



Date: 03-OCT-19

PO No.: 1517879

WO No.: L2355216

LSD:

Project Ref: CHIEF MAQUINNA ELEMENTARY

Sample ID: COR 126 DF

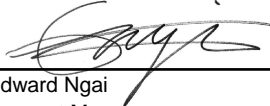
Sampled By: Robin Lemay

Date Collected: 26-SEP-19

Lab Sample ID: L2355216-1

Matrix: Water

VANCOUVER SCHOOL BOARD
Maintenance and Construction
1549 Clark Drive
Vancouver BC V5L 3L4
ATTN: Stephen Thomas

| Test Description | Result | Qualifier | Units of Measure | CDWQG MAC | Aesthetic Objective | Date Analyzed |
|--|----------|-----------|------------------|-----------|---------------------|---------------|
| Total Metals Lead (Pb)-Total | 0.000609 | | mg/L | 0.005 | | 30-SEP-19 |
| <p>CDWQG = Health Canada Guideline Limits updated JUNE 2019</p> <p>* CDWQG for Nitrate+Nitrite-N is the limit for nitrate only. If present as Nitrate then the limit is 10mg/L < or N.D. = less than detection limit. * Turbidity guideline based on membrane filtration. For guidelines on conventional treatment and slow sand or diatomaceous earth filtration please see Summary Table of Guidelines for Canadian Drinking Water Quality - A blank entry designates no known limit. - A shaded value in the Results column exceeds CDWQG MAC and/ or Aesthetic Objective.</p> | | | | | | |
| <p>Approved by  Edward Ngai Account Manager</p> | | | | | | |



Date: 03-OCT-19

PO No.: 1517879

WO No.: L2355216

LSD:

Project Ref: CHIEF MAQUINNA ELEMENTARY

Sample ID: COR 001 DF

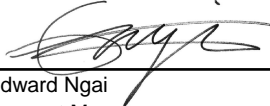
Sampled By: Robin Lemay

Date Collected: 26-SEP-19

Lab Sample ID: L2355216-2

Matrix: Water

VANCOUVER SCHOOL BOARD
Maintenance and Construction
1549 Clark Drive
Vancouver BC V5L 3L4
ATTN: Stephen Thomas

| Test Description | Result | Qualifier | Units of Measure | CDWQG MAC | Aesthetic Objective | Date Analyzed |
|--|---------|-----------|------------------|-----------|---------------------|---------------|
| Total Metals Lead (Pb)-Total | 0.00201 | | mg/L | 0.005 | | 30-SEP-19 |
| <p>CDWQG = Health Canada Guideline Limits updated JUNE 2019</p> <p>* CDWQG for Nitrate+Nitrite-N is the limit for nitrate only. If present as Nitrate then the limit is 10mg/L < or N.D. = less than detection limit. * Turbidity guideline based on membrane filtration. For guidelines on conventional treatment and slow sand or diatomaceous earth filtration please see Summary Table of Guidelines for Canadian Drinking Water Quality - A blank entry designates no known limit. - A shaded value in the Results column exceeds CDWQG MAC and/ or Aesthetic Objective.</p> | | | | | | |
| <p>Approved by  Edward Ngai Account Manager</p> | | | | | | |



Date: 03-OCT-19

PO No.: 1517879

WO No.: L2355216

LSD:

Project Ref: CHIEF MAQUINNA ELEMENTARY

Sample ID: COR 116 DF

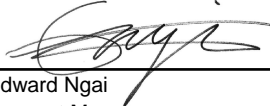
Sampled By: Robin Lemay

Date Collected: 26-SEP-19

Lab Sample ID: L2355216-3

Matrix: Water

VANCOUVER SCHOOL BOARD
Maintenance and Construction
1549 Clark Drive
Vancouver BC V5L 3L4
ATTN: Stephen Thomas

| Test Description | Result | Qualifier | Units of Measure | CDWQG MAC | Aesthetic Objective | Date Analyzed |
|--|----------|-----------|------------------|-----------|---------------------|---------------|
| Total Metals Lead (Pb)-Total | 0.000536 | | mg/L | 0.005 | | 30-SEP-19 |
| <p>CDWQG = Health Canada Guideline Limits updated JUNE 2019</p> <p>* CDWQG for Nitrate+Nitrite-N is the limit for nitrate only. If present as Nitrate then the limit is 10mg/L < or N.D. = less than detection limit. * Turbidity guideline based on membrane filtration. For guidelines on conventional treatment and slow sand or diatomaceous earth filtration please see Summary Table of Guidelines for Canadian Drinking Water Quality - A blank entry designates no known limit. - A shaded value in the Results column exceeds CDWQG MAC and/ or Aesthetic Objective.</p> | | | | | | |
| <p>Approved by  Edward Ngai Account Manager</p> | | | | | | |



