



GS GROUP LLC
Green S.P.A.C.E.S Protect Our Earth

Angel Land City of Hope Child Care Water Sampling Lead Analysis Report

1. INTRODUCTION

1.1. GENERAL

This report presents the results of our water sampling performed at the site of Angel Land City of Hope Child Care, 8642 Linwood, Detroit, MI, on May 18th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Edgar Pratt, Director on May 6th 2016.

2. SITE INVESTIGATIONS

2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

2.2 LABORATORY TESTING

2.2.1. General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



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Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

3. DISCUSSIONS AND RECOMMENDATIONS

3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters
Field Scientist

Monica Starks, CIEC
Principal

Council-certified Indoor Environmental
Consultant Board-awarded by the
American Council for Accredited
Certification



Appendix 1, Lab Results, Chain of Custody

17800 Woodward Ave Suite 200
Detroit, MI 48203

Laboratory ID: 0055

National Testing Laboratories, Ltd
556 South Mansfield, Ypsilanti, MI, 48197-5166
(440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 355495

5/27/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Angel Land Center of Hope, DC-01-BF-01-P
Source City: Detroit
Source State: MI

Date/Time Received: 5/20/2016 14:25

Collected by: M. Ethers

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Legend:

Any 'Level Detected' marked with an asterisk (*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality.

- "ND" This contaminant was not detected at or above our lower reporting limit (LRL)
- "NA" Not Analyzed
- "Standard" This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA Secondary Standards.
- "LRL" This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.
- "DF" This column indicates the contaminant dilution factor.

Report Notes:

Fed Id #	Contaminant	Method	Standard	Units	LRL	Level Detected	DF	Date/Time Sampled	Date Prepped	Date/Time Analyzed
Inorganic Analytes - Metals										
1030	Lead	200.8	0.015	mg/L	0.001	ND	1	5/18/2016 06:10		5/25/2016

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8



James Abston, Operations Manager

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ANALYTICAL REPORTS

SAMPLE CODE: 355496

5/27/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Angel Land Center of Hope, DC-01-BF-01-F
Source City: Detroit
Source State: MI

Date/Time Received: 5/20/2016 14:25

Collected by: M. Etters

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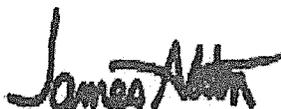
"DF" This column indicates the contaminant dilution factor.

Report Notes:

Fed Id #	Contaminant	Method	Standard	Units	LRL	Level Detected	DF	Date/Time Sampled	Date Prepped	Date/Time Analyzed
Inorganic Analytes - Metals										
1030	Lead	200.8	0.015	mg/L	0.001	ND	1	5/18/2016 06:10		5/25/2016

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8



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ANALYTICAL REPORTS

SAMPLE CODE: 365497

5/27/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Angel Land Center of Hope, DC-01-CF-02-P
Source City: Detroit
Source State: MI

Date/Time Received: 5/20/2016 14:25

Collected by: M. Etters

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Inorganic Analytes - Metals										
1030	Lead	200.8	0.015	mg/L	0.001	ND	1	5/18/2016 06:10		5/25/2016

These test results may be used for compliance purpose as required.

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ANALYTICAL REPORTS

SAMPLE CODE: 355498

5/27/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Angel Land Center of Hope, DC-01-CF-02-F
Source City: Detroit
Source State: MI

Date/Time Received: 5/20/2016 14:25

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Report Notes:

Fed Id #	Contaminant	Method	Standard	Units	LRL	Level Detected	DF	Date/Time Sampled	Date Prepped	Date/Time Analyzed
Inorganic Analytes - Metals										
1030	Lead	200.8	0.015	mg/L	0.001	ND	1	5/18/2016 06:10		5/25/2016

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ANALYTICAL REPORTS

SAMPLE CODE: 355499

5/27/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Angel Land Center of Hope, DC-01-KC-03-P
Source City: Detroit
Source State: MI

Date/Time Received: 5/20/2016 14:25

Collected by: M. Eppers

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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"LRL" This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

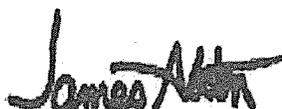
"DF" This column indicates the contaminant dilution factor.

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ANALYTICAL REPORTS

SAMPLE CODE: 355500

5/27/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Angel Land Center of Hope, DC-01-KC-03-F
Source City: Detroit
Source State: MI

Date/Time Received: 5/20/2016 14:25

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Inorganic Analytes - Metals										
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These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8

James Abston, Operations Manager

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Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077502

Order Date: 05/16/2016

355495

Sample Number:



Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/18/16

Time Sampled: 6:10 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: Angel Land Center of Hope

Phone Number: 313-213-1440

Fax Number:

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-BF-01-P

Source Type: Spring Well Municipal Surface Other:

City & State: Detroit, Mi.

(If Different than Above)

Sample Collected By: [Signature] (Signature)

Sample Collected By: Michael Effers (Please Print)

Form Completed By: Michael Effers

For Laboratory Use ONLY
Lab Accounting Information:
Payment \$: _____
Check #: _____
Lab Comments/Special Instructions:
State Forms:
Lab Sample Information:
Date Received: MAY 20 2016
Time Received: 14:25
Received By: EF
<input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable.
<input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form.

Additional Comments:

3 locations sampled at this daycare. This is location #1, first row.

