
August 2, 2016

Debra Spring
Matrix Head Start
2051 Rosa Parks Boulevard
Detroit, Michigan 48216

SUBMITTED VIA EMAIL TO: dspring@matrix.org

**SUBJECT: Drinking Water Screening Report
 Lakewood Manor
 14200 Kercheval Avenue
 Detroit, Michigan 48215**

Dear Ms. Spring:

ATC Group Services, LLC (ATC) is pleased to submit this Drinking Water Screening Report for the subject school. The drinking water samples collected from the school were submitted to TriMatrix Laboratories, for Michigan Department of Environmental Quality (MDEQ) Drinking Water Certified lead analysis.

SCOPE OF WORK

At the request of the Matrix Head Start (Matrix), ATC collected drinking water samples as a general screening for lead at the subject school. Matrix in coordination with the City of Detroit Health Department determined that the screening would consist of collection of water samples from three (3) high priority water outlets (drinking fountains, kitchen/food preparation area faucets, etc.), regularly used by students and staff for drinking, as designated by Matrix personnel. Two (2) samples were collected at each outlet: a first draw (Primary) sample; and a Flush sample. The Primary samples were collected from outlets that had been inactive for a minimum of eight hours. The Flush samples were collected after the water was allowed to run for a minimum of thirty (30) seconds at each of the sample locations.

The drinking water samples were collected in 125 milliliter, wide-mouth sample containers, containing nitric acid (preservative). Each sample container was labeled utilizing a coding system that identified: the type of drinking outlet sampled, Drinking Water Fountain (DWF), Drinking Water Cooler (DWC), Kitchen Faucet (KF) etc.; and a (P) for primary samples and a (F) for flush samples.

The samples were transported under chain of custody to TriMatrix Laboratories, located at 5560 Corporate Exchange Court SE, Grand Rapids Michigan for MDEQ drinking water certified lead analysis, using analytical method EPA 200.8 rev 5.4.

As per the EPA's *3T's for Reducing Lead in Drinking Water in Schools, Revised Technical Guidance (October 2006)* analysis of the flush sample(s) was only performed if analysis of the first draw (Primary) sample(s) indicated lead and/or copper concentrations greater than the EPA established Maximum Contaminate Level (MCL).

FINDINGS

Analytical results indicate that none of the samples analyzed were above the EPA recommended limits of 0.015 milligrams per liter (mg/L) for lead. The table below summarizes the analytical results for the samples submitted. The laboratory analytical reports and chain of custody are provided in Attachment A.

Sample Number	Total Lead (Drinking Water)	MCL
1-F-P-LW (Kitchen Faucet)	<0.0010 mg/L	0.015 mg/L
1-F-F-LW (Kitchen Faucet)	NA	0.015 mg/L
2-F-P-LW (Boy's Bathroom – Left Faucet)	<0.0010 mg/L	0.015 mg/L
2-F-F-LW (Boy's Bathroom – Left Faucet)	NA	0.015 mg/L
3-F-P-P-LW (Girl's Bathroom – Left Faucet)	<0.0010 mg/L	0.015 mg/L
3-F-F-LW (Girl's Bathroom – Left Faucet)	NA	0.015 mg/L

Key: NA - Not Analyzed

mg/L- milligrams per liter /parts per million (ppm)



ENVIRONMENTAL • GEOTECHNICAL
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46555 Humboldt Drive
Novi, Michigan 48377
Telephone 248-669-5140
www.atcgroupservices.com

LIMITATIONS

The sampling and analysis completed was: a preliminary screening for lead only, to assess lead concentrations (mg/L) at drinking water outlets in the school designated as high use by Matrix, and may not be representative of all drinking water outlets within the school. If lead concentrations are identified above their respective MCL's at any of the drinking water outlets tested, further review of the plumbing system, fixtures affected, and testing should be completed to assess the source of the elevated levels of lead, as well as, any other response actions deemed necessary by Matrix.

The drinking water screening proposed and conducted by ATC was devised in cooperation with Matrix, City of Detroit Health Department and utilizing the EPA's 3Ts for Reducing Lead in Drinking Water in Schools and may not meet all of the recommendations provided by the MDEQ "*Guidance on Drinking Water Sampling for Lead and Copper at Schools and Daycares on Community Water Supplies*" Version 2.0 - April 13, 2016. Future drinking water evaluation and sampling in accordance with the recommendations may be predicated on applicable guidelines by the MDEQ or EPA and will be determined prior to developing a sampling plan for the school.

Sincerely,

ATC Group Services, LLC

A handwritten signature in black ink, reading 'Martin H. Gamble'.

Martin Gamble
Senior Project Manager

A handwritten signature in black ink, reading 'Robert C. Smith'.

Robert C. Smith
Building Science Department Manager

APPENDIX A

LABORATORY ANALYTICAL REPORT

June 21, 2016

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

Project: Matrix Human Services

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
1606225	06/09/2016	Lakewood

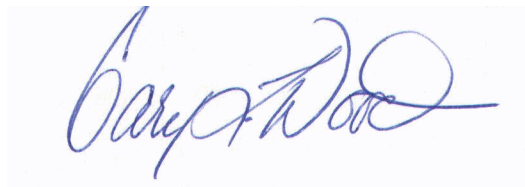
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

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: Matrix Human Services
 Client Sample ID: **1-F-P-LW, Kitchen Faucet**
 Lab Sample ID: **1606225-01**
 Matrix: Drinking Water

Work Order: **1606225**
 Description: Lakewood
 Sampled: 06/07/16 06:32
 Sampled By: Andrew Rauser
 Received: 06/09/16 16:30

