



CLIENT NAME: PETO MACCALLUM LIMITED
45 BURFORD ROAD
HAMILTON, ON L8E3C5
(905) 561-2231

ATTENTION TO: Nancy Hume Meletti

PROJECT: 500020359

AGAT WORK ORDER: 20H643088

WATER ANALYSIS REVIEWED BY: Nivine Basily, Inorganics Report Writer

DATE REPORTED: Aug 31, 2020

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**

Disclaimer:

- All work conducted herein has been done using accepted standard protocols, and generally accepted practices and methods. AGAT test methods may incorporate modifications from the specified reference methods to improve performance.
- All samples will be disposed of within 30 days following analysis, unless expressly agreed otherwise in writing. Please contact your Client Project Manager if you require additional sample storage time.
- AGAT's liability in connection with any delay, performance or non-performance of these services is only to the Client and does not extend to any other third party. Unless expressly agreed otherwise in writing, AGAT's liability is limited to the actual cost of the specific analysis or analyses included in the services.
- This Certificate shall not be reproduced except in full, without the written approval of the laboratory.
- The test results reported herewith relate only to the samples as received by the laboratory.
- Application of guidelines is provided "as is" without warranty of any kind, either expressed or implied, including, but not limited to, warranties of merchantability, fitness for a particular purpose, or non-infringement. AGAT assumes no responsibility for any errors or omissions in the guidelines contained in this document.
- All reportable information as specified by ISO/IEC 17025:2017 is available from AGAT Laboratories upon request.



Certificate of Analysis

AGAT WORK ORDER: 20H643088

PROJECT: 500020359

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

CLIENT NAME: PETO MACCALLUM LIMITED

ATTENTION TO: Nancy Hume Meletti

SAMPLING SITE:

SAMPLED BY: Ryan Veenendaal

DRINKING WATER - O. Reg. 243/07 Lead

DATE RECEIVED: 2020-08-27

DATE REPORTED: 2020-08-31

Parameter	Unit	G / S	RDL	FP1 (Before) -	FP1 (After) -	FP2 (Before) -	FP2 (After) -	FP4 (Before) -	FP4 (After) -	FP5 (Before) -	FP5 (After) -
				Aug. 27	Aug. 27	Aug. 27	Aug. 27	Aug. 27	Aug. 27	Aug. 27	Aug. 27
SAMPLE DESCRIPTION:				Water	Water	Water	Water	Water	Water	Water	Water
SAMPLE TYPE:				Water	Water	Water	Water	Water	Water	Water	Water
DATE SAMPLED:				2020-08-27 05:44	2020-08-27 06:24	2020-08-27 05:45	2020-08-27 06:29	2020-08-27 05:46	2020-08-27 06:35	2020-08-27 05:47	2020-08-27 06:40
				1394838	1394840	1394841	1394842	1394843	1394844	1394845	1394846
Total Lead	µg/L	10	0.50	0.87	0.68	23.4	46.5	0.55	<0.50	7.01	3.86
Analysis Start Date				2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31
Analysis Start Time				11:33	11:33	11:33	11:33	11:33	11:33	11:33	11:33
Analysis Approval Date				2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31	2020/08/31

Comments: RDL - Reported Detection Limit; G / S - Guideline / Standard: Refers to O. Reg 169/03 - Ontario Drinking Water Quality Standards. Na value 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:



Nvine Basly



Guideline Violation

AGAT WORK ORDER: 20H643088

PROJECT: 500020359

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

CLIENT NAME: PETO MACCALLUM LIMITED

ATTENTION TO: Nancy Hume Meletti

SAMPLEID	SAMPLE TITLE	GUIDELINE	ANALYSIS PACKAGE	PARAMETER	UNIT	GUIDEVALUE	RESULT
1394841	FP2 (Before) - Aug. 27	ON 169/03 MAC/IMAC	DRINKING WATER - O. Reg. 243/07 Lead	Total Lead	µg/L	10	23.4
1394842	FP2 (After)- Aug. 27	ON 169/03 MAC/IMAC	DRINKING WATER - O. Reg. 243/07 Lead	Total Lead	µg/L	10	46.5