Date: 03-OCT-19

PO No.: 1517879

WO No.: L2355216

LSD:

Project Ref: CHIEF MAQUINNA ELEMENTARY

Sample ID: COR 100 RM 104 DF

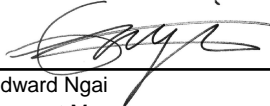
Sampled By: Robin Lemay

Date Collected: 26-SEP-19

Lab Sample ID: L2355216-4

Matrix: Water

VANCOUVER SCHOOL BOARD
Maintenance and Construction
 1549 Clark Drive
 Vancouver BC V5L 3L4
 ATTN: Stephen Thomas

| Test Description | Result | Qualifier | Units of Measure | CDWQG MAC | Aesthetic Objective | Date Analyzed |
|--|----------|-----------|------------------|-----------|---------------------|---------------|
| Total Metals Lead (Pb)-Total | 0.000650 | | mg/L | 0.005 | | 30-SEP-19 |
| <p>CDWQG = Health Canada Guideline Limits updated JUNE 2019</p> <p>* CDWQG for Nitrate+Nitrite-N is the limit for nitrate only. If present as Nitrate then the limit is 10mg/L < or N.D. = less than detection limit. * Turbidity guideline based on membrane filtration. For guidelines on conventional treatment and slow sand or diatomaceous earth filtration please see Summary Table of Guidelines for Canadian Drinking Water Quality - A blank entry designates no known limit. - A shaded value in the Results column exceeds CDWQG MAC and/ or Aesthetic Objective.</p> | | | | | | |
| <p>Approved by  Edward Ngai Account Manager</p> | | | | | | |

Guidelines & Objectives

Health Canada MAC Health Related Criteria Limits

| | |
|--------------------|--|
| Nitrate/Nitrite-N* | Criteria limit is 10 mg/L (1.0 mg/L if present as all Nitrite-N). High concentrations may contribute to blue baby syndrome in infants. |
| Lead* | A cumulative body poison, uncommon in naturally occurring hard waters. |
| Fluoride* | Present in fluoridated water supplies at 0.8 mg/L to reduce dental caries. Elevated levels causes fluorosis (mottling of teeth). |
| Total Coliforms* | Criteria is 0 CFU/100mL. Adverse health effects. |
| E. Coli* | Criteria is 0 CFU/100 mL. Certain E. Coli bacteria can be life threatening. |
| Manganese* | Criteria limit is 0.12 mg/L. Possible neurological effects in infants. |

*Health Canada Canadian Drinking Water Quality Guidelines (MAC limit)

Aesthetic Objective Concentration Levels

| | |
|------------------------|---|
| Alkalinity | Acid neutralizing capacity. Usually a measure of carbonate and bicarbonates and calculated and reported as calcium carbonate. |
| Balance | Quality control parameter ratiating cations to anions |
| Bicarbonate | See Alkalinity. Report as the anion HCO ₃ -1 |
| Carbonate | See Alkalinity. Reported at the anion CO ₃ -2 |
| Calcium | See Hardness. Common major cation of water chemistry. |
| Chloride | Common major anion of water chemistry. |
| Conductance | Physical test measuring water salinity (dissolved ions or solids) |
| Hardness | Classical measure or capacity of water to precipitate soap (chiefly calcium and magnesium ions). Causes scaling tendency in water if carbonates/bicarbonates are present (if >200 mg/L). For drinking water purposes waters with results <200 mg/L are considered acceptable, results >200 mg/L are considered poor but can be tolerated. Results >500 mg/L are unacceptable. |
| Hydroxide | See alkalinity |
| Magnesium | See hardness. Common major cation of water chemistry. Elevated levels (>125 mg/L) may exert a cathartic or diuretic action. |
| pH | Measure of water acidity/alkalinity. Normal range is 7.0-8.5. |
| Potassium | Common major cation of water chemistry. |
| Sodium | Common major cation of water chemistry. Measure of salinity (saltiness). |
| Sulphate | Common major anion of water chemistry. Elevated levels may exert a cathartic or diuretic action. |
| Total Dissolved Solids | A measure of water salinity. |
| Iron | Causes staining to laundry and porcelain and astringent taste. Oxidizes to red-brown precipitate on exposure to air. |
| Heterotrophic | |
| Plate Count | Criteria is 500 cfu/mL Measure of heterotrophic bacteria present. |

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.

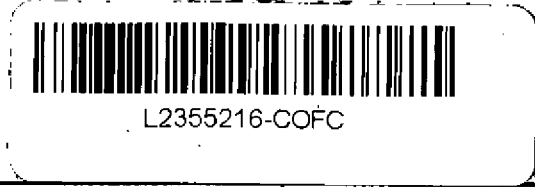
D.L. - The reporting limit.

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.



