

---

August 1, 2016

Debra Spring  
Matrix Head Start  
2051 Rosa Parks Boulevard  
Detroit, Michigan 48216

SUBMITTED VIA EMAIL TO: dspring@matrix.org

**SUBJECT:     Drinking Water Screening Report  
                  Eternal Rock  
                  4300 Lonyo Street  
                  Detroit, Michigan 48210**

Dear Ms. Spring:

ATC Group Services, LLC (ATC) is pleased to submit this Drinking Water Screening Report for the subject school. The drinking water samples collected from the school were submitted to TriMatrix Laboratories, for Michigan Department of Environmental Quality (MDEQ) Drinking Water Certified lead analysis.

#### **SCOPE OF WORK**

At the request of the Matrix Head Start (Matrix), ATC collected drinking water samples as a general screening for lead at the subject school. Matrix in coordination with the City of Detroit Health Department determined that the screening would consist of collection of water samples from three (3) high priority water outlets (drinking fountains, kitchen/food preparation area faucets, etc.), regularly used by students and staff for drinking, as designated by Matrix personnel. Two (2) samples were collected at each outlet: a first draw (Primary) sample; and a Flush sample. The Primary samples were collected from outlets that had been inactive for a minimum of eight hours. The Flush samples were collected after the water was allowed to run for a minimum of thirty (30) seconds at each of the sample locations.

The drinking water samples were collected in 125 milliliter, wide-mouth sample containers, containing nitric acid (preservative). Each sample container was labeled utilizing a coding system that identified: the type of drinking outlet sampled, Drinking Water Fountain (DWF), Drinking Water Cooler (DWC), Kitchen Faucet (KF) etc.; and a (P) for primary samples and a (F) for flush samples.

The samples were transported under chain of custody to TriMatrix Laboratories, located at 5560 Corporate Exchange Court SE, Grand Rapids Michigan for MDEQ drinking water certified lead analysis, using analytical method EPA 200.8 rev 5.4.

As per the EPA's *3T's for Reducing Lead in Drinking Water in Schools, Revised Technical Guidance (October 2006)* analysis of the flush sample(s) was only performed if analysis of the first draw (Primary) sample(s) indicated lead and/or copper concentrations greater than the EPA established Maximum Contaminate Level (MCL).

## FINDINGS

Analytical results indicate that none of the samples analyzed were above the EPA recommended limits of 0.015 milligrams per liter (mg/L) for lead. The table below summarizes the analytical results for the samples submitted. The laboratory analytical reports and chain of custody are provided in Attachment A.

Sample Number	Total Lead (Drinking Water)	MCL
1-WF-P-ETR (Water Faucet - Kitchen)	<0.0010 mg/L	0.015 mg/L
1-WF-F-ETR (Water Faucet - Kitchen)	NA	0.015 mg/L
2-DF-P-ETR (Drinking Fountain – Main Hallway)	<0.0010 mg/L	0.015 mg/L
2-DF-F-ETR (Drinking Fountain – Main Hallway)	NA	0.015 mg/L
3-WF-P-ETR (Water Faucet – Girl's Bathroom)	0.0013 mg/L	0.015 mg/L
3-WF-ETR (Water Faucet – Girl's Bathroom)	NA	0.015 mg/L

Key: NA - Not Analyzed

mg/L- milligrams per liter /parts per million (ppm)



ENVIRONMENTAL • GEOTECHNICAL  
BUILDING SCIENCES • MATERIALS TESTING

46555 Humboldt Drive  
Novi, Michigan 48377  
Telephone 248-669-5140  
[www.atcgroupservices.com](http://www.atcgroupservices.com)

## LIMITATIONS

The sampling and analysis completed was: a preliminary screening for lead only, to assess lead concentrations (mg/L) at drinking water outlets in the school designated as high use by Matrix, and may not be representative of all drinking water outlets within the school. If lead concentrations are identified above their respective MCL's at any of the drinking water outlets tested, further review of the plumbing system, fixtures affected, and testing should be completed to assess the source of the elevated levels of lead, as well as, any other response actions deemed necessary by Matrix.

