

June 08, 2016

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

**Project: Matrix Head Start** 

Dear Mr. Robert Smith,

Enclosed is a copy of the laboratory report for the following work order(s) received by TriMatrix Laboratories:

Work OrderReceivedDescription160567605/27/2016Cecil (Main Bldg)

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.

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### 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 Work Order: 1605676

Project: Matrix Head Start Description: Cecil (Main Bldg)
Client Sample ID: **1-WC-P-MB** Sampled: 05/27/16 05:59

Lab Sample ID: **1605676-01** Sampled By: ATC

Matrix: Drinking Water Received: 05/27/16 16:45

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	Ву	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 12:09	DSC	1605654

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### **ANALYTICAL REPORT**

Client: **ATC Group Services** Work Order: 1605676

Project: Matrix Head Start Description: Cecil (Main Bldg) 05/27/16 06:08 Client Sample ID: 2-WC-P-MB Sampled:

Lab Sample ID: 1605676-03 Sampled By: ATC

Matrix: Received: 05/27/16 16:45 **Drinking Water** 

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	Ву	QC Batch
Lead	0.0037	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 12:17	DSC	1605654

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### **ANALYTICAL REPORT**

Client: ATC Group Services Work Order: 1605676

Project: Matrix Head Start Description: Cecil (Main Bldg)
Client Sample ID: **3-BS-P-MB** Sampled: 05/27/16 06:16

Lab Sample ID: **1605676-05** Sampled By: ATC

Matrix: Drinking Water Received: 05/27/16 16:45

### Metals in Drinking Water by EPA 200 Series Methods

Analyte	Analytical Result	RL	Action Limit	Unit	Dilution Factor	Method	Date Time Analyzed	Ву	QC Batch
Lead	0.017	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 12:20	DSC	1605654



### **QUALITY CONTROL REPORT**

### Metals in Drinking Water by EPA 200 Series Methods

	Sample	Spike			Spike	Control		RPD	
QC Type	Conc.	Qty.	Result	Unit	% Rec.	Limits	RPD	Limits	RL

Analyte: Lead/USEPA-200.8 Rev. 5.4

QC Batch: 1605654 (Metals Direct Analysis)					Analyzed: 06/07/2016	By: DSC
Method Blank		<0.0010	mg/L			0.0010
Laboratory Control Sample	0.0400	0.0386	mg/L	96	85-115	0.0010



### PRETREATMENT SUMMARY PAGE

**ATC Group Services** Client: **Matrix Head Start** Project:

				Date & Time	
Pretreatment	Lab Sample ID	Batch	Ву	Prepared	
USEPA 600/R-94/173	1605676-01	1605654	LNS	06/02/16 08:35	
	1605676-03	1605654	LNS	06/02/16 08:35	
	1605676-05	1605654	LNS	06/02/16 08:35	



