

July 15, 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:

Work Order	Received	Description
1607025	06/30/2016	Parsons Center - 120 Parsons

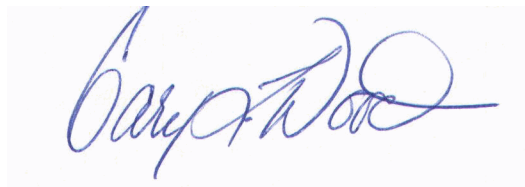
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

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-KS-P-PC**
Lab Sample ID: **1607025-01**
Matrix: Drinking Water

Work Order: **1607025**
Description: Parsons Center - 120 Parsons
Sampled: 06/29/16 06:10
Sampled By: ATC
Received: 06/30/16 18:30

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	0.0035	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	07/14/16 09:00	DSC	1606894

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: School Drinking Water Testing
 Client Sample ID: **2-BSW-P-PC**
 Lab Sample ID: **1607025-03**
 Matrix: Drinking Water

Work Order: **1607025**
 Description: Parsons Center - 120 Parsons
 Sampled: 06/29/16 06:14
 Sampled By: ATC
 Received: 06/30/16 18:30

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	0.0029	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	07/14/16 09:17	DSC	1606894

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: School Drinking Water Testing
Client Sample ID: **3-BSM-P-PC**
Lab Sample ID: **1607025-05**
Matrix: Drinking Water

Work Order: **1607025**
Description: Parsons Center - 120 Parsons
Sampled: 06/29/16 06:17
Sampled By: ATC
Received: 06/30/16 18:30

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	07/14/16 09:20	DSC	1606894

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: 1606894 (Metals Direct Analysis)

Analyzed: 07/14/2016 By: DSC

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	0.0383	mg/L	96	85-115			0.0010
1607025-01 [1-KS-P-PC]									
Matrix Spike	0.00349	0.0200	0.0236	mg/L	100	70-130			0.0010
Matrix Spike Duplicate	0.00349	0.0200	0.0237	mg/L	101	70-130	0.4	20	0.0010

PRETREATMENT SUMMARY PAGE

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

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1607025-01	1606894	JBA	07/05/16 13:36
	1607025-03	1606894	JBA	07/05/16 13:36
	1607025-05	1606894	JBA	07/05/16 13:36

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 *30X*

VOA Rack/Tray

 Client Name
 ATC Group Services, LLC

 Project Name
 Parsons Center - 120 Parsons

 Receipt Log No. *8228*

 Address
 46555 Humboldt Drive Suite 100

 City, State Zip
 Novi, Michigan 48377

 Project Chemist
 Jim McFadden

 Work Order No. *160642688*

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

Email: robert.smith@atcassociates.net

 Contact/Report To
 Robert Smith

 Invoice To ☒ Client ☐ Other (comments)

Lead - Primary (P)

Lead - Flush (F) - Hold

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total Sample Comments:

Kitchen sink in Break Room

Kitchen sink in Break Room

Women's Bathroom Sink @ Lobby

Women's Bathroom Sink @ Lobby

Men's Bathroom Sink @ Lobby

Men's Bathroom Sink @ Lobby

Men's Bathroom Sink @ Lobby

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Men's Bathroom Sink @ Lobby

Sampled By (print) Andrew Ketchum

How Shipped?

Tracking No.

Hand

Carrier

1. Requisitioned By

Date

Time

2. Requisitioned By

Date

Time

Comments

If lead is above detection limits, please analyze flush samples

1. Requisitioned By

Date

Time

2. Requisitioned By

Date

Time

3. Requisitioned By

Date

Time

If lead is above detection limits, please analyze flush samples

1. Requisitioned By

Date

Time

2. Requisitioned By

Date

Time

3. Requisitioned By

Date

Time

Kitchen sink in Break Room

Kitchen sink in Break Room

Women's Bathroom Sink @ Lobby

Women's Bathroom Sink @ Lobby

Men's Bathroom Sink @ Lobby

Men's Bathroom Sink @ Lobby

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Men's Bathroom Sink @ Lobby

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Men's Bathroom Sink @ Lobby

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>UTC - PARSONS</u>	Work Order #: <u>1607023</u>
Receipt Record Page/Line #: <u>8-28</u>	New / Add To _____ Project Chemist _____ Sample #s _____

Recorded by (initials/date): <u>DN 6/30/16</u>	<input type="checkbox"/> Cooler <input type="checkbox"/> Box <input checked="" type="checkbox"/> Other <u>Bag 1</u>	Qty Received: _____	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____)	Thermometer Used: _____ See Additional Cooler Information Form <input type="checkbox"/>
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>389</u>	<u>2009</u>							
Custody Seals:		Custody Seals:		Custody Seals:		Custody Seals:		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		<input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		<input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		<input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Type:		Coolant Type:		Coolant Type:		Coolant Type:		
<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input checked="" type="checkbox"/> None		<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		<input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		
Coolant Location:		Coolant Location:		Coolant Location:		Coolant Location:		
Dispersed / Top / Middle / Bottom		Dispersed / Top / Middle / Bottom		Dispersed / Top / Middle / Bottom		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		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:		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		<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:			Sample 1:			Sample 1:		
Sample 2:			Sample 2:			Sample 2:		
Sample 3:			Sample 3:			Sample 3:		
3 Sample Average °C: <u>25.1</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

Paperwork Received Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? <input type="checkbox"/> <input checked="" type="checkbox"/> Shipping document? <input type="checkbox"/> <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <u>160642688</u>	Check Sample Preservation N/A Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C? 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"/> <input type="checkbox"/> Samples chemically preserved correctly? 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 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)
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Sample Condition Summary N/A Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input type="checkbox"/> <input checked="" type="checkbox"/> Missing or incomplete labels? <input type="checkbox"/> <input checked="" type="checkbox"/> Illegible information on labels? <input type="checkbox"/> <input checked="" type="checkbox"/> Low volume received? <input type="checkbox"/> <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input type="checkbox"/> <input type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Cooler Received (Date/Time)</th> <th style="width: 33%;">Paperwork Delivered (Date/Time)</th> <th style="width: 33%;">≤1 Hour Goal Met?</th> </tr> <tr> <td><u>DN 6/30/16</u></td> <td><u>6/30/16</u></td> <td>Yes / No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	<u>DN 6/30/16</u>	<u>6/30/16</u>	Yes / No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
<u>DN 6/30/16</u>	<u>6/30/16</u>	Yes / No					

Client: <u>QTC - PARSONS</u>	Work Order #: <u>1607025</u>
Receipt Log #: <u>8-28</u>	Completed By (initials/date): <u>JN 6/30/14</u>
Project Chemist: <u>JDN</u>	

COC ID #: <u>160642688</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"/> 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