



ESIL
ATTN: Jeanette Brown
6-366 Hespler Rd
Cambridge ON N1R 6J6

Date Received: 27-JUL-15
Report Date: 06-AUG-15 14:23 (MT)
Version: FINAL

Client Phone: 519-623-9100

Certificate of Analysis

Lab Work Order #: L1648401

Project P.O. #:

Job Reference:

C of C Numbers: 14-464156

Legal Site Desc:

Austin Paterson
Account Manager

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Chain of Custody (COC) / Analytical Request Form

Canada Toll Free: 1 800 668 9878



L1648401-COFC

COC Number: 14 - 464156

Page ___ of ___

Report To Company: <u>ESIL Water Treatment Ltd.</u> Contact: <u>Jeanette Brown</u> Address: <u>6-366 Hespeler Rd.</u> Phone: <u>519-623-9100</u>		Report Format / Distribution Select Report Format: <input type="checkbox"/> PDF <input type="checkbox"/> EXCEL <input type="checkbox"/> EDO (DIGITAL) Quality Control (QC) Report with Report <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Criteria on Report - provide details below if box checked Select Distribution: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX Email 1 or Fax: <u>jbrown@mineva.com</u> Email 2:		Select Service Level Below (Rush Turnaround Time (AT) is not available for all tests) R <input checked="" type="checkbox"/> Regular (Standard TAT if received by 3pm) P <input type="checkbox"/> Priority (2-4 business days if received by 3pm) E <input type="checkbox"/> Emergency (1-2 business days if received by 3pm) E2 <input type="checkbox"/> Same day or weekend emergency if received by 10am - contact ALS for surcharge. Specify Date Required for E2, E or P:																	
Invoice To: Same as Report To <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of Invoice with Report <input type="checkbox"/> Yes <input type="checkbox"/> No Company: Contact:		Invoice Distribution Select Invoice Distribution: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX Email 1 or Fax: Email 2:		Analysis Request Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below																	
Project Information ALS Quote #: Job #: PO / AFE: LSD:		Oil and Gas Required Fields (client use) Approver ID: GL Account: Activity Code: Location:		Number of Containers																	
ALS Lab Work Order # (lab use only) <u>L1648401</u> ALS Contact:		Sampler:																			
Sample Identification and/or Coordinates (This description will appear on the report) Date (dd-mm-yy) Time (hh:mm) Sample Type		PCCP (NG)																			
ALS Sample # (lab use only)	Sample Description		Date	Time	Sample Type																
1	PHARMA - RAW		27/07/15	11:25		✓															
2	PHARMA - Treated		27/07/15	11:45		✓															
Drinking Water (DW) Samples (client use) Are samples taken from a Regulated DW System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are samples for human drinking water use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Special Instructions / Specify Criteria to add on report (client use)		SAMPLE CONDITION AS RECEIVED (lab use only) Frozen <input type="checkbox"/> SIF Observations Yes <input type="checkbox"/> No <input type="checkbox"/> Ice packs Yes <input checked="" type="checkbox"/> No <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 23.1																	
SHIPMENT RELEASE (client use) Released by: Date: Time:		INITIAL SHIPMENT RECEPTION (lab use only) Received by: <u>Pharman Chaurany</u> Date: <u>27/07/2015</u> Time: <u>12:35</u>		FINAL SHIPMENT RECEPTION (lab use only) Received by: <u>TON</u> Date: <u>27/7/15</u> Time: <u>1240</u>																	

REFER TO BACK PAGE FOR ALS LOCATIONS AND SAMPLING INFORMATION
 Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY. By the use of this form the user acknowledges and agrees with the Terms and Conditions as specified on the back page of the white report copy.
 1. If any water samples are taken from a Regulated Drinking Water (DW) System, please submit using an Authorized DW COC form.

Results Summary L1648401

Job Reference

Report To Jeanette Brown, ESIL
 Date Received 27-Jul-2015 12:40
 Report Date 6-Aug-2015 14:23
 Report Revision 1

Before ESIL treatment	After ESIL treatment
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Client Sample ID	PHARMA-RAW	PHARMA-TREATED
Date Sampled	27-Jul-2015	27-Jul-2015
Time Sampled	11:25	11:45
ALS Sample ID	L1648401-1	L1648401-2
Parameter	Water	Water

Parameter	Lowest Detection Limit	Units
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Pharmaceuticals & Personal Care Products (Water)

Parameter	Lowest Detection Limit	Units	Before ESIL treatment	After ESIL treatment	Reduction:
Clofibric Acid	0.0020	ug/L	3.44	<0.0020	* Non-detect
Diclofenac	0.010	ug/L	3.64	0.020	* 99.5% reduction
Diethylstilbestrol	0.0050	ug/L	1.86	<0.0050	* Non-detect
Fenoprofen	0.050	ug/L	2.13	<0.050	* Non-detect
Furosemide	0.010	ug/L	3.18	<0.010	* Non-detect
Gemfibrozil	0.0020	ug/L	3.41	<0.0020	* Non-detect
Hydrochlorothiazide	0.010	ug/L	3.06	<0.010	* Non-detect
2-Hydroxy Ibuprofen	0.40	ug/L	3.78	<0.40	* Non-detect
Ibuprofen	0.050	ug/L	3.38	<0.050	* Non-detect
Naproxen	0.010	ug/L	3.15	<0.010	* Non-detect
Warfarin	0.0010	ug/L	2.70	<0.0010	* Non-detect