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
1606256	06/10/2016	Pathways Academy

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

5560 Corporate Exchange Court SE ♦ Grand Rapids, MI 49512 ♦ 616.975.4500 ♦ Fax 616.942.7463 ♦ www.trimatrixlabs.com

PROJECT TECHNICAL NARRATIVE(s)

No Project Narrative is associated with this report.

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STATEMENT OF DATA QUALIFICATIONS

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

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TRIMATRIX LABORATORIES

ANALYTICAL REPORT

Client:	**ATC Group Services**	Work Order:	**1606256**
Project:	Matrix Human Services	Description:	Pathways Academy
Client Sample ID:	**1-KS-P PATH Kitchen Sink Faucet**	Sampled:	06/08/16 07:18
Lab Sample ID:	**1606256-01**	Sampled By:	Charles Gheen
Matrix:	Drinking Water	Received:	06/10/16 17:00

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 11:53	MSB	1606243

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TRIMATRIX LABORATORIES

ANALYTICAL REPORT

Client:	**ATC Group Services**	Work Order:	**1606256**
Project:	Matrix Human Services	Description:	Pathways Academy
Client Sample ID:	**2-WC-P PATH Water Cooler @ Room 107**	Sampled:	06/08/16 07:24
Lab Sample ID:	**1606256-03**	Sampled By:	Charles Gheen
Matrix:	Drinking Water	Received:	06/10/16 17:00

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 11:56	MSB	1606243

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TRIMATRIX LABORATORIES

ANALYTICAL REPORT

Client:	**ATC Group Services**	Work Order:	**1606256**
Project:	Matrix Human Services	Description:	Pathways Academy
Client Sample ID:	**3-SF-P PATH Sink Faucet Room 112 Nurse**	Sampled:	06/08/16 07:30
Lab Sample ID:	**1606256-05**	Sampled By:	Charles Gheen
Matrix:	Drinking Water	Received:	06/10/16 17:00

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 11:57	MSB	1606243

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TRIMATRIX LABORATORIES

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
Analyte: **Lead**/USEPA-200.8 Rev. 5.4									
QC Batch: 1606243 (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

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TRIMATRIX LABORATORIES

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	1606256-01	1606243	PNS	06/16/16 12:40
	1606256-03	1606243	PNS	06/16/16 12:40
	1606256-05	1606243	PNS	06/16/16 12:40

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TRIMATRIX LABORATORIES

Chain of Custody Record

COC No. 160612955

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

For Lab Use Only
Cart: 9
VOA Rack/Tray: —
Receipt Log No.: 24-32
Project Chemist: Jim McFadden
Work Order No.: 160625b

Client Name: ATC Group Services
Address: 46555 Humboldt Drive, Ste 100
City, State Zip: Novi MI 48377
Phone: 248-669-5140 Fax 248-669-5147
Email: robert.smith@atcassociates.net

Project Name: Matrix Human Services - Pathways Academy
Client Project No. / P.O. No.: 188BS16284
Invoice To: ☑ Client ☐ Other (comments)
Contact/Report To: Robert Smith

Analyses Requested

PRESERVATIVES
A NONE pH~7
B HNO_3 pH<2
C H_2SO_4 pH<2
D 1+1 HCl pH<2
E NaOH pH>12
F ZnAc/NaOH pH>9
G MeOH
H Other (note below)

Schedule	Matrix Code	Sample Number		Field Sample ID	Cooler ID	Sample Date	Sample Time	COMP	GRAB	Matrix	Lead - Primary (P)	Lead - Flush (F) - Hold	Total	Sample Comments
				Container Type (corresponds to Container Packing List)							B	B		
				Number of Containers Submitted										
		01	1	1-KS-P PATH Kitchen Sink Faucet		6/8/16	718		X	DW	X		1	
		02	2	1-KS-F PATH Kitchen Sink Faucet		6/8/16	722		X	DW		X	1	
		03	3	2-WC-P PATH Water Cooler @ Room 107		6/8/16	724		X	DW	X		1	
		04	4	2-WC-F PATH Water Cooler @ Room 107		6/8/16	727		X	DW		X	1	
		05	5	3-SF-P PATH Sink Faucet room 112 Nurse		6/8/16	730		X	DW	X		1	
		06	6	3-SF-F PATH Sink Faucet room 112 Nurse		6/8/16	733		X	DW		X	1	
			7											
			8											
			9											
			10											

Sampled By (print): Charles D Gheen
Sampler's Signature: [signature]
Company:

How Shipped? Hand ___ Carrier ___
Tracking No.

