



**CLIENT NAME: DEFENCE CONSTRUCTION CANADA  
14 ALERT BLVD, 8 WING TRENTON  
ASTRA, ON K0K3W0**

**ATTENTION TO: Chris McRae**

**PROJECT NO: Alert**

**AGAT WORK ORDER: 11T502489**

**WATER ANALYSIS REVIEWED BY: Anthony Dapaah, PhD (Chem), Inorganic Lab Manager**

**DATE REPORTED: Jun 20, 2011**

**PAGES (INCLUDING COVER): 4**

**VERSION\*: 1**

Should you require any information regarding this analysis please contact your client services representative at (905) 712 5100, or at 1-800-856-6261

\*NOTES

**All samples will be disposed of within 30 days following analysis. Please contact the lab if you require additional sample storage time.**



## Certificate of Analysis

AGAT WORK ORDER: 11T502489

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

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### Pb (water)

DATE SAMPLED: Jun 10, 2011

DATE RECEIVED: Jun 17, 2011

DATE REPORTED: Jun 20, 2011

SAMPLE TYPE: Water

Parameter	Unit	G / S	RDL	ALT-8
Lead	µg/L		0.5	2481278 1.8

Comments: RDL - Reported Detection Limit; G / S - Guideline / Standard

Certified By:

## Quality Assurance

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Water Analysis																
RPT Date: Jun 20, 2011			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	
<b>Pb (water)</b>																
Lead	1		< 0.5	< 0.5	0.0%	< 0.5	103%	90%	110%	104%	90%	110%	99%	70%	130%	

Certified By:



## Method Summary

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PARAMETER	AGAT S.O.P	LITERATURE REFERENCE	ANALYTICAL TECHNIQUE
<b>Water Analysis</b>			
Lead	MET-93-6103	EPA SW-846 6020A & 200.8	ICP-MS



# AGAT

Laboratories



## CHAIN OF CUSTODY RECORD

5835 Coopers Avenue  
Mississauga, Ontario, L4Z 1Y2  
Phone: 905-712-5100; Fax: 905-712-5122  
Toll free: 800-856-6261  
www.agatlabs.com  
http://webearth.agatlabs.com

**LABORATORY USE ONLY**  
Arrival Condition:  Good  
Arrival Temperature: 9.2  
Notes: \_\_\_\_\_

Poor (complete "notes")  
AGAT WO #: 11502489

### Client Information

Company: DCC  
Contact: Chris Miller  
Address: 14 Alert Blvd  
Astoria OR 97103  
Phone: 503-849-9681 Fax: \_\_\_\_\_  
Project: Alert PO: \_\_\_\_\_  
AGAT Quotation #: \_\_\_\_\_  
Please note, if quotation number is not provided, client will be billed full price for analysis.  
**Invoice To** Same as Above?  Yes  No (circle)  
Company: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Report Information - reports to be sent to:

1. Name: Chris Miller  
Email: \_\_\_\_\_  
2. Name: \_\_\_\_\_  
Email: \_\_\_\_\_

### Regulatory Requirements

Regulation 153  
 Sewer Use  
 Table (Indicate one) Region (Indicate one)  
 Ind/Com  
 Res/Park  
 Sanitary  
 Storm  
 Soil Texture (check one)  
 Coarse  
 Med/Fine  
 Prov. Water Quality Objectives (PWQO)  
 Nutrient Management Act (NMA)  
 Is this a drinking water sample (potable water intended for human consumption)?  
 Yes  No (If "Yes" please use the Drinking Water Chain of Custody Record)

### Report Format

Single Sample per page  
 Multiple Samples per page  
 Results by fax

### Turnaround Time (TAT) Required\*

Regular TAT:  5 to 7 Working Days  
Rush TAT: (please provide prior notification)  
Rush Surcharges Apply  
 3 to 5 Working Days  
 2 Working Days  
 1 Working Day  
OR  
DATE REQUIRED (Rush surcharges may apply): \_\_\_\_\_  
\*TAT is exclusive of weekends and statutory holidays

Sample Identification	Date Sampled	Time Sampled	Sample Matrix	# of Containers	Site/Sample Information	Comments	Metals and Inorganics	Metal Scan (exclud. Hg, B, Cr6)	CCME Fractions 1 to 4	VOCs	PAHs	PCBs	TCLP Metals/Inorganics	TCLP	Storm Sewer Use	Sanitary Sewer Use	LAB SAMPLE ID		
ALT-8	Jun 12, 2011			4															
Samples Relinquished By (print name & sign)							Samples Received By (print name & sign)							Date/Time		Date/Time		PAGE _____ of _____	
<u>Chris Miller</u>							<u>Steve 17/11/11</u>							<u>9:05</u>		<u>9:05</u>		No: 143048	
Samples Relinquished By (print name & sign)							Samples Received By (print name & sign)							Date/Time		Date/Time		Write Copy - AGAT	