The drinking water screening proposed and conducted by ATC was devised in cooperation with Matrix, City of Detroit Health Department and utilizing the EPA's 3Ts for Reducing Lead in Drinking Water in Schools and may not meet all of the recommendations provided by the MDEQ "*Guidance on Drinking Water Sampling for Lead and Copper at Schools and Daycares on Community Water Supplies*" Version 2.0 - April 13, 2016. Future drinking water evaluation and sampling in accordance with the recommendations may be predicated on applicable guidelines by the MDEQ or EPA and will be determined prior to developing a sampling plan for the school.

Sincerely,

**ATC Group Services, LLC**

A handwritten signature in black ink, reading 'Martin H. Gamble'.

Martin Gamble  
Senior Project Manager

A handwritten signature in black ink, reading 'Robert C. Smith'.

Robert C. Smith  
Building Science Department Manager

## **APPENDIX A**

### **LABORATORY ANALYTICAL REPORT**

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>
1605668	05/27/2016	Eternal Rock

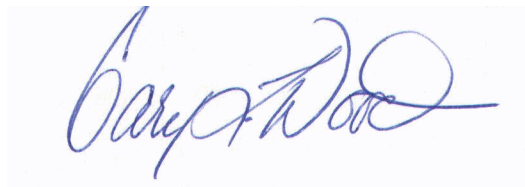
This report relates only to the sample(s) as received. Test results are in compliance with the requirements of the National Environmental Laboratory Accreditation Program (NELAP) and/or one of the following certification programs:

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: <b>ATC Group Services</b>	Work Order: <b>1605668</b>
Project: Matrix Human Services	Description: Eternal Rock
Client Sample ID: <b>1-WF-P-ETR water faucet in kitchen</b>	Sampled: 05/26/16 06:07
Lab Sample ID: <b>1605668-01</b>	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	By	QC Batch
Lead	<0.0010	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 10:24	DSC	1605652



## ANALYTICAL REPORT

Client: **ATC Group Services**  
 Project: Matrix Human Services  
 Client Sample ID: **2-DF-P-ETR drinking fountain in main hall**  
 Lab Sample ID: **1605668-03**  
 Matrix: Drinking Water

Work Order: **1605668**  
 Description: Eternal Rock  
 Sampled: 05/26/16 06:10  
 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 10:40	DSC	1605652

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
Project: Matrix Human Services  
Client Sample ID: **3-WF-P-ETR water faucet in girls bathroom**  
Lab Sample ID: **1605668-05**  
Matrix: Drinking Water

Work Order: **1605668**  
Description: Eternal Rock  
Sampled: 05/26/16 06:13  
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	0.0013	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 10:43	DSC	1605652

## 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: 1605652 (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
<b>1605668-01 [1-WF-P-ETR water faucet in kitchen]</b>									
Matrix Spike	0.000785	0.0200	<b>0.0229</b>	mg/L	111	70-130			0.0010
Matrix Spike Duplicate	0.000785	0.0200	<b>0.0233</b>	mg/L	112	70-130	1	20	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	1605668-01	1605652	LNS	06/02/16 08:15
	1605668-03	1605652	LNS	06/02/16 08:15
	1605668-05	1605652	LNS	06/02/16 08:15



# Chain of Custody Record

COC No.

160538264

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

Cart 13

VOA Rack/Tray

Receipt Log No. 4-22

Project Chemist  
Jim McFadden

Work Order No. 11055168

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@atccassociates.net

Project Name

Matrix Human Services - Eternal Rock

Client Project No. / P.O. No.  
188BS16284

Invoice To

☒ Client  
☐ Other (comments)

Contact/Report To  
Robert Smith

## Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Matrix

Number of Containers Submitted

Total Sample Comments

- ← 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 ZnAcOH pH>9
  - G MeOH
  - H Other (note below)

Lead - Primary (P)

