

June 17, 2016

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

**Project: School Drinking Water Testing**

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>
1606095	06/03/2016	Greater Ebenezer

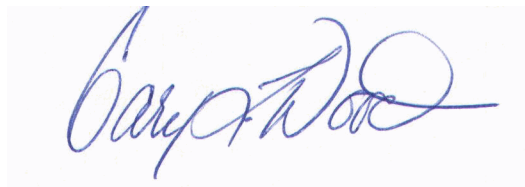
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

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: School Drinking Water Testing  
Client Sample ID: **1-DF-P-GE/ Drinking Fountain**  
Lab Sample ID: **1606095-01**  
Matrix: Drinking Water

Work Order: **1606095**  
Description: Greater Ebenezer  
Sampled: 06/02/16 07:25  
Sampled By: ATC  
Received: 06/03/16 16:05

**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
Lead	0.0031	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/15/16 15:13	MSB	1606053

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: School Drinking Water Testing  
 Client Sample ID: **1-BSB-P-GE/ Bathroom Sink**  
 Lab Sample ID: **1606095-03**  
 Matrix: Drinking Water

Work Order: **1606095**  
 Description: Greater Ebenezer  
 Sampled: 06/02/16 07:28  
 Sampled By: ATC  
 Received: 06/03/16 16:05

### 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
Lead	0.0032	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/15/16 15:14	MSB	1606053

## ANALYTICAL REPORT

Client: <b>ATC Group Services</b>	Work Order: <b>1606095</b>
Project: School Drinking Water Testing	Description: Greater Ebenezer
Client Sample ID: <b>3-DWC-P-GE/ Drinking Water Cooler</b>	Sampled: 06/02/16 07:30
Lab Sample ID: <b>1606095-05</b>	Sampled By: ATC
Matrix: Drinking Water	Received: 06/03/16 16:05

### 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
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/15/16 15:15	MSB	1606053

**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: 1606053 (Metals Direct Analysis)

Analyzed: 06/15/2016 By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	<b>0.0403</b>	mg/L	101	85-115			0.0010

**PRETREATMENT SUMMARY PAGE**

Client: **ATC Group Services**  
Project: **School Drinking Water Testing**

<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	1606095-01	1606053	ARB	06/13/16 08:53
	1606095-03	1606053	ARB	06/13/16 08:53
	1606095-05	1606053	ARB	06/13/16 08:53





# Chain of Custody Record

COC No.

160603854

For Lab Use Only

Cart

2

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

Analyses Requested

Pg. \_\_\_ of \_\_\_

VOA Rack Tray

Receipt Log No.

12.33

Project Chemist

Jim McFadden

Work Order No.

1606095

Client Name

ATC Group Services, LLC

Address

46555 Humboldt Drive Suite 100

City, State Zip

Novi, Michigan 48377

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

Email robert.smith@atcassociates.net

Project Name

Greater Ebenezer - 18751 Ferkell Ave

Client Project No. / P.O. No.

188BS16284

Invoice To

☒ Client

☐ Other (comments)

Contact/Report To

Robert Smith

Lead - Primary (P)  
Lead - Flush (F) - Hold

Container Type (corresponds to Container Packing List)

Schedule Matrix Code Sample Number

01 01

02 02

01 03

02 04

01 05

02 06

Field Sample ID

1-DF-P-GE/ Drinking Fountain

2-DF-F-GE/Drinking Fountain

2-BSB-P-GE/Bathroom Sink

2-BSB-F-GE/Bathroom Sink

3-DWC-P-GE/Drinking Water Cooler

3-DWC-F-GE/Drinking Water Cooler

Cooler ID

Sample Date

Sample Time

C O M P O S I T I O N

M A T R I X

725

726

728

729

730

731

Number of Containers Submitted

Total Sample Comments

1 Drinking Fountain @ Hunt Stairs

1 Drinking Fountain @ Hunt Stairs

1 Boys Bathroom @ Bank Stairs

1 Boys Bathroom @ Bank Stairs

1 Drinking Water Cooler @ Hunt Stairs

1 Drinking Water Cooler @ Hunt Stairs

Sampled By (print) Andrew Ketchum

Sampler's Signature

Company

ATC Group Services LLC

46555 Humboldt Dr. Ste 100

Novi, MI 48377

How Shipped?

Tracking No.