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	06/20/16 11:21	MSB	1606242

ANALYTICAL REPORT

Client: ATC Group Services	Work Order: 1606225
Project: Matrix Human Services	Description: Lakewood
Client Sample ID: 2-F-P-LW, Boys Bathroom Left Faucet	Sampled: 06/07/16 06:36
Lab Sample ID: 1606225-03	Sampled By: Andrew Rauser
Matrix: Drinking Water	Received: 06/09/16 16:30

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	06/20/16 11:22	MSB	1606242

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Human Services
 Client Sample ID: **3-F-P-LW, Girls Bathroom Left Faucet**
 Lab Sample ID: **1606225-05**
 Matrix: Drinking Water

Work Order: **1606225**
 Description: Lakewood
 Sampled: 06/07/16 06:40
 Sampled By: Andrew Rauser
 Received: 06/09/16 16:30

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	06/20/16 11:23	MSB	1606242

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: 1606242 (Metals Direct Analysis)

Analyzed: 06/20/2016 By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	0.0383	mg/L	96	85-115			0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
Project: **Matrix Human Services**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1606225-01	1606242	PNS	06/16/16 12:27
	1606225-03	1606242	PNS	06/16/16 12:27
	1606225-05	1606242	PNS	06/16/16 12:27

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

PRESERVATIVES

- A NONE pH~7
- B HNO₃ pH<2
- C H₂SO₄ pH<2
- D 1+1 HCl pH<2
- E NaOH pH>12
- F ZnAcNaOH pH>9
- G MeOH
- H Other (note below)

VOA Rack/Tray	Client Name	Project Name
Receipt Log No. 88-26	ATC Group Services	Matrix Human Services - Lakewood
Project Chemist Jim McFadden	Address 46555 Humboldt Drive, Ste 100	Client Project No. / P.O. No. 188BS16284
Work Order No. 1001025	City, State Zip Novi MI 48377	Invoice To <input checked="" type="checkbox"/> Client <input type="checkbox"/> Other (comments)
	Phone: 248-669-5140 Fax 248-669-5147	Contact/Report To Robert Smith
	Email robert.smith@atcassociates.net	







B	Lead - Primary (P)
B	Lead - Flush (F) - Hold
Container Type (corresponds to Container Packing List)	

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P	R A B	Matrix	Number of Containers Submitted	Total	Sample Comments
		01	1-F-P-LW, Kitchen Faucet		6/7/16	632	X	DW	X		1	
		02	1-F-F-LW, Kitchen Faucet		6/7/16	633	X	DW	X		1	
		03	2-F-P-LW, Boys bathroom Left Faucet		6/7/16	636	X	DW	X		1	
		04	2-F-F-LW, Boys bathroom Left Faucet		6/7/16	637	X	DW	X		1	
		05	3-F-P-LW, Girls bathroom Left Faucet		6/7/16	640	X	DW	X		1	
		06	3-F-F-LW, Girls bathroom Left Faucet		6/7/16	641	X	DW	X		1	
		7										
		8										
		9										
		10										

Comments If lead or copper is above detection limits, please analyze flush samples

Sampled By (print) Andrew Rausser	How Shipped?	Hand	Carrier
Sampler's Signature 	Tracking No.		

LW = Lakewood

Company	1. Relinquished By 	Date 6/8/16	Time 1700	2. Relinquished By 	Date 6/9/16	Time 1630	3. Relinquished By 	Date 6/9/16	Time 1630
	1. Received By 	Date 6/8/16	Time 1130	2. Received By 	Date 6/9/16	Time 1630	3. Received By 	Date 6/9/16	Time 1630

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client <u>ATC</u>	Work Order #: <u>16010225</u>
Receipt Record Page/Line # <u>22-26</u>	New / Add To: _____ Project Chemist: _____ Sample #s: _____

Recorded by (initials/date) <u>LA 6/10/16</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
--	--	--------------------------	---	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>4m2389</u>	<u>0749</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 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 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 type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		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		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		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	
Observed °C	Correction Factor °C	Actual °C		Observed °C	Correction Factor °C	Actual °C	
Temp Blank:				Temp Blank:			
Sample 1:	<u>22.8</u>	<u>-</u>	<u>22.8</u>	Sample 1:			
Sample 2:	<u>22.7</u>	<u>-</u>	<u>22.7</u>	Sample 2:			
Sample 3:	<u>22.8</u>	<u>-</u>	<u>22.8</u>	Sample 3:			
3 Sample Average °C: <u>22.8</u>				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?			

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

Paperwork Received Yes No <input checked="" type="checkbox"/> <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 checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: _____	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C? <input checked="" type="checkbox"/> <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 checked="" 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
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Check COC for Accuracy Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> <input type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> <input 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 type="checkbox"/> All container types indicated are received?	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 ambers (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 Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> <input type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> <input type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> <input type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> <input type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> <input type="checkbox"/> VOC vials / TOX containers have headspace? <input checked="" type="checkbox"/> <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <input type="checkbox"/> Trip Blank received Cooler Received (Date/Time) <u>6/9/16 1630</u> </div> <div> <input type="checkbox"/> Trip Blank not listed on COC Paperwork Delivered (Date/Time) <u>6/10/16 0845</u> </div> <div> ≤1 Hour Goal Met? <u>Yes / No</u> </div> </div>
---	---

Client ATC Lakewood	Work Order # 1606225
Receipt Log # 22-24	Completed By (initials/date) SLC 6/10/16
Project Chemist _____	

COC ID # 160612361				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"/> 6040263
<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 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