



Rainy River District School Board
ATTN: Travis Enge
Nestor Falls
522 2ND ST EAST
FORT FRANCES ON P9A 1N4

Date Received: 12-DEC-17
Report Date: 15-DEC-17 13:57 (MT)
Version: FINAL

Client Phone: 807-275-6762

Certificate of Analysis

Lab Work Order #: L2034092
Project P.O. #: NOT SUBMITTED
Job Reference: 260009802
C of C Numbers:
Legal Site Desc:

Christina Shepherd
Account Manager

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

ADDRESS: 1081 Barton Street, Thunder Bay, ON P7B 5N3 Canada | Phone: +1 807 623 6463 | Fax: +1 807 623 7598
ALS CANADA LTD Part of the ALS Group An ALS Limited Company



ANALYTICAL GUIDELINE REPORT

260009802

| Sample Details | | Result | Qualifier | D.L. | Units | Analyzed | Guideline Limits | | | | | |
|--|---------------------------|--------|-----------|------|---------------|-----------|------------------|----|--|--|--|--|
| Grouping | Analyte | | | | | | #1 | #2 | | | | |
| L2034092-1 ~D1 DISTRIBUTED SR CLASSROOM Sampled By: CD on 11-DEC-17 @ 10:55 Matrix: Distribution | | | | | | | #1 | #2 | | | | |
| Bacteriological Tests | | | | | | | | | | | | |
| | Escherichia Coli | 0 | | 0 | MPN/100m L | 12-DEC-17 | 0 | | | | | |
| | Heterotrophic Plate Count | 0 | | 0 | CFU/mL | 12-DEC-17 | | | | | | |
| | Total Coliforms | 0 | | 0 | MPN/100m L | 12-DEC-17 | 0 | | | | | |
| L2034092-2 ~R1 RAW MECHANICAL ROOM Sampled By: CD on 11-DEC-17 @ 10:47 Matrix: Raw Water | | | | | | | #1 | #2 | | | | |
| Bacteriological Tests | | | | | | | | | | | | |
| | Escherichia Coli | 3 | | 0 | MPN/100m L | 12-DEC-17 | *0 | | | | | |
| | Total Coliforms | 5 | | 0 | MPN/100m L | 12-DEC-17 | *0 | | | | | |

** 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:

Ontario Drinking Water Regulation (ODWQS) JAN.1,2017 = [Suite] - ON-DW-STANDARD+GUIDELINES

#1: Schedule 1 (Microbiological) and 2 (Chemical) Standards (JAN,2017)

#2: Ontario DW Aesthetic and Operational Guidelines

Reference Information

Methods Listed (if applicable):

| ALS Test Code | Matrix | Test Description | Method Reference*** |
|---------------|--------|---|-----------------------|
| HPC-PP-TB | Water | Heterotrophic Plate Count by Pour Plate | APHA 9215B (modified) |
| | | Heterotrophic Plate Count in aqueous matrices are analyzed using aerobic incubation and pour plate method and incubated for 48 hours. | |
| HPC-PP-TB | Water | Heterotrophic Plate Count by Pour Plate | APHA 9215D (modified) |
| | | Heterotrophic Plate Count in aqueous matrices are analyzed using aerobic incubation and pour plate method and incubated for 48 hours. | |
| TC,EC-QT51-TB | Water | Total Coliform and E.coli | APHA 9223 B |

This analysis is carried out using procedures adapted from APHA Method 9223 "Enzyme Substrate Coliform Test". E. coli and Total Coliform are determined simultaneously. The sample is mixed with a mixture of hydrolyzable substrates and then sealed in a multi-well packet. The packet is incubated for 18 or 24 hours and then the number of wells exhibiting a positive response are counted. The final result is obtained by comparing the positive responses to a probability table.

| | | | |
|---------------|-------|---------------------------|-------------|
| TC,EC-QT97-TB | Water | Total Coliform and E.coli | APHA 9223 B |
|---------------|-------|---------------------------|-------------|

This analysis is carried out using procedures adapted from APHA Method 9223 "Enzyme Substrate Coliform Test". E. coli and Total Coliform are determined simultaneously. The sample is mixed with a mixture of hydrolyzable substrates and then sealed in a multi-well packet. The packet is incubated for 18 or 24 hours and then the number of wells exhibiting a positive response are counted. The final result is obtained by comparing the positive responses to a probability table.

*** ALS test methods may incorporate modifications from specified reference methods to improve performance.

Chain of Custody numbers:

The last two letters of the above test code(s) indicate the laboratory that performed analytical analysis for that test. Refer to the list below:

| Laboratory Definition Code | Laboratory Location | Laboratory Definition Code | Laboratory Location |
|----------------------------|---|----------------------------|---------------------|
| TB | ALS ENVIRONMENTAL - THUNDER BAY, ONTARIO, CANADA | | |

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.

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.