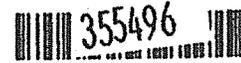
INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS



1-800-458-3330

General Compliance

Order Number: 2077502
Order Date: 05/16/2016
Sample Number:
Product: Lead Only
Sample Paid: No Payment Method:
TSR: EF



Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit MI 48203

Date Sampled: 5/16/16
Time Sampled: 6:10 Please Use Military Time, e.g. 3:00pm = 15:00
Check Time Zone: EST CST MST PST
Client Name: Angel Land Center of Hope
Phone Number: 313-213-1440
Fax Number: _____

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-BF-01-F
Source Type: Spring Well Municipal Surface
 Other: _____

City & State: Detroit Mi.
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

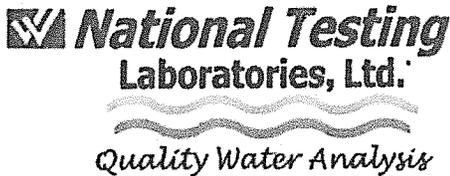
Sample Collected By: Michl Ethers
(Please Print)

Form Completed By: Michal Ethers

Additional Comments: 3 locations sampled at this daycare. This is location #1, flush sample.

For Laboratory Use ONLY	
Lab Accounting Information:	
Payment \$:	_____
Check #:	_____
Lab Comments/Special Instructions:	
State Forms:	
Lab Sample Information:	
Date Received:	<u>MAY 20 2016</u>
Time Received:	<u>14:25</u>
Received By:	<u>SE</u>
<input checked="" type="checkbox"/>	Sample receipt criteria checked & acceptable.
<input type="checkbox"/>	Deviations from acceptable sample receipt criteria noted on PSA form.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS



1-800-458-3330

General Compliance

Order Number: 2077502
Order Date: 05/16/2016
Sample Number:



Product: Lead Only
Sample Paid: No Payment Method:
TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit MI 48203

For Laboratory Use ONLY	
Lab Accounting Information:	
Payment \$:	_____
Check #:	_____
Lab Comments/Special Instructions:	
State Forms:	
Lab Sample Information:	
Date Received:	<u>MAY 20 2016</u>
Time Received:	<u>14:25</u>
Received By:	<u>SF</u>
<input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable.	
<input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form.	

Date Sampled: 5/18/16
Time Sampled: 6:10 Please Use Military Time, e.g. 3.00pm = 15.00
Check Time Zone: EST CST MST PST
Client Name: Angel Heart Center of Hope
Phone Number: 313-213-1440
Fax Number: _____

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-CF-02-P
Source Type: Spring Well Municipal Surface
 Other: _____

City & State: Detroit Mi.
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michael Eppers
(Please Print)

Form Completed By: Michael Eppers

Additional Comments: 3 locations sampled at this daycare. This is location #1, First draw!

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077502

Order Date: 05/16/2016

Sample Number:



Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/18/16

Time Sampled: 6:10 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: Angel Heart Center of Hope

Phone Number: 313-213-1440

Fax Number:

PWS ID# (if applicable): N/A

Sample ID or Source: DC01-CFOZF

Source Type: Spring Well Municipal Surface Other:

City & State: Detroit, Mi (If Different than Above)

Sample Collected By: [Signature] (Signature)

Sample Collected By: Michael Etters (Please Print)

Form Completed By: Michael Etters

Additional Comments: 3 locations sampled at this daycare. This is location # 2, Flush Sample

For Laboratory Use ONLY

Lab Accounting Information:

Payment \$: _____

Check #: _____

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:

Date Received: MAY 20 2016

Time Received: 14:25

Received By: DF

- Sample receipt criteria checked & acceptable.
 Deviations from acceptable sample receipt criteria noted on PSA form.

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077502
Order Date: 05/16/2016
Sample Number:
Product: Lead Only
Sample Paid: No Payment Method:



TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit

MI 48203

For Laboratory Use ONLY	
Lab Accounting Information:	
Payment \$:	_____
Check #:	_____
Lab Comments/Special Instructions:	
State Forms:	
Lab Sample Information:	
Date Received:	<u>MAY 20 2016</u>
Time Received:	<u>14 :25</u>
Received By:	<u>MF</u>
<input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable. <input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form.	

Date Sampled: 5/15/16

Time Sampled: 6:10 Please Use Military Time, e.g. 3.00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: Angel heart Center of Hope

Phone Number: 313-213-1440

Fax Number: _____

PWS ID# (if applicable): W/A

Sample ID or Source: DC-01-KC-03-P

Source Type: Spring Well Municipal Surface
 Other.

City & State: Detroit, MI
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michael Eppers
(Please Print)

Form Completed By: Michael Eppers

Additional Comments: 3 locations sampled at this daycare. This is location #3
first draw.

National Testing Laboratories, Ltd.

Quality Water Analysis

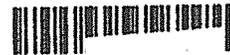
1-800-458-3330

General Compliance

Order Number: 2077502

Order Date: 05/16/2016

Sample Number:



Product:

Lead Only

355500

Sample Paid: No

Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/18/16

Time Sampled: 6:10 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: Angel Hand Center of Hope

Phone Number: 313-213-1440

Fax Number: _____

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-KC-03-F

Source Type: Spring Well Municipal Surface
 Other: _____

City & State: Detroit, Mi
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michael Eppers
(Please Print)

Form Completed By: Michael Eppers

Additional Comments: 3 locations sampled at this daycare, this is location #3, Flush Sample

For Laboratory Use ONLY	
Lab Accounting Information:	
Payment \$:	_____
Check #:	_____
Lab Comments/Special Instructions:	
State Forms:	
Lab Sample Information:	
Date Received:	<u>MAY 20 2016</u>
Time Received:	<u>14:25</u>
Received By:	<u>DF</u>
<input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable.	
<input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form.	

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