

May 31, 2016

ATC Group Services  
Attn: Mr. Robert Smith  
46555 Humboldt, Suite 100  
Novi, MI 48377

**Project: Hope of Detroit Academy**

Dear Mr. Robert Smith,

Enclosed is a copy of the laboratory report for the following work order(s) received by TriMatrix Laboratories:

<b>Work Order</b>	<b>Received</b>	<b>Description</b>
1605474	05/18/2016	Laboratory Services

This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

ANAB DoD-ELAP/ISO17025 (#ADE-1542); Arkansas DEP (#88-0730/13-049-0); Florida DEP (#E87622-24); Georgia EPD (#E87622-24); Illinois DEP (#200026/003329); Kentucky DEP (AL123065/#0021); Michigan DPH (#0034); Minnesota DPH (#491715); New York ELAP (#11776/53116); North Carolina DNRE (#659); Virginia DCLS (#460153/7952); Wisconsin DNR (#999472650); USDA Soil Import Permit (#P330-14-00305).

Any qualification or narration of results, including sample acceptance requirements and test exceptions to the above referenced programs, is presented in the Statement of Data Qualifications and Project Technical Narrative sections of this report. Estimates of analytical uncertainties and certification documents for the test results contained within this report are available upon request.

If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,



Gary L. Wood  
Project Chemist

**PROJECT TECHNICAL NARRATIVE(s)**

No Project Narrative is associated with this report.

**STATEMENT OF DATA QUALIFICATIONS**

All analyses have been validated and comply with our Quality Control Program.  
No Qualification is required.

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Hope of Detroit Academy  
 Client Sample ID: **1-KS-P - Kitchen**  
 Lab Sample ID: **1605474-01**  
 Matrix: Drinking Water

Work Order: **1605474**  
 Description: Laboratory Services  
 Sampled: 05/17/16 06:00  
 Sampled By: ATC  
 Received: 05/18/16 16:45

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
<b>Copper</b>	<b>0.10</b>	0.0010	1.3	mg/L	1	USEPA-200.8 Rev. 5.4	05/27/16 14:21	MSB	1605413
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	05/27/16 14:21	MSB	1605413

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Hope of Detroit Academy  
 Client Sample ID: **2-DWF-P - Cafeteria**  
 Lab Sample ID: **1605474-03**  
 Matrix: Drinking Water

Work Order: **1605474**  
 Description: Laboratory Services  
 Sampled: 05/17/16 06:03  
 Sampled By: ATC  
 Received: 05/18/16 16:45

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
<b>Copper</b>	<b>0.27</b>	0.0010	1.3	mg/L	1	USEPA-200.8 Rev. 5.4	05/27/16 14:22	MSB	1605413
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	05/27/16 14:22	MSB	1605413

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Hope of Detroit Academy  
 Client Sample ID: **3-DWF-P - Hall @ 102**  
 Lab Sample ID: **1605474-05**  
 Matrix: Drinking Water

Work Order: **1605474**  
 Description: Laboratory Services  
 Sampled: 05/17/16 06:06  
 Sampled By: ATC  
 Received: 05/18/16 16:45

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
<b>Copper</b>	<b>0.15</b>	0.0010	1.3	mg/L	1	USEPA-200.8 Rev. 5.4	05/27/16 14:23	MSB	1605413
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	05/27/16 14:23	MSB	1605413

## QUALITY CONTROL REPORT

### Metals in Drinking Water by EPA 200 Series Methods

QC Type	Sample Conc.	Spike Qty.	Result	Unit	Spike % Rec.	Control Limits	RPD	RPD Limits	RL
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**Analyte: Copper/USEPA-200.8 Rev. 5.4**

QC Batch: 1605413 (Metals Direct Analysis)

Analyzed: 05/27/2016

By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.200	<b>0.213</b>	mg/L	106	85-115			0.0010

**Analyte: Lead/USEPA-200.8 Rev. 5.4**

QC Batch: 1605413 (Metals Direct Analysis)

Analyzed: 05/27/2016

By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	<b>0.0396</b>	mg/L	99	85-115			0.0010

**PRETREATMENT SUMMARY PAGE**

Client: **ATC Group Services**  
Project: **Hope of Detroit Academy**

<b>Pretreatment</b>	<b>Lab Sample ID</b>	<b>Batch</b>	<b>By</b>	<b>Date &amp; Time Prepared</b>
USEPA 600/R-94/173	1605474-01	1605413	ARB	05/26/16 17:22
	1605474-03	1605413	ARB	05/26/16 17:22
	1605474-05	1605413	ARB	05/26/16 17:22





# Chain of Custody Record

COC No. 151019155

For Lab Use Only

5560 Corporate Exchange Court SE, Grand Rapids, MI 49512  
Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart

Client Name

ATC GROUP SERVICES

Project Name

WRE OF DETROIT Academy

Receipt Log No.

Address

Client Project No. / P.O. No.

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

Project Chemist

City, State Zip

Invoice To

☒ Client  
☐ Other (comments)

Work Order No.

