

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 Order	Received	Description
1605676	05/27/2016	Cecil (Main Bldg)

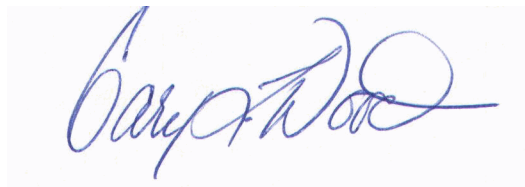
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

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.

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 Head Start
Client Sample ID: **1-WC-P-MB**
Lab Sample ID: **1605676-01**
Matrix: Drinking Water

Work Order: **1605676**
Description: Cecil (Main Bldg)
Sampled: 05/27/16 05:59
Sampled By: ATC
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	By	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

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Head Start
Client Sample ID: **2-WC-P-MB**
Lab Sample ID: **1605676-03**
Matrix: Drinking Water

Work Order: **1605676**
Description: Cecil (Main Bldg)
Sampled: 05/27/16 06:08
Sampled By: ATC
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	By	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

ANALYTICAL REPORT

Client: **ATC Group Services**
Project: Matrix Head Start
Client Sample ID: **3-BS-P-MB**
Lab Sample ID: **1605676-05**
Matrix: Drinking Water

Work Order: **1605676**
Description: Cecil (Main Bldg)
Sampled: 05/27/16 06:16
Sampled By: ATC
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	By	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

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: 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

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

Pretreatment	Lab Sample ID	Batch	By	Date & Time 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

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>QTC GROUP</u>	New / Add To: <u>1605676</u>	Work Order #: <u>1605676</u>
Receipt Record Page/Line #: <u>4-30</u>	Project Chemist: <u>JDR</u>	Sample #: <u>01-06</u>

Recorded by (initials/date): <u>JN 5/27/16</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 (# <u> </u>)	Thermometer Used: <u> </u>	<input type="checkbox"/> See Additional Cooler Information Form
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>772531</u>	<u>1839</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: <u>25.7</u>	<u>0</u>	<u>25.7</u>	Sample 1:			Sample 1:		
Sample 2: <u>24.6</u>	<u>0</u>	<u>24.6</u>	Sample 2:			Sample 2:		
Sample 3: <u>24.4</u>	<u>0</u>	<u>24.4</u>	Sample 3:			Sample 3:		
3 Sample Average °C: <u>24.9</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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? _____ <input type="checkbox"/> Shipping document? <input type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <u>160539530</u>	Check Sample Preservation 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? <input checked="" 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 ₂ SO ₄
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Check COC for Accuracy 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 checked="" type="checkbox"/> Container type completed on COC? <input checked="" 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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AFTER HOURS ONLY:
 COPIES OF COC TO LAB AREA(S)
☒ NONE RECEIVED
☐ RECEIVED, COCs TO LAB(S)

Sample Condition Summary 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?	Notes <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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; margin-top: 10px;"> <tr> <td style="width: 33%;">Cooler Received (Date/Time): <u>JN 5/27/16</u></td> <td style="width: 33%;">Paperwork Delivered (Date/Time): <u>5/27/16</u></td> <td style="width: 33%;">≤1 Hour Goal Met? <u>Yes / No</u></td> </tr> </table>	Cooler Received (Date/Time): <u>JN 5/27/16</u>	Paperwork Delivered (Date/Time): <u>5/27/16</u>	≤1 Hour Goal Met? <u>Yes / No</u>
Cooler Received (Date/Time): <u>JN 5/27/16</u>	Paperwork Delivered (Date/Time): <u>5/27/16</u>	≤1 Hour Goal Met? <u>Yes / No</u>		

Client <u>QTC</u>	Work Order # <u>16051676</u>
Receipt Log # <u>4-30</u>	Completed By (initials/date) <u>JDN 5/27/16</u>
	Project Chemist <u>JDN</u>

COC ID # <u>160539536</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											

pH Strip Reagent # <input checked="" type="checkbox"/> 6040263 <input type="checkbox"/>
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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											

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

Comments