Quality Assurance

CLIENT NAME: PETO MACCALLUM LIMITED
PROJECT: 500020359
SAMPLING SITE:

AGAT WORK ORDER: 20H643088
ATTENTION TO: Nancy Hume Meletti
SAMPLED BY: Ryan Veenendaal

Water Analysis

RPT Date: Aug 31, 2020			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
DRINKING WATER - O. Reg. 243/07 Lead															
Total Lead	1394838	1394838	0.87	0.85	NA	< 0.50	102%	70%	130%	104%	80%	120%	101%	70%	130%

Comments: NA Signifies Not Applicable.
 Duplicate NA: results are under 5X the RDL and will not be calculated.

Certified By:



Nivine Basily



Method Summary

CLIENT NAME: PETO MACCALLUM LIMITED

AGAT WORK ORDER: 20H643088

PROJECT: 500020359

ATTENTION TO: Nancy Hume Meletti

SAMPLING SITE:

SAMPLED BY: Ryan Veenendaal

PARAMETER	AGAT S.O.P	LITERATURE REFERENCE	ANALYTICAL TECHNIQUE
Water Analysis			
Total Lead	MET-93-6103	modified from EPA 200.8, 3005A, 3010A & 6020B	ICP-MS
Analysis Start Date			
Analysis Start Time			CALCULATION
Analysis Approval Date			ION CHROMATOGRAPH



AGAT Laboratories

5835 Coopers Avenue
Mississauga, ON
L4Z 1Y2

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: 8.4 8.6 8.7
 AGAT Job Number: 204643088
 Notes: 8.8. 8.8, 9.2
ON ICE LO CONSER

Client Information

Company: Our Lady of the Assumption
 Contact: _____
 Address: 55 Regional Rd 20
Stoney Creek ON L8S 2W9
 Phone: _____ Fax: _____
 PO #: 18HX015
 Client Project #: Our Lady of the Assumption
 AGAT Quotation #: 340498

Report Information

1. Name: Nancy Hume Melett;
 Email: hume.melett.in@hwcdsb.ca
 2. Name: John Omeara
 Email: omeara.j@hwcdsb.ca

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 Sch 23/24 only
 5 to 7 business days
Rush TAT (please provide prior notification)
 3 to 4 business days **Rush**
 2 business days **surcharges**
 1 business days **apply**

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

RAW WATER SAMPLES - CONSUMED BY HUMANS?

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
FP1 (before) - Aug. 27	08/27/20	5:44	TP	1		X		>360			X						
FP1 (after) - Aug. 27		6:24	TP	1			X	30			X						
FP2 (before) - Aug. 27		5:45	TP	1		X		>360			X						
FP2 (after) - Aug. 27		6:29	TP	1			X	30			X						
FP4 (before) - Aug. 27		5:46	TP	1		X		>360			X						
FP4 (after) - Aug. 27		6:35	TP	1			X	30			X						
FP5 (before) - Aug. 27		5:47	TP	1		X		>360			X						

Samples Taken By (Print Name and Sign):

Ryan Veendaa RVeendaa

* 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: Our Lady of the Assumption 905-525-2930 905-525-0043
 MOECC# (ie: Waterworks #): 500020359 After Hours Phone: 289-244-0617
 Contact: Nancy Hume Melett; Address/Location (if different from client above): 90 Mulberry St., Hamilton
 Email: hume.melett.in@hwcdsb.ca

MEDICAL OFFICER OF HEALTH (MOH)

Region: City of Hamilton
 PHU Contact: Dr. E. Richardson
 Phone: 905-546-2424 905-546-4075
 Email: erichardson@hamilton.ca