Quality Control Report

Workorder: L2034092

Report Date: 15-DEC-17

Page 1 of 2

Client: Rainy River District School Board
Nestor Falls 522 2ND ST EAST
FORT FRANCES ON P9A 1N4

Contact: Travis Enge

| Test | Matrix | Reference | Result | Qualifier | Units | RPD | Limit | Analyzed |
|---------------------------|-----------------|-------------------|--------|-----------|-----------|-----|-------|-----------|
| HPC-PP-TB | | | | | | | | |
| | Water | | | | | | | |
| Batch | R3913506 | | | | | | | |
| WG2682756-2 | DUP | L2034076-1 | | | | | | |
| Heterotrophic Plate Count | | 2 | 2 | | CFU/mL | 0.0 | 65 | 12-DEC-17 |
| WG2682756-1 | MB | | | | | | | |
| Heterotrophic Plate Count | | | 0 | | CFU/mL | | 1 | 12-DEC-17 |
| TC,EC-QT51-TB | | | | | | | | |
| | Water | | | | | | | |
| Batch | R3912200 | | | | | | | |
| WG2682736-1 | MB | | | | | | | |
| Total Coliforms | | | 0 | | MPN/100mL | | 1 | 12-DEC-17 |
| Escherichia Coli | | | 0 | | MPN/100mL | | 1 | 12-DEC-17 |
| TC,EC-QT97-TB | | | | | | | | |
| | Water | | | | | | | |
| Batch | R3912237 | | | | | | | |
| WG2682749-2 | DUP | L2033976-1 | | | | | | |
| Total Coliforms | | 34 | 38 | | MPN/100mL | 11 | 65 | 12-DEC-17 |
| Escherichia Coli | | 0 | 1 | J | MPN/100mL | 1 | 2 | 12-DEC-17 |
| WG2682749-1 | MB | | | | | | | |
| Total Coliforms | | | 0 | | MPN/100mL | | 1 | 12-DEC-17 |
| Escherichia Coli | | | 0 | | MPN/100mL | | 1 | 12-DEC-17 |

Quality Control Report

Workorder: L2034092

Report Date: 15-DEC-17

Client: Rainy River District School Board
Nestor Falls 522 2ND ST EAST
FORT FRANCES ON P9A 1N4

Page 2 of 2

Contact: Travis Enge

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

Sample Parameter Qualifier Definitions:

| Qualifier | Description |
|-----------|-------------|
|-----------|-------------|

| | |
|---|---|
| J | Duplicate results and limits are expressed in terms of absolute difference. |
|---|---|

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 pre-determined 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.



L2034092-COFC

ALS Thunder Bay, 1081 Barton Street. Thunder Bay, ON P7B 5N3
Ph: 807-623-6463 Fax: 807-623-7598 Toll-Free 1-800-668-9878

DRINKING WATER CHAIN OF CUSTODY

PLEASE CIRCLE APPLICABLE REGULATION:

Reg 170/03

Reg 318/08 319/08

Reg 243

C of A

Is this a resample from an adverse water quality incident?

Yes

No

| | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------|--|------------------------|---|----------------------|---------------------|-------------------|-----------------------------------|----------|-----------|------|------------------|--------|-------------------------|----------------------------|--|--|
| WORKS NAME RRDSB - Nestor Falls School | | WORKS PHONE School: 807-484-2101 Sherril: 807-275-4979 | | ANALYSES REQUESTED Please indicate test for each sample by Checkmark in the box below | | | | | | | | | | FOR LAB USE ONLY | | | | | |
| CLIENT CONTACT NAME Travis Enge | | WORKS FAX School: 807-484-2222 Admin: 807-274-5078 | | Total Coliform/E. coli (TC/EC) | Het. Plate Count (HPC) | Nitrate/Nitrite | THM (Max. Res. Time) | Sched 23 Inorganics | Sched 24 Organics | Sodium | Fluoride | Turbidity | Lead | Alkalinity | Other: | Field pH | SUBMISSION NO. L2034092 | | |
| WORKS ADDRESS(physical) School Road, Nestor Falls, ON, P0X 1K0 | | AFTER HOURS PHONE Peter: 807-275-6762 Travis: 807-276-4733 | | | | | | | | | | | | | | | LOGGED BY JTR | | |
| REPORTING ADDRESS 522 Second St. E., Fort Frances, ON, P9A 1N4 | | HEALTH UNIT NWDHU | | DATE 12/12/17 | | | TIME 14:41 | | | TEMPERATURE AT RECEIPT [C] 3.9 | | | | | | | | | |
| WORKS/DWIS/SDWS NUMBER 260009802 / 500124983 | | HEALTH UNIT Kenora: 807-468-3147/807-468-3914 PHONE/FAX Fort Frances: 807-274-9827/807-274-0779 | | pH <2 | | | Volume lL | | | Time Check | | | | | | | | | |
| EMAIL: sherril.belluz@mail.rrdsb.com peter.gardlman@mail.rrdsb.com | | Requested Service (Circle One) <input checked="" type="radio"/> Reg Pri (50%) <input type="radio"/> Emerg (100%) | | Regulated Sample Type * (R,T,D,P, PS,PF) | | | | | | | | | | | | | | | |
| SAMPLE DESCRIPTION (This description will appear on the report) | | Chlorine Residual mg/L | Sample Date | Sample Time | | | | | | | | | | | | | | | |
| DISTRIBUTED (SR CLASSROOM) | | 251 | DEC 11 / 17 | 10:55AM | D | X | X | | | | | | | | | | | | |
| RAW (MECHANICAL ROOM) | | / | DEC 11 / 17 | 10:47AM | R | X | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| SAMPLED BY (PRINT) CHARLES DESCHAMPS | | SAMPLED BY (SIGNATURE) <i>Charles Deschamps</i> | | DATE/TIME RECEIVED AT LAB: Dec 12 / 17 1:20 | | Other Comments/Cautions (Please identify known or suspected hazards) Quanty Tray | | | | | | | | | | CHECK TO LIST ON REPORT | | | |
| SUBMITTED TO LAB BY (PRINT) CHARLES DESCHAMPS | | SUBMITTED TO LAB BY (SIGNATURE) <i>Charles Deschamps</i> | | RECEIVED AT LAB BY: <i>Km</i> | | | | | | | | | | | | Chlorine Residual(s) | | | |
| | | | | | | | | | | | | | | | | Field pH(s) | | | |

JTR