jennifer Douglas

PARAMETER	AGAT S.O.P	LITERATURE REFERENCE	ANALYTICAL TECHNIQUE
Water Analysis			
Lead	MET-93-6103	EPA SW-846 6020A & 200.8	ICP-MS
Analysis Start Date			
Analysis Start Time			CALCULATION
Analysis Approval Date			ION CHROMATOGRAPH



AGAT Laboratories

5835 Coopers Avenue
Mississauga, ON
L4Z 1Y2

webearth.agatlabs.com • www.agatlabs.com

Laboratory Use Only

Arrival Condition: Good Poor (complete notes)
Arrival Temperature: 0.5 / 0.1 / 0.4
AGAT Job Number: 184402823
Notes: 0-0 / 0-1 / 0-2

Drinking Water Chain of Custody Record

P: 905.712.5100 • F: 905.712.5122 • TF: 1.800.856.6261

Client Information

Company: Golder Associates Ltd.
 Contact: Christopher Rahm
 Address: 309 Exeter Road, Unit #1
London, ON N6L 1C1
 Phone: 519-652-0099 Fax: 519-652-6299
 PO #: 18101448-3000
 Client Project #: 18101448-3000 - Colonel Cameron
 AGAT Quotation #: _____

Report Information

1. Name: Connie Ogilvie
 Email: connie.ogilvie@kdsb.net
 2. Name: Christopher Rahm / Jennifer Douglas
 Email: crahm@golder.com / jennifer_douglas@golder.com

Report Format

Single Sample per page
 Multiple Samples per page

Facility Type (Check all that are applicable)

Large OR Small
 Residential OR Non-Residential
 Municipal OR Non-Municipal

+ Water Type
 (Specify in column below)

Raw (R), Treated (TR),
 Distribution (D), Tap (TP)
 Private Well (P)

Turnaround Time Required (TAT) *

Regular TAT 7 to 14 business days
Rush TAT 5 to 7 business days Rush surcharges apply
 3 to 5 business days
 1 to 3 business days
 Date Required (Rush surcharges may apply): _____

Requirements (Check one)

0. Regulation 170 Not Applicable
 0. Regulation 243 Other (Please Specify)
 0. Regulation 318/319

IS THIS WATER BEING CONSUMED BY HUMANS? Yes No
DO THE RESULTS REQUIRE REPORTING TO THE MOECC'S DWIS OR MOH'S LRMA? Yes No
CLIENT IS RESPONSIBLE TO COMPLETE AND SUBMIT LAB SERVICE NOTIFICATION (LSN) FORM TO THE MOECC/PHU. FAILURE TO DO SO MAY DELAY REPORTING.
NOTIFICATION INFORMATION MUST BE COMPLETE BELOW UPON SUBMISSION OF SAMPLES. LABORATORY ANALYSIS WILL NOT COMMENCE UNTIL ALL INFORMATION HAS BEEN PROVIDED.

SAMPLE IDENTIFICATION/LOCATION	DATE SAMPLED	TIME SAMPLED	WATER TYPE *	# OF CONTAINERS	CHLORINE RESIDUAL (incl. Units)	STANDING	FLUSHED	COMMENTS/STANDING TIME (IN MINUTES)	Inorganics (Sch. 23)	Organics (Sch. 24)	Lead	Fluoride	Sodium	Turbidity	Nitrate, Nitrite	Trihalomethanes	E.coli, Total Coliforms
219CC18Pb3R	Oct 27 18	7:59	TP	1	N/A		✓	Flush time (in minutes): <u>0</u>									
219CC18Pb3R	Oct 27 18	8:39	TP	1	N/A	✓		Standing time (in minutes): <u>30</u>									
								Flush time (in minutes):									
								Standing time (in minutes):									

Handwritten signature: Jennifer Douglas. *TAT is exclusive of weekends and statutory holidays. Prior arrangements must be made with the laboratory in order to submit Microbiology samples on Fridays

NOTIFICATION INFORMATION - (required to report adverse results as per the Safe Drinking Water Act) - Laboratory analysis will not commence until all information is received.

INFORMATION FOR ADVERSE REPORTING

Waterworks Name: Colonel Cameron Public School Phone: 1-519-336-1500 Ext. 31559 Fax: 519-337-0613 Region: Lambton, Ontario
 MOECC# (or Waterworks #): 500030889/Co-located facility: 500277980 After Hours Phone: 519-381-3250 PHU Contact: Dr. Sudit Ranade
 Contact: Connie Ogilvie Address/Location (if different from client above): 200 Wellington Street, Ontario, N7T 7L2 Phone: 519-383-8331 X 3500 Fax: 519-383-7092
 Email: connie.ogilvie@kdsb.net Email: publichealth@county-lambton.on.ca

Samples Received by (Print Name and Sign): Jennifer Douglas Date/Time: 10/23/18 Samples Received by (Print Name and Sign): Jessica Smith Date/Time: 10/29/18
 Samples Received by (Print Name and Sign): Jessica Smith Date/Time: 10/29/18 Samples Received by (Print Name and Sign): _____ Date/Time: _____
 Samples Received by (Print Name and Sign): _____ Date/Time: _____ Samples Received by (Print Name and Sign): _____ Date/Time: _____

Pink Copy - Client
 Yellow/Golden Copy - AGAT
 White Copy - AGAT

Page 1 of 1
 No: **DW**