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

Path = Pathways Academy

1. Relinquished By	Date	Time	2. Relinquished By	Date	Time	3. Relinquished By	Date	Time
[signature]	6-10-16		[signature]	6-10-16	1500			
1. Received By	**Date**	**Time**	**2. Received By**	**Date**	**Time**	**3. Received For Lab By**	**Date**	**Time**
[signature]	6-10-16	1632				[signature]	6-10-16	1700

ORIGINAL - LABORATORY COPY - SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST

TRIMATRIX LABORATORIES

Client: QTC		New / Add To	Work Order #: 1606256
Receipt Record Page/Line #: 24-32		Project Chemist	Sample #s

Recorded by (initials/date)		Qty Received	Thermometer Used		
JN 6-10-16	☑ Cooler ☐ Box ☐ Other	1		☑ IR Gun (#202) ☐ Digital Thermometer (#54) ☐ Other (#_______)	☐ See Additional Cooler Information Form

Cooler # 113683 — Time 2206

Custody Seals: ☑ None ☐ Present / Intact ☐ Present / Not Intact

Coolant Type: ☐ Loose Ice ☐ Bagged Ice ☐ Blue Ice ☑ None

Coolant Location: Dispersed / Top / Middle / Bottom

Temp Blank Present: ☐ Yes ☐ No

If Present, Temperature Blank Location is: ☐ Representative ☐ Not Representative

	Observed °C	Correction Factor °C	Actual °C
Temp Blank:			
Sample 1:	25.5	0	25.5
Sample 2:	25.6	0	25.6
Sample 3:	25.7	0	25.7

3 Sample Average °C: 25.6

☐ Cooler ID on COC?
☐ VOC Trip Blank received?

Cooler # — Time (second, third and fourth cooler columns blank)

Custody Seals: ☐ None ☐ Present / Intact ☐ Present / Not Intact

Coolant Type: ☐ Loose Ice ☐ Bagged Ice ☐ Blue Ice ☐ None

Coolant Location: Dispersed / Top / Middle / Bottom

Temp Blank Present: ☐ Yes ☐ No

If Present, Temperature Blank Location is: ☐ Representative ☐ Not Representative

	Observed °C	Correction Factor °C	Actual °C
Temp Blank:			
Sample 1:			
Sample 2:			
Sample 3:			

3 Sample Average °C:

☐ Cooler ID on COC?
☐ VOC Trip Blank received?

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

Paperwork Received

Yes	No	
☑	☐	Chain of Custody record(s)? If No, Initiated By ________
☑		Received for Lab Signed/Date/Time?
☐	☑	Shipping document?
☐	☑	Other ________

COC Information

☑ TriMatrix COC ☐ Other ________

COC ID Numbers: 16061295 5

Check COC for Accuracy

Yes	No	
☑	☐	Analysis Requested?
☑	☐	Sample ID matches COC?
☑	☐	Sample Date and Time matches COC?
☑		Container type completed on COC?
☑	☐	All container types indicated are received?

Sample Condition Summary

N/A	Yes	No	
	☐	☑	Broken containers/lids?
	☐	☑	Missing or incomplete labels?
	☐	☑	Illegible information on labels?
	☐	☑	Low volume received?
	☐	☑	Inappropriate or non-TriMatrix containers received?
☑	☐	☐	VOC vials / TOX containers have headspace?
☑	☐	☐	Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A	Yes	No	
	☑	☐	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?
☐	☑	☐	Samples chemically preserved correctly?
☑	☐		If "No", added orange tag?
	☐	☑	Received pre-preserved VOC soils? ☐ MeOH ☐ Na_2SO_4

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological
☐ Air Bags
☐ EnCores / Methanol Pre-Preserved
☐ Formaldehyde/Aldehyde
☐ Green-tagged containers
☐ Yellow/White-tagged 1 L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)
☑ NONE RECEIVED
☐ RECEIVED, COCs TO LAB(S)

Notes

☐ Trip Blank received ☐ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
JN 6-10-16	6-10-16	Yes / No

TRIMATRIX LABORATORIES

SAMPLE PRESERVATION VERIFICATION FORM

page 1 of 1

Client	QTC	Work Order #	1606256
Receipt Log #	24-32	Completed By (initials/date)	JDN 6-10-16
		Project Chemist	JDN

COC ID # 160612955

Adjusted by: _____
Date: _____

DO NOT ADJUST pH FOR THESE CONTAINER TYPES

pH Strip Reagent # 6040263

Container Type	5 / 23	4	13		6	15		
Tag Color	Lt. Blue	Blue	Brown		Red	Red Stripe		
Preservative	NaOH	H_2SO_4	H_2SO_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

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_2SO_4	H_2SO_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_2SO_4
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H_2SO_4
500	2.5

ceiving Log In Forms.xls -- Sample_Preserve_Verification

version: 3.0