



CASH CLIENTS - LONDON
ATTN: GAVIN SWIFT
STORM PAL

Date Received: 08-NOV-11
Report Date: 17-NOV-11 15:19 (MT)
Version: FINAL

Client Phone: 807-474-6774

Certificate of Analysis

Lab Work Order #: L1082473
Project P.O. #: NOT SUBMITTED
Job Reference:
C of C Numbers: 113322
Legal Site Desc:



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ADDRESS: 309 Exeter Road Unit #29, London, ON N6L 1C1 Canada | Phone: +1 519 652 6044 | Fax: +1 519 652 0671
ALS CANADA LTD Part of the ALS Group A Campbell Brothers Limited Company

Reference Information

Test Method References:

ALS Test Code	Matrix	Test Description	Method Reference**
SOLIDS-TSS-WT	Water	Total Suspended Solids	APHA 2540 D-Gravimetric

A well-mixed sample is filtered through a weighed standard glass fibre filter and the residue retained is dried in an oven at 105–5°C for a minimum of four hours or until a constant weight is achieved.

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

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
WT	ALS ENVIRONMENTAL - WATERLOO, ONTARIO, CANADA

Chain of Custody Numbers:

113322

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.

CHAIN OF CUSTODY / ANALYTICAL SERVICES REQUEST FORM Page ___ of ___

60 NORTHLAND ROAD, UNIT 1
WATERLOO, ON N2V 2B8
Phone: (519) 886-6910
Fax: (519) 886-9047
Toll Free: 1-800-668-9878



Note: all TAT Quoted material is in business days which exclude statutory holidays and weekends. TAT samples received past 3:00 pm or Saturday/Sunday begin the next day.

Specify date required

Service requested
5 day (regular)
3-4 day (25%)

2 day TAT (50%)
Next day TAT (100%)
Same day TAT (200%)

COMPANY NAME Storm Pal

OFFICE

PROJECT MANAGER Gavin Swift

PROJECT #

PHONE 807 4746774 FAX

ACCOUNT #

QUOTATION # PO #

CRITERIA Criteria on report YES ___ NO ___

Reg 153/04 Reg 511/09
Table 1 2 3 4 5 6 7 8 9

TCLP ___ MISA ___ PWQO ___
ODWS ___ OTHER ___

REPORT FORMAT/DISTRIBUTION

EMAIL ___ FAX ___ BOTH ___

SELECT: PDF DIGITAL BOTH

EMAIL 1 gswift@stormpalinc.com
EMAIL 2

NUMBER OF CONTAINERS

Storm water
TSS

ANALYSIS REQUEST

PLEASE INDICATE FILTERED, PRESERVED OR BOTH
<---- (F, P, F/P)

SUBMISSION #: L1082471/73/76

ENTERED BY: [Signature]

DATE/TIME ENTERED: [Signature]

BIN #:

COMMENTS

LAB ID

SAMPLING INFORMATION

Sample Date/Time TYPE MATRIX

Date (dd-mm-yy) Time (24hr) (hh:mm) COMP GRAB WATER SOIL OTHER

Nov 8/11 3:30

Tank #1 Delaware

Tank #2 "

Outfall

11:30

Tank #1 Shoppers (Chatham)

Tank #2 " "

Outfall " "

12:30

Tank #1 YMCA (Chatham)

Tank #2 YMCA "

SPECIAL INSTRUCTIONS/COMMENTS

THE QUESTIONS BELOW MUST BE ANSWERED FOR WATER SAMPLES (CHECK Yes OR No)

SAMPLE CONDITION

Paid USA

Are any samples taken from a regulated DW System? Yes No
If yes, an authorized drinking water COC MUST be used for this submission.
Is the water sampled Intended to be potable for human consumption? Yes No

FROZEN MEAN
COLD TEMP
COOLING INITIATED
AMBIENT 17

SAMPLED BY: Gavin Swift/Steve Porter

DATE & TIME RECEIVED BY: [Signature]

DATE & TIME OBSERVATIONS: 8 Nov 16 10

RELINQUISHED BY: [Signature]

DATE & TIME RECEIVED AT LAB BY: [Signature]

DATE & TIME: 8 Nov 16 10

Notes
1. Quote number must be provided to ensure proper pricing
2. TAT may vary dependent on complexity of analysis and lab workload at time of submission. Please contact the lab to confirm TATs.
3. Any known or suspected hazards relating to a sample must be noted on the chain of custody in comments section.