# **Chain of Custody Record**

COC No. 160539530

Client Name	DUSE CINY   DOBO   Corporate Exchange Court SE, Grand Rapids, MI 49512	Time Stacewed For la
Client Name	Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com    Phone (616) 975-4500 Fax (616) 942-7463   www.trimatrixlabs.com   Client Name	
Client Name	Color   Sample   Count SE, Grand Rapids, MI 49512	lead is
Client Name	Sample   Collect Name	-
Client Name	Sample   Color   Services   Color	
Client Name	Sabu Corporate Exchange Court SE, Grand Rapids, Mil 49512	
Client Name	Sample   Colembar	
Client Name	Client Name	×
Client Name ATC Group Services, LLC ATC Group Services, LLC ATC Group Services, LLC Address Address City. State Zip Novi, MI 48377 A6555 Humboldt Drive Suite 100 City. State Zip Novi, MI 48377 Address Phone: 248-669-5147 Contact/Report To Email robert.smith@atcassociates.net Cooler ID Address Field Sample ID Cooler ID Sample Date Time Address Sample Sample Sample ATC Group Services, LLC Client Project Nov. / P.O. No. 188BS16284 Cooler To Collent Comments) Cooler ID Address Sample ATC Group Services, LLC Client Project Nov. / P.O. No. 188BS16284 Cooler To Collent Project Nov. / P.O. No. 188BS16284 Cooler To Collent Project Nov. / P.O. No. 188BS16284 Cooler To Collent Project Nov. / P.O. No. 188BS16284 Cooler To Collent Project Nov. / P.O. No. 188BS16284 Cooler To Collent Project Nov. / P.O. No. 188BS16284 Collent Project Nov. / P.O.	Client Name	
Client Name ATC Group Services, LLC ATC Group Services	Client Name	$\times$
Client Name ATC Group Services, LLC  Address  46555 Humboldt Drive Suite 100  City, State Zip  Crity, State Zip  Crity, State Zip  Phone: 248-669-5140  Field Sample ID  Coder ID  Sample  Field Sample ID  Cooler ID  Sample  Cooler ID  Sample  Samp	Tack/Tigy  Client Name ATC Group Services, LLC  Address 46555 Humboldt Drive Suite 100  Cliy, State Zip  Novi, MI 48377  Phone: 248-669-5140  Fax 248-669-5147  Code Number  Field Sample ID  Code Number  Code Numbe	
Client Name ATC Group Services, LLC  Address  Address  City. State Zip  Clerk Novi, MI 48377  Cer No.  Phone: 248-669-5140 Fax 248-669-5147 Contact/Report To  Email robert.smith@atcassociates.net Robert Smith  Matrix  Sample Field Sample ID  Cooler ID  Date  Time  A Matrix  Sample Cooler ID  Date  Time  A Matrix  Matrix  Sample Cooler ID  Date  Time  A Matrix  Matrix  Matrix  Sample Cooler ID  Date  Time  A Matrix  Mat	Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com  Client Name ATC Group Services, LLC Address Address Chemist IcFadden Novi, MI 48377  Invoice To Phone: 248-669-5140 Fax 248-669-5147 Contact/Report To Email robert.smith@atcassociates.net  Pield Sample ID  Cooler ID Sample Sample Sample Date  Time	~
Client Name ATC Group Services, LLC  Address  A6555 Humboldt Drive Suite 100  City. State Zip  IcFadden  Novi, MI 48377  Remail robert.smith@atcassociates.net  Field Sample ID  Cooler ID  Client Project Name  Matrix Head Start- Cecil (Main Bldg)  Client Project No. / P.O. No.  188BS16284  Client Project No. / P.O. No.  188BS16284  Comments)  Contact/Report To  Cooler ID  Sample  Sample  Sample  Cooler ID  Date  Time  Matrix  Matrix  Matrix  Matrix  Matrix  Matrix  Cooler ID  Cool	Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com  Client Name ATC Group Services, LLC  Address  Address  A6555 Humboldt Drive Suite 100  Client Project Name A6555 Humboldt Drive Suite 100  Client Project No. / P.O. No. 1888S16284  City, State Zip  City, State Zip  Client Project No. / P.O. No. 1888S16284  City, State Zip  Comments  Compose  Field Sample ID  Cooler ID  Sample  Cooler ID  Cool	
Client Name ATC Group Services, LLC Address 46555 Humboldt Drive Suite 100 City, State Zip Novi, MI 48377 Phone: 248-669-5140 Fax 248-669-5147 Contact/Report To Email robert.smith@atcassociates.net Robert Smith	Client Name ATC Group Services, LLC Address City, State Zip Phone: 248-669-5140  Email robert.smith@atcassociates.net Robert Smith  Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com  Project Name Matrix Head Start- Cecil (Main Bldg) Client Project No. / P.O. No. 188BS16284 Invoice To Client Project No. / P.O. No. 188BS16284 Contact/Report To Email robert.smith@atcassociates.net Robert Smith	
Client Name  ATC Group Services, LLC  Address  Address  City, State Zip  Novi, MI 48377  Check State State Comments  AR SEQ 5147 Context Board To	Client Name ATC Group Services, LLC Address City, State Zip Novi, MI 48377  Client Wash Corporate Exchange Court SE, Grand Rapids, MI 49512  Project Name ATC Group Services, LLC Address Addr	aine
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Client Name  ATC Group Services, LLC  Matrix Head Start- Cecil (Main Bldg)	Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com  Client Name  ATC Group Services, LLC	lush (F)
The control of the co	Phone (616) 975-4500 Fax (616) 942-7463 www.trimatrixlabs.com	- Hold
-	Lab Use Only	œ

