

August 30, 2016

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

Project: Matrix Head Start

Dear Mr. Robert Smith,

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

Work Order	Received	Description
1608382	08/19/2016	Plymouth

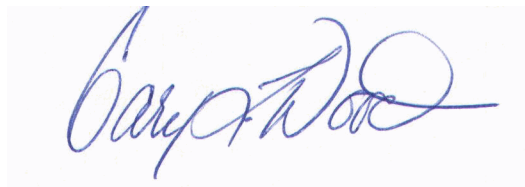
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

ANAB DoD-ELAP/ISO17025 (#ADE-1542); Arkansas DEP (#88-0730/13-049-0); Georgia EPD (#026-999-161/1023062); Illinois DEP (#200026/003329); Kentucky DEP (AL123065/#0021); Michigan DPH (#0034); Minnesota DPH (#026-999-161/1023062); 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: Matrix Head Start
Client Sample ID: **1-KS-P-PLY**
Lab Sample ID: **1608382-01**
Matrix: Drinking Water

Work Order: **1608382**
Description: Plymouth
Sampled: 08/19/16 07:58
Sampled By: ATC
Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:33	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **2-KS-P-PLY**
 Lab Sample ID: **1608382-03**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:04
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:34	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Head Start
Client Sample ID: **3-KS-P-PLY**
Lab Sample ID: **1608382-05**
Matrix: Drinking Water

Work Order: **1608382**
Description: Plymouth
Sampled: 08/19/16 08:06
Sampled By: ATC
Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:35	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **4-KS-P-PLY**
 Lab Sample ID: **1608382-07**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:09
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0014	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:36	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **5-DWF-P-PLY-High**
 Lab Sample ID: **1608382-09**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:12
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:37	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **6-DWF-P-PLY-Low**
 Lab Sample ID: **1608382-11**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:15
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:38	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **7-BS-P-PLY**
 Lab Sample ID: **1608382-13**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:26
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0066	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:44	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **8-BS-P-PLY**
 Lab Sample ID: **1608382-15**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:29
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0052	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:45	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **9-KS-P-PLY**
 Lab Sample ID: **1608382-17**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:34
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:46	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **10-BS-P-PLY**
 Lab Sample ID: **1608382-19**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:37
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	<0.0010	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:47	MSB	1608834

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Head Start
 Client Sample ID: **11-BS-P-PLY**
 Lab Sample ID: **1608382-21**
 Matrix: Drinking Water

Work Order: **1608382**
 Description: Plymouth
 Sampled: 08/19/16 08:41
 Sampled By: ATC
 Received: 08/19/16 17:32

Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Unit	Dilution Factor	Method	Date Time Analyzed	By	QC Batch
Lead	0.0058	0.0010	mg/L	1	USEPA-200.8 Rev. 5.4	08/26/16 16:48	MSB	1608834

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: Lead/USEPA-200.8 Rev. 5.4

QC Batch: 1608834 (Metals Direct Analysis)

Analyzed: 08/26/2016 By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	0.0395	mg/L	99	85-115			0.0010
1608382-11 [6-DWF-P-PLY-Low]									
Matrix Spike	0.000443	0.0200	0.0207	mg/L	101	70-130			0.0010
Matrix Spike Duplicate	0.000443	0.0200	0.0203	mg/L	99	70-130	2	20	0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
Project: **Matrix Head Start**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1608382-01	1608834	JBA	08/25/16 18:51
	1608382-03	1608834	JBA	08/25/16 18:51
	1608382-05	1608834	JBA	08/25/16 18:51
	1608382-07	1608834	JBA	08/25/16 18:51
	1608382-09	1608834	JBA	08/25/16 18:51
	1608382-11	1608834	JBA	08/25/16 18:51
	1608382-13	1608834	JBA	08/25/16 18:51
	1608382-15	1608834	JBA	08/25/16 18:51
	1608382-17	1608834	JBA	08/25/16 18:51
	1608382-19	1608834	JBA	08/25/16 18:51
	1608382-21	1608834	JBA	08/25/16 18:51



Chain of Custody Record

COC No. 160828086

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 3

VOA Rack/Tray

Client Name

Project Name

B B

← PRESERVATIVES

Receipt Log No.

Address

Client Project No. / P.O. No.

Lead - Primary (P)

A NONE pH~7

Project Chemist

City, State Zip

Invoice To

Lead - Flush (F) - Hold

B HNO₃ pH<2

Work Order No.