Phone:

Fax

Contact/Report To

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

Schedule

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

Matrix Code

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

Sample Number

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

1

1-KS-P - KIRCHEN

5/17

0600

DW

XX

XX

XX

XX

XX

2

1-KS-F - KIRCHEN

5/17

0601

DW

XX

XX

XX

XX

XX

1

2-DWF-P - CHATELAIN

5/17

0603

DW

XX

XX

XX

XX

XX

2

2-DWF-F - CHATELAIN

5/17

0604

DW

XX

XX

XX

XX

XX

1

3-DWF-P - HALL @ 102

5/17

0606

DW

XX

XX

XX

XX

XX

2

3-DWF-F - HALL @ 102

5/17

0607

DW

XX

XX

XX

XX

XX

7

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

8

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

9

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

10

Field Sample ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES  
A NONE pH<7  
B HNO<sub>3</sub> pH<2  
C H<sub>2</sub>SO<sub>4</sub> pH<2  
D 1+1 HCl pH<2  
E NaOH pH>12  
F ZrO<sub>2</sub>/NaOH pH>9  
G MeOH  
H Other (note below)

Sampled By (print)

How Shipped?

Hand

Carrier

Comments

IF LEAD OR COPPER PRIMARY EXCEEDS  
DETECTION LIMIT, ANALYZE ALL SAMPLES

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

Sample's Signature

Tracking No.

Date

Time

Date

Time

Date

Time

Date

Time

Company

1. Relinquished By

Date

Time

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time

Date

Time

Date

Time

ORIGINAL - LABORATORY

COPY - SAMPLER



# SAMPLE RECEIVING / LOG-IN CHECKLIST



**TRIMATRIX**  
LABORATORIES

Client: <u>QTC - HA</u>	Work Order #: <u>1605474</u>
Receipt Record Page/Line #: <u>37-1</u>	Project Chemist: _____ Sample #: _____

Recorded by (initials/date): <u>JN 5/19/16</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received: <u>1</u>	Thermometer Used: <input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____) <input type="checkbox"/> See Additional Cooler Information Form
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>TT23714</u>	<u>8:18</u>							
Custody Seals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Type: <input checked="" type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		
Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		
Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	
Temp Blank			Temp Blank			Temp Blank		
Sample 1	<u>3.0</u>	<u>0</u>	<u>3.0</u>			Sample 1		
Sample 2	<u>5.2</u>	<u>0</u>	<u>5.2</u>			Sample 2		
Sample 3	<u>7.2</u>	<u>0</u>	<u>7.2</u>			Sample 3		
3 Sample Average °C: <u>5.1</u>			3 Sample Average °C:			3 Sample Average °C:		
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

<b>Paperwork Received</b> Yes No <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By: _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input type="checkbox"/> Other: _____ <b>COC Information</b> <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other: _____ COC ID Numbers: <u>151019155</u>	<b>Check Sample Preservation</b> N/A Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Temperature Blank OR average sample temperature; ≥ 6° C? <input checked="" type="checkbox"/> If either is ≥ 6° C, was thermal preservation required? If "Yes", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na <sub>2</sub> SO <sub>4</sub>
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<b>Check COC for Accuracy</b> Yes No <input checked="" type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	<b>Check for Short Hold-Time Prep/Analyses</b> <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1 L ambers (SV Prep-Lab)
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<b>Sample Condition Summary</b> N/A Yes No <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> VOC vials / TOX containers have headspace? <input checked="" type="checkbox"/> Extra sample locations / containers not listed on COC?	<b>Notes</b> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>AFTER HOURS ONLY:</b>          COPIES OF COC TO LAB AREA(S)  <input type="checkbox"/> NONE RECEIVED  <input checked="" type="checkbox"/> RECEIVED, COCs TO LAB(S)       </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC          Cooler Received (Date/Time): <u>JN 5-19-16</u> Paperwork Delivered (Date/Time): <u>5-19-16</u> <input checked="" type="checkbox"/> s1 Hour Goal Met?          Yes / No       </div>
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Client <u>ATC - HA</u>	Work Order # <u>1605474</u>
Receipt Log # <u>37-1</u>	Completed By (initials/date) <u>DN 5-19-16 a/c</u>
Project Chemist _____	

COC ID # <u>151619155</u>				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	6	15						
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe						
Preservative	NaOH	H <sub>2</sub> SO <sub>4</sub>	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HNO <sub>3</sub>						
Expected pH	>12	<2	<2	<2	<2						
COC Line #1				✓							
COC Line #2				✓							
COC Line #3				✓							
COC Line #4				✓							
COC Line #5				✓							
COC Line #6				✓							
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

pH Strip Reagent #	
<input checked="" type="checkbox"/>	<b>6040263</b>
<input type="checkbox"/>	_____

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 6 and 15.

COC ID # _____				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	6	15						
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe						
Preservative	NaOH	H <sub>2</sub> SO <sub>4</sub>	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HNO <sub>3</sub>						
Expected pH	>12	<2	<2	<2	<2						
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H <sub>2</sub> SO <sub>4</sub>
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H <sub>2</sub> SO <sub>4</sub>
500	2.5

Comments
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