### SAMPLE RECEIVING / LOG-IN CHECKLIST

TRIMATRI	Client	70	GRU			New / A		Order# 160	056	76	
Recorded by (initials/date) 5/27/	E S Receipt Record F	Page/Line #	4-3<	Project Chemist Sample #s 01 - 0 Control of the Project Chemist Sample Project Chemist Sampl							
7792531 Time 839	Cooler #	Time		Cooler#		Time		Cooler#		Time	
Custody Seals:    None				Coolant To	None Present / Present / Present / ype: Loose loe Bagged k Blue loe None ocation: d / Top nk Present Temperal	Not Intact  / Middle : Yes	Custody Seals:  None Present / Intact Present / Not Intact Coolant Type: Bagged Ice Bagged Ice None Coolant Location: Dispersed / Top / Middle / Botto Temp Blank Present: Yes Not If Present, Temperature Blank Location				
Observed Correction Actual *C	Observed		Actual *C	U Rep	Observed	Correction	epresentative Actual *C	L Re	Observed	Correction	Actual *C
G Factor C	2, , ,	Factor *C	Actual C		*C	Factor *C	Acidal C	180	*C	Factor *C	AUGUS C
Temp Blank	Temp Blank:			Temp Blank				Temp Slank		Annual Control	
Sample 1 25.7 0 25.7	Sample 1:			Sample 1:	-			Sample 1:			
Sample 2: 24.6 0 24.6 Sample 2: Sample 3: 24.4 0 24.4 Sample 3:				Sample 2:				Sample 2:		1	
				Sample 3:			-	Sample 3:			
3 Sample Average °C: 24.9	3 Sample Averag	je °C:		3 Samp	le Averag	e °C:		3 Samp	le Averag	e °C:	
☐ Cooler ID on COC?	☐ Cooler ID on C			-	er ID on Co				er ID on C	The second	Williams.
☐ VOC Trip Blank received?	□ VOC Trip Blant	k received?		D voc	Trip Blank	received?		□ voc	Trip Blank	k received?	- USV III
If <u>any</u> shaded a	reas checked, co	mplete S	Sample R	eceiving l	Non-Co	nforman	ice and/or	Inventor	y Form		1
Paperwork Received Yes. No Chain of Custody record(s)? Received for Lab Signed/Da Shipping document? Other COC Information TriMatrix COC Other COC ID Numbers:				Check Sa	00000000	No Temp If eitr  Comp If "No Rece	perature Blan ner is ≥6° C, v 'Yes", Project 'Yes" Comple pleted Sampl ples chemica o", added ora rived pre-pres	was thermal of the control of the co	preservation proval Inite of Cooler - 1 Cool	on required ials: Cont Invent tion Form?	?
Check COC for Accuracy	View Tolk	11-11				lold-Tim	e Prep/A	nalyses		CIVE S	
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?				□ Bacteriological □ Air Bags □ EnCores / Methanol Pre-Preserved □ Formaldehyde/Aldehyde □ Green-tagged containers □ RECEIVED, COCs TO LAB(S)							REA(S)
Sample Condition Summary		7	1	Votes	100		10,777		District		
N/A  Yes  No  Broken containers  Missing or incomp  Illegible informatio  Low volume receiv  Inappropriate or n  O VOC vials / TOX of	elete labels? In on labels?	ace?	C7 C	☐ Trip E Cooler Rec				ank not listed Delivered (Da		l	Soal Met?

# TRIMATRIX

## SAMPLE PRESERVATION VERIFICATION FORM

Client (27		the state of the s	Work Order # 1605 107 10
Receipt Log #	4-30	Complesed By (initials/date)	Project Chemist

OC 10#/60	5375	30	Adjusted by: Date:	DO NOT ADJUST pH FOR THESE CONTAINER TYPE								
Container Type	5/23	4	13	6	15							
Tag Color	Lt. Blue	Blue	Brown	Red	Red Stripe	2. JA1 9						
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					- P&- 17	7.						
COC Line #2						- 250						
COC Line #3						SH. I	SOF-1					
COC Line #4				1		2.75						
COC Line #5					-84							
COC Line #6	- 10	199				4.5	104					
COC Line #7						100 A	No.					
COC Line #8				27								
COC Line #9	SHA					T Kall	3.57					
COC Line #10	T MINE				3 1 25							

pH	Strip Reagent #
Ø	6040263
0	

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:		DO NOT ADJUST pH FOR THESE CONTAINER TO			
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	16-00	
COC Line #1							7	The Unit
COC Line #2				1.34	10.740	1202	0.75	VI 2084
COC Line #3	WOOTH !					T-L	7.00	(Te 197
COC Line #4		= 15						
COC Line #5		145				10.		
COC Line #6	1400			1	1735			
COC Line W7							7.50	-
COC Line #8								No.
COC Line #9	the street			B.C.			7/1	
COC Line #10	11-14-5			4				100

Container Size (mL)	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