Phone:

Contact Report To

Container Type (corresponds to Container Packing List)

C H₂SO₄ pH<2

Matrix Code

Sample Number

Field Sample ID

Cooler ID

Sample Date

D 1+1 HCl pH<2

Sample

Sample Time

Sample Date

Sample Time

E NaOH pH>12

F ZnAc/NaOH pH>9

Field Sample ID

Cooler ID

Sample Date

Sample Time

G MeOH

H Other (note below)

Sample

Cooler ID

Sample Date

Sample Time

Number of Containers Submitted

Total

Sample

Cooler ID

Sample Date

Sample Time

Number of Containers Submitted

Sample Comments

Sample

Cooler ID

Sample Date

Sample Time

Number of Containers Submitted

Sample Comments

Sample

Cooler ID

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Sample Date

Sample Time

Number of Containers Submitted

Sample Comments

Sample

Cooler ID

Sample Date

Sample Time

Number of Containers Submitted

Sample Comments

ORIGINAL - LABORATORY

COPY - SAMPLER



Chain of Custody Record

COC No. 160828085

For Lab Use Only
Cart

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

Analyses Requested

Pg. 2 of 1

VOA Rack/Tray

Client Name

ATC Group Services, LLC

Project Name

Matrix Head Start- Plymouth

Receipt Log No.

Address

46555 Humboldt Drive Suite 100

City, State Zip

Novi, MI 48377

Phone: 248-669-5140 Fax 248-669-5147

Email robert.smith@atcassociates.net

Work Order No. 1608382

Project Chemist Jim McEadden

Client Project No. / P.O. No. 188BS16284

Invoice To

☒ Client

☐ Other (comments)

Contact/Report To Robert Smith

Lead - Primary (P) B

Lead - Flush (F) - Hold B

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

← PRESERVATIVES

A NONE pH~7

B HNO₃ pH<2

C H₂SO₄ pH<2

D 1+1 HCl pH<2

E NaOH pH>12

F ZnAc/NaOH pH>9

G MeOH

H Other (note below)

Field Sample ID

Cooler ID

Sample Date

Sample Time

C M A B

Matrix

Comments

If lead is above detection limits, please analyze flush samples

WC=Drinking Water Cooler

BS=Bath Sink Faucet

RR=Restroom

KS=Kitchen Sink

ORIGINAL - LABORATORY

COPY - SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>ATC-714 MOUTH</u>	New <input checked="" type="checkbox"/> Add'l <input type="checkbox"/> Work Order #: <u>1608382</u>
Receipt Record Page/Line #: <u>38-24</u>	Project Name: <u>DATE</u> Sample #: <u>01-22</u>

Recorded by (initials/date): <u>DN 8/19/16</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Qty Received: <u>✓</u>	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____)	Thermometer Used: <input type="checkbox"/> See Additional Cooler Information Form
--	--	------------------------	---	---

Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>TRIX1900</u>	<u>2033</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	
Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input checked="" 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	
Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:	
<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative	
Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	Actual °C
Temp Blank:			Temp Blank:		
Sample 1: <u>25.8</u>	<u>0</u>	<u>25.8</u>	Sample 1:		
Sample 2: <u>25.2</u>	<u>0</u>	<u>25.2</u>	Sample 2:		
Sample 3: <u>25.1</u>	<u>0</u>	<u>25.1</u>	Sample 3:		
3 Sample Average °C: <u>25.4</u>			3 Sample Average °C:		
<input type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?		
<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?		

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

Paperwork Received Yes <input checked="" type="checkbox"/> No <input 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 _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <u>160828086</u> <u>160828085</u> Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> All container types indicated are received?	Check Sample Preservation N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C? <input 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? <input type="checkbox"/> 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 ₂ SO ₄ Check for Short Hold-Time Prep/Analyses <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 labbers (SV Prep-Lab) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S) </div>
Sample Condition Summary N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <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 type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <div style="margin-top: 20px;"> <input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC Cooler Received (Date/Time) <u>DN 8/19/16</u> Paperwork Delivered (Date/Time) <u>8/19/16</u> ≤1 Hour Goal Met? <div style="text-align: right;">Yes / No</div> </div>

Client <u>ATC - PLYMOUTH</u>		Work Order # <u>1608382</u>
Receipt Log # <u>38-24</u>	Completed By (initials/date) <u>SN 8/19/16</u>	Project Chemist <u>SDM</u>

COC ID # <u>160828086</u> <u>PP. 1</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 ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃						
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				✓							

Comments

pH Strip Reagent #
<input checked="" type="checkbox"/> 6060635
<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 # <u>160828085</u> <u>PP. 2</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 ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃						
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				✓							

Comments

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

Client: <u>ATC - 714 MOUTH</u>	Work Order #: <u>1608382</u>
Receipt Log #: <u>38-24</u>	Completed By (Initials/Date): <u>DN 8/19/16</u>
Project Chemist: <u>JDM</u>	

COC ID #: <u>160828086</u> <u>pg. 3</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 ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃						
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"/> 6060635
<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.

Comments

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 ₂ SO ₄	H ₂ SO ₄	HNO ₃	HNO ₃						
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 ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

Comments
