

June 08, 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:

<b>Work Order</b>	<b>Received</b>	<b>Description</b>
1605623	05/25/2016	Plymouth

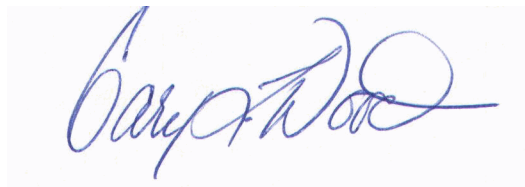
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

ANAB DoD-ELAP/ISO17025 (#ADE-1542); Arkansas DEP (#88-0730/13-049-0); 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-DWC-P-P Main Hall; Left Sink**  
Lab Sample ID: **1605623-01**  
Matrix: Drinking Water

Work Order: **1605623**  
Description: Plymouth  
Sampled: 05/25/16 06:41  
Sampled By: Ryan Rae  
Received: 05/25/16 17:05

**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	06/07/16 08:49	DSC	1605612

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Matrix Human Services  
 Client Sample ID: **2-KS-P-P Kitchen Sink; Left**  
 Lab Sample ID: **1605623-03**  
 Matrix: Drinking Water

Work Order: **1605623**  
 Description: Plymouth  
 Sampled: 05/25/16 06:45  
 Sampled By: Ryan Rae  
 Received: 05/25/16 17:05

### 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	06/07/16 08:52	DSC	1605612

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Matrix Human Services  
 Client Sample ID: **3-S-P-P Room 4; Right Sink**  
 Lab Sample ID: **1605623-05**  
 Matrix: Drinking Water

Work Order: **1605623**  
 Description: Plymouth  
 Sampled: 05/25/16 06:50  
 Sampled By: Ryan Rae  
 Received: 05/25/16 17:05

### 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	0.022	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 08:54	DSC	1605612

## 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: 1605612 (Metals Direct Analysis)

Analyzed: 06/07/2016 By: DSC

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	<b>0.0386</b>	mg/L	96	85-115			0.0010

**PRETREATMENT SUMMARY PAGE**

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

<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	1605623-01	1605612	LNS	06/02/16 08:15
	1605623-03	1605612	LNS	06/02/16 08:15
	1605623-05	1605612	LNS	06/02/16 08:15



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

VOA Rack/Tray

Client Name  
 ATC Group Services LLC

Project Name  
 Matrix Human Services - Plymouth

Receipt Log No.

Address  
 46555 Humboldt Drive, Ste 100

Client Project No. / P.O. No.

Project Chemist

City, State Zip  
 Novi, MI 48377

Invoice To

☒ Client  
☐ Other (comments)

Work Order No.

Phone: 248-669-5140 Fax 248-669-5147  
 Email robert.smith@atcassociates.com

Contact/Report To  
 Robert Smith

Container Type (corresponds to Container Packing List)	B	B	B	B						
Lead (Pb)										
Lead (Pb) HOLD										

- ← PRESERVATIVES
- A NONE pH<7
  - B HNO<sub>3</sub> pH<2
  - C H<sub>2</sub>SO<sub>4</sub> 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	C	M	P	A	B	Matrix	Number of Containers Submitted	Total	Sample Comments
01		01	1-DWC-P-P Main Hall; Left Sink	TM3632	5/25/16	641						X		1	
02		02	1-DWC-F-P Main Hall; Left Sink	TM3632	5/25/16	642						X		1	
03		03	2-KS-P-P Kitchen Sink; Left	TM3632	5/25/16	645						X		1	
04		04	2-KS-F-P Kitchen Sink; Left	TM3632	5/25/16	646						X		1	
05		05	3-S-P-P Room 4; Right Sink	TM3632	5/25/16	650						X		1	
06		06	3-S-F-P Room 4; Right Sink	TM3632	5/25/16	651						X		1	

Sampled By (print)

ATC Rce

Sampler's Signature

ATC Rce

Company ATC Group Services LLC

How Shipped?

Tracking No.

Hand

Carrier

1. Requisitioned By

ATC Rce

Date

5/25/16

2. Requisitioned By

Key Johnson

Date

5/25/16

3. Requisitioned By

Key Johnson

Date

5/25/16

4. Received For Lab By

Key Johnson

Date

5/25/16

5. Received For Lab By

Key Johnson

Date

5/25/16



# SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>QTC GROUP</u>	New / Add To: <u>1605623</u>
Receipt Record Page/Line #: <u>50-33</u>	Project Chemist: <u>JD</u> Sample #: <u>1605623</u>

Recorded by (Initials/date): <u>DN 5/25/16</u>	<input type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received: <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (#)	<input type="checkbox"/> See Additional Cooler Information Form
--	---	------------------------	--	---

Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>113632</u>	<u>2043</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: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		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>25.9</u>	<u>0</u>	<u>25.9</u>		
Sample 2:	<u>25.8</u>	<u>0</u>	<u>25.8</u>		
Sample 3:	<u>25.6</u>	<u>0</u>	<u>25.6</u>		
3 Sample Average °C: <u>25.8</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

<b>Paperwork Received</b> 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 _____ <b>COC Information</b> <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <u>160536554</u>	<b>Check Sample Preservation</b> 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? 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"/> 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 <sub>2</sub> SO <sub>4</sub>
---	--

<b>Check COC for Accuracy</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	<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>Sample Condition Summary</b> 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 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?	<b>Notes</b> <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 5/25/16</u></td> <td><u>5/25/16</u></td> <td>Yes / No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	<u>DN 5/25/16</u>	<u>5/25/16</u>	Yes / No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
<u>DN 5/25/16</u>	<u>5/25/16</u>	Yes / No					



Client <u>QTC GROUP</u>	Work Order # <u>1605623</u>
Receipt Log # <u>50-33</u>	Project Chemist <u>JONE</u>
Completed By (initials/date) <u>DN 5-25-16</u>	

COC ID # <u>160536554</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 <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.

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

Comments											
----------	--	--	--	--	--	--	--	--	--	--	--