

June 08, 2016

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

**Project: HM-Tabernacle**

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>
1605665	05/27/2016	2080 W. Grand Blvd

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: HM-Tabernacle  
 Client Sample ID: **1-KS-P-TB/Kitchen Sink**  
 Lab Sample ID: **1605665-01**  
 Matrix: Drinking Water

Work Order: **1605665**  
 Description: 2080 W. Grand Blvd  
 Sampled: 05/25/16 06:20  
 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 09:46	DSC	1605612

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
 Project: HM-Tabernacle  
 Client Sample ID: **2-BS-P-TB/Kitchen Sink**  
 Lab Sample ID: **1605665-03**  
 Matrix: Drinking Water

Work Order: **1605665**  
 Description: 2080 W. Grand Blvd  
 Sampled: 05/25/16 06:24  
 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 09:49	DSC	1605612

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
 Project: HM-Tabernacle  
 Client Sample ID: **3-BS-P-TB/Kitchen Sink**  
 Lab Sample ID: **1605665-05**  
 Matrix: Drinking Water

Work Order: **1605665**  
 Description: 2080 W. Grand Blvd  
 Sampled: 05/25/16 06:27  
 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 09:51	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
<b>Analyte: Lead/USEPA-200.8 Rev. 5.4</b>									
QC Batch: 1605612 (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
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>1605665-05 [3-BS-P-TB/Kitchen Sink]</b>									
Matrix Spike	0.000234	0.0200	<b>0.0223</b>	mg/L	110	70-130			0.0010
Matrix Spike Duplicate	0.000234	0.0200	<b>0.0227</b>	mg/L	112	70-130	2	20	0.0010

**PRETREATMENT SUMMARY PAGE**

Client: **ATC Group Services**  
Project: **HM-Tabernacle**

<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	1605665-01	1605612	LNS	06/02/16 08:15
	1605665-03	1605612	LNS	06/02/16 08:15
	1605665-05	1605652	LNS	06/02/16 08:15



# Chain of Custody Record

COC No.

160538292

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

PRESERVATIVES

Cart 13

VOA Rack/Tray 1

Receipt Log No. 3-19

Project Chemist: Jim McFadden

Work Order No. 160538292

Client Name: ATC Group Services, LLC

Address: 46555 Humboldt Drive Suite 100

City, State Zip: Novi, Michigan 48377

Phone: 248-669-5140 Fax: 248-669-5147

Project Name: HM-Tabernacle - 2080 W. Grand Blvd

Client Project No. / P.O. No.:

Invoice To:  Client  Other (comments)

Contact/Report To: Robert Smith

Email: robert.smith@atcassociates.net

Lead - Primary (P)	
Lead - Flush (F) - Hold	
Container Type (corresponds to Container Packing List)	

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P	G R A B	Matrix	Number of Containers Submitted	Total	Sample Comments
01		01	1-KS-P-TB/Kitchen Sink	TM2551	5/25/16	620	X		X	1	1	Kitchen @ Office
02		02	1-KS-F-TB/Kitchen Sink		5/25/16	621	X		X	1	1	Kitchen @ Office
01		03	2-BS-P-TB/Bathroom Sink		5/25/16	624	X		X	1	1	Bathroom Sink Room #4
02		04	2-BS-F-TB/Bathroom Sink		5/25/16	625	X		X	1	1	Bathroom Sink Room #5
01		05	3-BS-P-TB/Right Bathroom Sink		5/25/16	627	X		X	1	1	Right Bathroom Sink Room #1
02		06	3-BS-F-TB/Right Bathroom Sink		5/25/16	628	X		X	1	1	Right Bathroom Sink Room #2

Sampled By (print) Andrew Ketchum

Comments: If lead is above detection limits, please analyze flush samples.

Sampler's Signature *[Signature]*

How Shipped? Tracking No. Hand Carrier

Company: ATC Group Services LLC  
46555 Humboldt Dr. Ste 100  
Novi, MI 48377

1. Requisitioned By: *[Signature]* Date: 5/26/16 Time: 1418

2. Requisitioned By: *[Signature]* Date: 5/27/16 Time: 1605

3. Requisitioned By: *[Signature]* Date: 5/27/16 Time: 1605

# SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>QTC GROUP</u>	Work Order #: <u>1605669</u>
Receipt Record Page/Line #: <u>3-19</u>	Project Chemist: <u>Jone</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>	Thermometer Used <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	Cooler #	Time	
<u>772531</u>	<u>7839</u>							
Custody Seals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input 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 Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: 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: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		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	Observed °C	Correction Factor °C	Actual °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"/> Cooler ID on COC?		<input type="checkbox"/> Cooler ID on COC?		<input type="checkbox"/> Cooler ID on COC?		
<input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?		<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  Chain of Custody record(s)? If No, Initiated By \_\_\_\_\_

Received for Lab Signed/Date/Time? \_\_\_\_\_

Shipping document? \_\_\_\_\_

Other \_\_\_\_\_

**COC Information**

TriMatrix COC  Other \_\_\_\_\_

COC ID Numbers: 160538292

**Check COC for Accuracy**

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?

**Sample Condition Summary**

N/A	Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check Sample Preservation**

N/A  Yes  No

Temperature Blank OR average sample temperature, ≥6° C?

If either is ≥6° C, was thermal preservation required?

If "Yes", Project Chemist Approval Initials: \_\_\_\_\_

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

Samples chemically preserved correctly?

If "No", added orange tag?

Received pre-preserved VOC soils?

MeOH  Na<sub>2</sub>SO<sub>4</sub>

**Check for Short Hold-Time Prep/Analyses**

Bacteriological

Air Bags

EnCores / Methanol Pre-Preserved

Formaldehyde/Aldehyde

Green-tagged containers

Yellow/White-tagged 1 L ambers (SV Prep-Lab)

**AFTER HOURS ONLY:**  
COPIES OF COC TO LAB AREA(S)

NONE RECEIVED

RECEIVED, COCs TO LAB(S)

**Notes**

Trip Blank received  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? <u>Yes / No</u>
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Client: <u>QTC</u>	Work Order #: <u>1605665</u>
Receipt Log #: <u>3-19</u>	Completed By (initials/date): <u>JN 5/27/16</u>
Project Chemist: _____	

COC ID # <u>160538292</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								

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.

Comments

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								

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

Comments