

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>
1606150	06/07/2016	Szay's Home Daycare

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-P-F Kitchen**  
 Lab Sample ID: **1606150-01**  
 Matrix: Drinking Water

Work Order: **1606150**  
 Description: Szay's Home Daycare  
 Sampled: 06/03/16 06:20  
 Sampled By: David Reinhold  
 Received: 06/07/16 17:45

### 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 16:37	MSB	1606144

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: School Drinking Water Testing  
 Client Sample ID: **2-P-F Downstairs Kitchen**  
 Lab Sample ID: **1606150-03**  
 Matrix: Drinking Water

Work Order: **1606150**  
 Description: Szay's Home Daycare  
 Sampled: 06/03/16 06:25  
 Sampled By: David Reinhold  
 Received: 06/07/16 17:45

### 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 16:38	MSB	1606144

## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: School Drinking Water Testing  
 Client Sample ID: **3-P-F Bath Sink**  
 Lab Sample ID: **1606150-05**  
 Matrix: Drinking Water

Work Order: **1606150**  
 Description: Szay's Home Daycare  
 Sampled: 06/03/16 06:32  
 Sampled By: David Reinhold  
 Received: 06/07/16 17:45

### 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 16:41	MSB	1606144

## 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: 1606144 (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
<b>1606150-03 [2-P-F Downstairs Kitchen]</b>									
Matrix Spike	0.000446	0.0200	<b>0.0217</b>	mg/L	106	70-130			0.0010
Matrix Spike Duplicate	0.000446	0.0200	<b>0.0219</b>	mg/L	107	70-130	0.9	20	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	1606150-01	1606144	PNS	06/14/16 14:14
	1606150-03	1606144	PNS	06/14/16 14:14
	1606150-05	1606144	PNS	06/14/16 14:14





# Chain of Custody Record

COC No. 151019155

For Lab Use Only

Cart

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

Project Name

Sealy's Home Dry Clean

Receipt Log No.

Address

Client Project No./P.O. No.

Lead Primer

Lead Flush

Project Chemist

City, State Zip

Invoice To

☒ Client

☐ Other (comments)

Work Order No.

Phone: 248 669 5144 Fax 5144

Contact/Report To

Rob Smith

Matrix Code

Sample Number

Cooler ID

Sample Date

Sample Time

Matrix

Container Type (corresponds to Container Packing List)

Total

Sample Comments

Schedule

Field Sample ID

Sample Date

Sample Time

Matrix

Matrix

Number of Containers Submitted

Total

Sample Comments

01

1-1-P-F Kitchen

6-3-16

6:22

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

02

1-1-F-F Kitchen

6-3-16

6:22

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

01

2-2-P-F Downstairs Kitchen

6-3-16

6:25

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

02

2-2-F-F Downstairs Kitchen

6-3-16

6:27

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

01

3-3-F-F Bath sink

6-3-16

6:32

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

02

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

01

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

02

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

01

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

02

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

01

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments

02

3-3-F-F Bath sink

6-3-16

6:35

Lead

Lead

Number of Containers Submitted

Total

Sample Comments



# SAMPLE RECEIVING / LOG-IN CHECKLIST



**TRIMATRIX**  
LABORATORIES

Client: <u>ATC</u>	Work Order #: <u>1600150</u>
Receipt Record Page/Line #: <u>1830</u>	Project Chemist: _____ Sample #: _____

Recorded by (initials/date): <u>JN 6-7-16</u>	<input checked="" 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"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____)	<input type="checkbox"/> See Additional Cooler Information Form
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Cooler #	Time	Cooler #	Time	Cooler #	Time																								
<u>JN 3456</u>	<u>2224</u>																												
<b>Custody Seals:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact																													
<b>Coolant Type:</b> <input checked="" type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None																													
<b>Coolant Location:</b> 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																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Observed °C</th> <th>Correction Factor °C</th> <th>Actual °C</th> </tr> </thead> <tbody> <tr> <td>Temp Blank:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sample 1:</td> <td><u>1.9</u></td> <td><u>0</u></td> <td><u>1.9</u></td> </tr> <tr> <td>Sample 2:</td> <td><u>2.1</u></td> <td><u>0</u></td> <td><u>2.1</u></td> </tr> <tr> <td>Sample 3:</td> <td><u>3.4</u></td> <td><u>0</u></td> <td><u>3.4</u></td> </tr> <tr> <td colspan="4">3 Sample Average °C: <u>2.1</u></td> </tr> </tbody> </table>							Observed °C	Correction Factor °C	Actual °C	Temp Blank:				Sample 1:	<u>1.9</u>	<u>0</u>	<u>1.9</u>	Sample 2:	<u>2.1</u>	<u>0</u>	<u>2.1</u>	Sample 3:	<u>3.4</u>	<u>0</u>	<u>3.4</u>	3 Sample Average °C: <u>2.1</u>			
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Temp Blank:																													
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Sample 3:	<u>3.4</u>	<u>0</u>	<u>3.4</u>																										
3 Sample Average °C: <u>2.1</u>																													
<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>Check Sample Preservation</b> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Temperature Blank OR average sample temperature, ≥6° C? <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 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 <sub>2</sub> SO <sub>4</sub>																														
<b>COC Information</b> <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <u>151019155</u>	<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>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?	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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)       </div>																														
<b>Sample Condition Summary</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>N/A</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Broken containers/lids?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Missing or incomplete labels?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Illegible information on labels?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Low volume received?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> VOC vials / TOX containers have headspace?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Extra sample locations / containers not listed on COC?</td> </tr> </tbody> </table>	N/A	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Broken containers/lids?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Missing or incomplete labels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Illegible information on labels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Low volume received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VOC vials / TOX containers have headspace?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extra sample locations / containers not listed on COC?	<b>Notes</b>  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Trip Blank received           <input type="checkbox"/> Trip Blank not listed on COC         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Cooler Received (Date/Time): <u>JN 6-7-16</u></td> <td>Paperwork Delivered (Date/Time): <u>6-7-16</u></td> <td>≤1 Hour Goal Met?</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Yes / No</td> </tr> </table>	Cooler Received (Date/Time): <u>JN 6-7-16</u>	Paperwork Delivered (Date/Time): <u>6-7-16</u>	≤1 Hour Goal Met?			Yes / No
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		Yes / No																													





Client <u>QTC-SEAL/S</u>	Work Order # <u>1606150</u>
Receipt Log # <u>1830</u>	Completed By (Initials/Date) <u>JDX 6-7-14</u>
Project Chemist <u>JDX</u>	

COC ID # <u>151019155</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											

Comments

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>						
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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 <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