1. Requisitioned By

Date

Time

Hand

Carrier

2. Requisitioned By

Date

Time

Comments

1. Requisitioned By

Date

Time

If lead is above detection limits, please analyze flush samples

2. Requisitioned By

Date

Time

3. Requisitioned By

Date

Time

Received For Lab By

Date

Time

ORIGINAL - LABORATORY

COPY - SAMPLER



# SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <b>ATC</b>	New / Add To: <b>1606095</b>	Work Order #: <b>1606095</b>
Receipt Record Page/Line #: <b>12-33</b>	Project Chemist: <b>01-06</b>	Sample #: <b>01-06</b>

Recorded by (initials/date): <b>WC 6-3-16</b>	Cooler: <input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received: <b>2</b>	Thermometer Used: <input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# )	See Additional Cooler Information Form: <input type="checkbox"/>
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Cooler #	Time				
<b>1m2365</b>	<b>1655</b>				
Custody Seals:					
<input checked="" 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 Location:					
Dispersed / Top / Middle / Bottom					
Temp Blank Present: <input type="checkbox"/> Yes <input checked="" 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		
Temp Blank:					
Sample 1:	<b>23.8</b>	<b>-</b>	<b>23.8</b>		
Sample 2:	<b>23.8</b>	<b>-</b>	<b>23.8</b>		
Sample 3:	<b>23.9</b>	<b>-</b>	<b>23.9</b>		
3 Sample Average °C: <b>23.8</b>					
<input type="checkbox"/> Cooler ID on COC?					
<input type="checkbox"/> VOC Trip Blank received?					

Cooler #	Time				
<b>1m3573</b>	<b>1700</b>				
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 type="checkbox"/> None					
Coolant Location:					
Dispersed / Top / Middle / Bottom					
Temp Blank Present: <input type="checkbox"/> Yes <input checked="" 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		
Temp Blank:					
Sample 1:	<b>22.2</b>	<b>-</b>	<b>22.2</b>		
Sample 2:	<b>22.0</b>	<b>-</b>	<b>22.0</b>		
Sample 3:	<b>22.2</b>	<b>-</b>	<b>22.2</b>		
3 Sample Average °C: <b>22.2</b>					
<input type="checkbox"/> Cooler ID on COC?					
<input type="checkbox"/> VOC Trip Blank received?					

Cooler #	Time				
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 type="checkbox"/> None					
Coolant Location:					
Dispersed / Top / Middle / Bottom					
Temp Blank Present: <input type="checkbox"/> Yes <input checked="" 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		
Temp Blank:					
Sample 1:					
Sample 2:					
Sample 3:					
3 Sample Average °C:					
<input type="checkbox"/> Cooler ID on COC?					
<input type="checkbox"/> VOC Trip Blank received?					

Cooler #	Time				
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 type="checkbox"/> None					
Coolant Location:					
Dispersed / Top / Middle / Bottom					
Temp Blank Present: <input type="checkbox"/> Yes <input checked="" 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		
Temp Blank:					
Sample 1:					
Sample 2:					
Sample 3:					
3 Sample Average °C:					
<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"/>	<input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Received for Lab Signed/Date/Time?
<input checked="" type="checkbox"/>	<input type="checkbox"/> Shipping document?
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other _____

<b>COC Information</b>	
COC ID Numbers:	<input type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____

<b>Check COC for Accuracy</b>	
Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/> Analysis Requested?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sample ID matches COC?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sample Date and Time matches COC?
<input checked="" type="checkbox"/>	<input type="checkbox"/> Container type completed on COC?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> All container types indicated are received?

<b>Sample Condition Summary</b>		
N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Broken containers/lids?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Illegible information on labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Low volume received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Extra sample locations / containers not listed on COC?

<b>Check Sample Preservation</b>	
N/A	Yes / No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> If either is ≥6° C, was thermal preservation required?
<input checked="" type="checkbox"/>	If "Yes", Project Chemist Approval Initials: _____
<input checked="" type="checkbox"/>	If "Yes" Completed Non Con Cooler - Cont Inventory Form?
<input checked="" type="checkbox"/>	Completed Sample Preservation Verification Form?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Samples chemically preserved correctly?
<input checked="" type="checkbox"/>	If "No", added orange tag?
<input checked="" type="checkbox"/>	<input type="checkbox"/> Received pre-preserved VOC soils?
	<input type="checkbox"/> MeOH <input type="checkbox"/> Na <sub>2</sub> SO <sub>4</sub>

<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)	<b>AFTER HOURS ONLY:</b> COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S)

<b>Notes</b>			
<input type="checkbox"/> Trip Blank received Cooler Received (Date/Time): <b>6-3-16 1605</b>	<input type="checkbox"/> Trip Blank not listed on COC Paperwork Delivered (Date/Time): <b>6-3-16 1730</b>	<input type="checkbox"/> s1 Hour Goal Met?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>



Client: <b>ATC</b>	Work Order #: <b>1606095</b>
Receipt Log #: <b>12-33</b>	Completed By (initials/date): <b>WC 6.3.16</b>
Project Chemist:	

COC ID #: <b>151019155</b>				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)
<b>Container Type 5 NaOH</b>	
500	2.5
1000	5.0
<b>Container Type 4 H<sub>2</sub>SO<sub>4</sub></b>	
125	0.5
250	1.0
500	2.0
1000	4.0
<b>Container Type 13 H<sub>2</sub>SO<sub>4</sub></b>	
500	2.5

Comments
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