Samples Relinquished By (Print Name and Sign): Ryan Veendaa RVeendaa Date/Time: 08/27/20
 Samples Relinquished By (Print Name and Sign): Daniella Jaic DJaic Date/Time: Aug 27 7:30 am
 Samples Relinquished By (Print Name and Sign): John Chyryha JChyryha Date/Time: Aug 27 3pm

Samples Received By (Print Name and Sign): Daniella Jaic DJaic Date/Time: Aug 27 8:00 am
 Samples Received By (Print Name and Sign): John Chyryha JChyryha Date/Time: Aug 27 2:00 pm
 Samples Received By (Print Name and Sign): John Chyryha JChyryha Date/Time: Aug 27 4:25

Pink Copy - Client
 Page 1 of 2
 N^o: **DW 58506**

Laboratory Use Only

Arrival Condition: Good Poor (complete notes)
 Arrival Temperature: 8.4 8.6 8.7
 AGAT Job Number: 20H643058
 Notes: 8.8, 8.8, 9.2
ON ICE LG COOLER

Drinking Water Chain of Custody Record

P: 905.712.5100 • F: 905.712.5122 • TF: 1.800.856.6261

Client Information

Company: Our Lady of the Assumption
 Contact: _____
 Address: 55 Regional Rd 20
Stoney Creek ON L8S 2W9
 Phone: _____ Fax: _____
 PO #: 18HX015
 Client Project #: Our Lady of the Assumption
 AGAT Quotation #: 340498

Report Information

1. Name: Nancy Hume Meletti
 Email: hume.meletti@hwcdsb.ca
 2. Name: John Omeara
 Email: omeara.j@hwcdsb.ca

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 Sch 23/24 only
 5 to 7 business days
Rush TAT 3 to 4 business days **Rush**
 (please provide prior notification) 2 business days **surcharges**
 1 business days **apply**

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
 RAW WATER SAMPLES - CONSUMED BY HUMANS? 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	
<u>FP5 (after)</u>	<u>08/27/20</u>	<u>6:40</u>	<u>TP</u>	<u>1</u>			<input checked="" type="checkbox"/>	<u>30</u>			<input checked="" type="checkbox"/>							
			AM															
			PM															
			AM															
			PM															
			AM															
			PM															
			AM															
			PM															

Samples Taken By (Print Name and Sign): Ryan Veerendaal

* 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>Our Lady of the Assumption</u>	Phone: <u>905-525-2930</u>	Fax: <u>905-525-0043</u>	Region: <u>City of Hamilton</u>	PHU Contact: <u>Dr. E. Richardson</u>	Phone: <u>905-546-2424</u>	Fax: <u>905-546-4075</u>	Email: <u>erichardson@hamilton.ca</u>
MOECC# (or Waterworks #): <u>500020359</u>	After Hours Phone: <u>289-244-0617</u>	Address/Location (if different from client above): <u>90 Mulberry St., Hamilton</u>					
Contact: <u>Nancy Hume Meletti</u>							
Email: <u>hume.meletti@hwcdsb.ca</u>							

Samples Relinquished By (Print Name and Sign): <u>Ryan Veerendaal</u>	Date/Time: <u>08/27/20</u>	Samples Received By (Print Name and Sign): <u>Daniella Jarc</u>	Date/Time: <u>Aug 27/20 8:00am</u>	Pink Copy - Client	Page <u>2</u> of <u>2</u>
Samples Relinquished By (Print Name and Sign): <u>Daniella Jarc</u>	Date/Time: <u>Aug 27/20 3pm</u>	Samples Received By (Print Name and Sign): <u>John Chyppya</u>	Date/Time: <u>Aug 27 2:58</u>	Yellow/Golden Copy - AGAT	N#: DW 58507
Samples Relinquished By (Print Name and Sign): <u>[Signature]</u>	Date/Time: _____	Samples Received By (Print Name and Sign): <u>John Chyppya</u>	Date/Time: <u>Aug 27 4:05</u>	White Copy - AGAT	