Lead - Flush (F) - Hold

Container Type (corresponds to Container Packing List)

1 1-WF-P-ETR water faucet in kitchen

TM2531

5/26/16

607

X DW

X

1

2 1-WF-F-ETR water faucet in kitchen

TM2531

5/26/16

608

X DW

X

1

3 2-D-F-P-ETR drinking fountain in main hall

TM2531

5/26/16

610

X DW

X

1

4 2-D-F-F-ETR drinking fountain in main hall

TM2531

5/26/16

611

X DW

X

1

5 3-WF-P-ETR water faucet in girls bathroom

TM2531

5/26/16

613

X DW

X

1

6 3-WF-F-ETR water faucet in girls bathroom

TM2531

5/26/16

614

X DW

X

1

Sampled By (print)  
Andrew Rausser

Sampler's Signature

Company

How Shipped?

Hand

Carrier

Comments

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

ETR = Eternal Rock

1. Relinquished By

Date

Time

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time

1. Received By

Date

Time

2. Received By

Date

Time

3. Received For Lab By

Date

Time

ORIGINAL - LABORATORY

COPY - SAMPLER



# SAMPLE RECEIVING / LOG-IN CHECKLIST



**TRIMATRIX**  
LABORATORIES

Client: <u>QTC GROUP</u>	Work Order #: <u>1605668</u>
Receipt Record Page/Line #: <u>4-22</u>	Project Chemist: <u>JDR</u> Sample #: <u>01-06</u>

Recorded by (initials/date): <u>DN 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 (# )	<input type="checkbox"/> See Additional Cooler Information Form
--	--	------------------------	--	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>772531</u>	<u>1839</u>						
Custody Seals: <input checked="" 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 Location: 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							
Observed °C	Correction Factor °C	Actual °C		Observed °C	Correction Factor °C	Actual °C	
Temp Blank:				Temp Blank:			
Sample 1:	<u>25.7</u>	<u>0</u>	<u>25.7</u>	Sample 1:			
Sample 2:	<u>24.6</u>	<u>0</u>	<u>24.6</u>	Sample 2:			
Sample 3:	<u>24.4</u>	<u>0</u>	<u>24.4</u>	Sample 3:			
3 Sample Average °C: <u>24.9</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

## Paperwork Received

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chain of Custody record(s)? If No, Initiated By _____	
Received for Lab Signed/Date/Time? _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shipping document?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other _____	

## COC Information

TriMatrix COC	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>
COC ID Numbers: <u>160538264</u>	

## Check COC for Accuracy

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Analysis Requested?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sample ID matches COC?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sample Date and Time matches COC?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Container type completed on COC?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
All container types indicated are received?	

## Sample Condition Summary

N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Broken containers/lids?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Missing or incomplete labels?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Illegible information on labels?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low volume received?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inappropriate or non-TriMatrix containers received?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VOC vials / TOX containers have headspace?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extra sample locations / containers not listed on COC?		

## Check Sample Preservation

N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temperature Blank OR average sample temperature, ≥6° C?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If either is ≥6° C, was thermal preservation required?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes", Project Chemist Approval Initials: _____		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes" Completed Non Con Cooler - Cont Inventory Form?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Sample Preservation Verification Form?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Samples chemically preserved correctly?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "No", added orange tag?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Received pre-preserved VOC soils?		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MeOH <input type="checkbox"/> Na <sub>2</sub> SO <sub>4</sub>		

## 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)	<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)
---	--

## Notes

<input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC	Cooler Received (Date/Time): <u>DN 5/27/16</u> Paperwork Delivered (Date/Time): <u>5/27/16</u>	≤1 Hour Goal Met? Yes / No
---	---	-------------------------------



Client <u>QTC GROUP</u>		Work Order # <u>1605668</u>
Receipt Log # <u>H-22</u>	Completed By (initials/date) <u>JDN 5/27/16</u>	Project Chemist <u>JDN</u>

COC ID # <u>160538264</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 #

☒ **6040263**

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>						
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 <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