



Rainy River District School Board
ATTN: Rainy River District School Board
Re: Nestor Falls 500124983
522 2ND ST EAST
FORT FRANCES ON P9A 1N4

Date Received: 04-AUG-17
Report Date: 15-AUG-17 14:42 (MT)
Version: FINAL

Client Phone: 807-275-6762

Certificate of Analysis

Lab Work Order #: L1970246
Project P.O. #: NOT SUBMITTED
Job Reference: 500124983
C of C Numbers:
Legal Site Desc:



Christina Shepherd
Account Manager

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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

500124983

Sample Details		Result	Qualifier	D.L.	Units	Analyzed	Guideline Limits							
Grouping	Analyte						#1	#2						
L1970246-1	-P1 SAMPLE 1													
Sampled By: GB on 17-JUN-17 @ 12:40														
Matrix: Plumbing Standing														
Total Metals														
Lead (Pb)-Total		2.6		1.0	ug/L	09-AUG-17	10							
L1970246-2	-P2 SAMPLE 2													
Sampled By: GB on 17-JUN-17 @ 13:15														
Matrix: Plumbing Flushed														
Total Metals														
Lead (Pb)-Total		2.0		1.0	ug/L	09-AUG-17	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:

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***
MET-DW-MS-TB	Water	Drinking Water Metals	APHA 3030E/EPA 6020A

Instrumental analysis is by inductively coupled plasma - mass spectrometry (EPA Method 6020A).

*** 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.



Environmental

Quality Control Report

Workorder: L1970246

Report Date: 15-AUG-17

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Client: Rainy River District School Board
Re: Nestor Falls 500124983 522 2ND ST EAST
FORT FRANCES ON P9A 1N4

Contact: Rainy River District School Board

Test	Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
MET-DW-MS-TB								
	Water							
Batch	R3794346							
WG2587998-3	DUP	L1971342-1						
Lead (Pb)-Total		1.5	1.5		ug/L	4.4	20	09-AUG-17
WG2587998-2	LCS							
Lead (Pb)-Total			98.2		%		80-120	09-AUG-17
WG2587998-1	MB							
Lead (Pb)-Total			<1.0		ug/L		1	09-AUG-17
WG2587998-4	MS	L1971342-1						
Lead (Pb)-Total			88.3		%		70-130	09-AUG-17

Quality Control Report

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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 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.



L1970246-COFC

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

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

WORKS NAME		WORKS PHONE		ANALYSES REQUESTED												FOR LAB USE ONLY																
RRDSB - Nestor Falls School		School: 807-484-2101 Sherril: 807-275-4979		Please indicate test for each sample by Checkmark in the box below												SUBMISSION NO. L1970246																
CLIENT CONTACT NAME Peter Gardiman TRAVIS EDGE P.G.		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	LOGGED BY MM															
WORKS ADDRESS(physical) School Road, Nestor Falls, ON, P0X 1K0		AFTER HOURS PHONE Peter: 807-275-6762 Travis: 807-276-4733															DATE 4 Aug 17															
REPORTING ADDRESS 522 Second St. E., Fort Frances, ON, P9A 1N4		HEALTH UNIT NWDHU															TIME 1501															
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															TEMPERATURE AT RECEIPT (C) 3.0															
EMAIL: sherril.belluz@mail.rrdsb.com peter.gardiman@mail.rrdsb.com		Requested Service (Circle One) Reg (50%) 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													pH <2	Volume 1L	Time Check
Sample 1		/	June 17														12:40p	PS								X				✓	✓	
Sample 2		/	June 17														1:15pm	PF								X				✓	✓	
Sample Room # 10																																
LAST USED June 16 @ 5pm.																																

* Sample Type Legend: R - Raw Water T - Treated Source D - Distribution Sample P - Plumbing PS - Plumbing Standing PF - Plumbing Flushed

SAMPLED BY (PRINT): COARY BROWAN	SAMPLED BY (SIGNATURE): <i>[Signature]</i>	DATE/TIME RECEIVED AT LAB: Aug 4/17 1:15	Other Comments/Cautions (Please identify known or suspected hazards)	CHECK TO LIST ON REPORT	
SUBMITTED TO LAB BY (PRINT): COAR BROWAN	SUBMITTED TO LAB BY (SIGNATURE): <i>[Signature]</i>	RECEIVED AT LAB BY: KW		Chlorine Residual(s)	

MM
MM



L1970246-COFC

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Reg 170/03

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Reg 243

C of A

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 Ph: 807-623-6463 Fax: 807-623-7598 Toll-Free 1-800-668-9878

WORKS NAME		WORKS PHONE		ANALYSES REQUESTED										FOR LAB USE ONLY						
RRDSB - Nestor Falls School		School: 807-484-2101 Sherrri: 807-275-4979		Please indicate test for each sample by Checkmark in the box below										SUBMISSION NO. L1970246						
CLIENT CONTACT NAME Peter Gardiman TRAVIS EDGE P.G.		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	LOGGED BY MM			
WORKS ADDRESS(physical) School Road, Nestor Falls, ON, P0X 1K0		AFTER HOURS PHONE Peter: 807-275-6762 Travis: 807-276-4733															DATE 4 Aug 17			
REPORTING ADDRESS 522 Second St. E., Fort Frances, ON, P9A 1N4		HEALTH UNIT NWDHU															TIME 1501			
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															TEMPERATURE AT RECEIPT (C) 3.0			
EMAIL: sherrri.belluz@mail.rrdsb.com peter.gardiman@mail.rrdsb.com		Requested Service (Circle One) Reg Pri (50%) 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											pH <2	Volume 1L	Time Check			
Sample 1		/	June 17	12:40P														✓	✓	
Sample 2		/	June 17	1:15pm														✓	✓	
Sample Room # 10																				
Last Used June 16 @ 5pm.																				

* Sample Type Legend: R - Raw Water T - Treated Source D - Distribution Sample P - Plumbing PS - Plumbing Standing PF - Plumbing Flushed

SAMPLED BY (PRINT):
CARY BROMAN

SAMPLED BY (SIGNATURE):
[Signature]

DATE/TIME RECEIVED AT LAB:
Aug 4/17 1:15

Other Comments/Cautions (Please identify known or suspected hazards)

CHECK TO LIST ON REPORT

SUBMITTED TO LAB BY (PRINT):
Cary Broman

SUBMITTED TO LAB BY (SIGNATURE):
[Signature]

RECEIVED AT LAB BY:
KW

Chlorine Residual(s)

Field pH(s)