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|-------------|------------------------|------|--|--|--|--|-----------------|---|--|--|--|--|-----------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Report To Contact and company name below will appear on the final report: | | Report Format / Distribution | | Select Service Level Below - Contact your AM to confirm all E&P TATs (surcharges may apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: Vancouver School Board | Select Report Format: <input checked="" type="checkbox"/> PDF <input type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL) | | Regular [R] <input checked="" type="checkbox"/> Standard TAT if received by 3 pm - business days - no surcharges apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: Stephen Thomas | Quality Control (QC) Report with Report <input type="checkbox"/> YES <input type="checkbox"/> NO | | Priority (Business Days) | EMERGENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: 604-713-5637 | <input type="checkbox"/> Compare Results to Criteria on Report - provide details below if box checked | | 4 day [P4-20%] <input type="checkbox"/> | 1 Business day [E - 100%] <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company address below will appear on the final report | | Select Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX | 3 day [P3-25%] <input type="checkbox"/> | Same Day, Weekend or Statutory holiday [E2 -200% (Laboratory opening fees may apply)] <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street: Clark Dr. 1549 | Email 1 or Fax: stthomas@vsb.bc.ca | | Date and Time Required for all E&P TATs: dd-mmm-yy hh:mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Province: Vancouver B.C. | Email 2: rlemay@vsb.bc.ca | | For tests that can not be performed according to the service level selected, you will be contacted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Code: | Email 3: | | Analysis Request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invoice To Same as Report To <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Invoice Distribution | | Indicate Filtered (F), Preserved (P) or Filtered and Preserved (FIP) below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of Invoice with Report <input type="checkbox"/> YES <input type="checkbox"/> NO | Select Invoice Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX | | <table border="1"> <tr><td rowspan="10" style="writing-mode: vertical-rl; transform: rotate(180deg);">NUMBER OF CONTAINERS</td> <td rowspan="10" style="writing-mode: vertical-rl; transform: rotate(180deg);">Lead</td> <td colspan="10"></td> <td rowspan="10" style="writing-mode: vertical-rl; transform: rotate(180deg);">SAMPLES ON HOLD</td> <td rowspan="10" style="writing-mode: vertical-rl; transform: rotate(180deg);">SUSPECTED HAZARD (see Special Instructions)</td> </tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> <tr><td colspan="10"></td></tr> </table> | | | NUMBER OF CONTAINERS | Lead | | | | | | | | | | | SAMPLES ON HOLD | SUSPECTED HAZARD (see Special Instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF CONTAINERS | Lead | | | | | | | | | | | SAMPLES ON HOLD | SUSPECTED HAZARD (see Special Instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Company: | Email 1 or Fax: stthomas@vsb.bc.ca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | Email 2: rlemay@vsb.bc.ca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Information | | Oil and Gas Required Fields (client use) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALS Account # / Quote #: | AFE/Cost Center: | | PO# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job #: Chist Magguina Elementary | Major/Minor Code: | | Routing Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO / AFE: | Requisitioner: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LSD: | Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALS Lab Work Order # (lab use only): | ALS Contact: | | Sampler: Robin Lemay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALS Sample # (lab use only) | Sample Identification and/or Coordinates (This description will appear on the report) | Date (dd-mmm-yy) | Time (hh:mm) | Sample Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cor 126 DF | 26-09-19 | 2:00pm | water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cor 001 DF | 26-09-19 | 2:12pm | water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cor 116 DF | 26-09-19 | 2:20pm | water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Corr 100 Rm. 104 DF | 26-09-19 | 2:25pm | water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drinking Water (DW) Samples¹ (client use) | | Special Instructions / Specify Criteria to add on report by clicking on the drop-down list below (electronic COC only) | | SAMPLE CONDITION AS RECEIVED (lab use only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are samples taken from a Regulated DW System? <input type="checkbox"/> YES <input type="checkbox"/> NO | | No preservatives added | | Frozen <input type="checkbox"/> SIF Observations Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are samples for human consumption/ use? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | Ice Packs <input checked="" type="checkbox"/> Ice Cubes <input type="checkbox"/> Custody seal intact Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Cooling Initiated <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | INITIAL COOLER TEMPERATURES °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FINAL COOLER TEMPERATURES °C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHIPMENT RELEASE (client use) | | INITIAL SHIPMENT RECEPTION (lab use only) | | FINAL SHIPMENT RECEPTION (lab use only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Released by: | Date: | Time: | Received by: | Date: | Time: | Received by: <i>WA</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Date: 9/26 | Time: 2:52P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REFER TO BACK PAGE FOR ALS LOCATIONS AND SAMPLING INFORMATION

WHITE - LABORATORY COPY YELLOW - CLIENT COPY

JUNE 2018 PRINT

1. If any water samples are taken from a Regulated Drinking Water (DW) System, please submit using an Authorized DW COC form.