

July 15, 2016

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

Project: School Drinking Water Testing

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
1607024	06/30/2016	Peter Claver - 450 Eliot

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: School Drinking Water Testing
 Client Sample ID: **1-DWC-P-PC**
 Lab Sample ID: **1607024-01**
 Matrix: Drinking Water

Work Order: **1607024**
 Description: Peter Claver - 450 Eliot
 Sampled: 06/28/16 07:15
 Sampled By: Andrew Ketchem
 Received: 06/30/16 18:30

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	0.0058	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	07/14/16 08:52	DSC	1606894

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: School Drinking Water Testing
 Client Sample ID: **2-BS-P-PC**
 Lab Sample ID: **1607024-03**
 Matrix: Drinking Water

Work Order: **1607024**
 Description: Peter Claver - 450 Eliot
 Sampled: 06/28/16 07:18
 Sampled By: Andrew Ketchem
 Received: 06/30/16 18:30

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	0.0020	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	07/14/16 08:55	DSC	1606894

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: School Drinking Water Testing
 Client Sample ID: **3-KS-P-PC**
 Lab Sample ID: **1607024-05**
 Matrix: Drinking Water

Work Order: **1607024**
 Description: Peter Claver - 450 Eliot
 Sampled: 06/28/16 07:22
 Sampled By: Andrew Ketchem
 Received: 06/30/16 18:30

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	07/14/16 08:58	DSC	1606894

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: 1606894 (Metals Direct Analysis)

Analyzed: 07/14/2016 By: DSC

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	0.0383	mg/L	96	85-115			0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
 Project: **School Drinking Water Testing**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1607024-01	1606894	JBA	07/05/16 13:36
	1607024-03	1606894	JBA	07/05/16 13:36
	1607024-05	1606894	JBA	07/05/16 13:36



Chain of Custody Record

COC No.

160642718

For Lab Use Only
 Cart *330X*
 VOA Rack/Tray

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

Receipt Log No. *8230*
 Project Chemist
 Jim McFadden
 Work Order No. *1007024*

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
 Email: robert.smith@atcassociates.net

Project Name
 Peter Claver - 450 Eliot
 Client Project No. / P.O. No.
 1888S16284
 Invoice To
 Client
 Other (comments)

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

- ← PRESERVATIVES
- A NONE pH~7
 - B HNO₃ pH<2
 - C H₂SO₄ pH<2
 - D 1+1 HCl pH<2
 - E NaOH pH>12
 - F ZnAc/NaOH pH>9
 - G MeOH
 - H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P	R A B	Matrix	Number of Containers Submitted	Total	Sample Comments
01		01	1-DWC-P-PC		6/28/16	715	X		W	X	1	Drinking Water Cooler @ Stairs
02		02	1-DWC-F-PC		6/28/16	716	X		W	X	1	Drinking Water Cooler @ Stairs
01		03	2-BS-P-PC		6/28/16	718	X		W	X	1	Drinking water with tap water @ stairs
02		04	2-BS-F-PC		6/28/16	719	X		W	X	1	Drinking water with tap water @ stairs
01		05	3-KS-P-PC		6/28/16	722	X		W	X	1	Kitchen sink @ Kitchen
02		06	3-KS-F-PC		6/28/16	723	X		W	X	1	Kitchen sink @ Kitchen

Sampled By (print) Andrew Ketchum

Sampler's Signature
A.K.

How Shipped? Tracking No. Hand Carrier

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

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

1. Requisitioned By <i>A.K.</i>	Date 6/29/16	Time 1600	2. Received By <i>A.K.</i>	Date 6/30/16	Time 1830	3. Requisitioned By <i>P. Nordin</i>	Date 6/30/16	Time 1830
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ORIGINAL - LABORATORY

COPY - SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: ATS - PETER CLOVER Work Order #: 1607024
 Receipt Record Page/Line #: 8-30 Project Chemist: JDM Sample #s: _____

Recorded by (initials/date): JN 6/30/16
 Cooler Qty Received: 309 / 1
 Box
 Other
 Thermometer Used: IR Gun (#202) See Additional Cooler Information Form
 Digital Thermometer (#54) Other (# _____)

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>309</u>	<u>2203</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
Temp Blank:				Temp Blank:			
Sample 1:	<u>24.9</u>	<u>0</u>	<u>24.9</u>	Sample 1:			
Sample 2:	<u>24.9</u>	<u>0</u>	<u>24.9</u>	Sample 2:			
Sample 3:	<u>24.8</u>	<u>0</u>	<u>24.8</u>	Sample 3:			
3 Sample Average °C: <u>24.8</u>		3 Sample Average °C: _____		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 _____

COG Information

TriMatrix COC Other _____
 COC ID Numbers: 160642718

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	Description
<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 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 Na₂SO₄

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)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
<u>JN 6/30/16</u>	<u>6/30/16</u>	Yes / No

Client <u>QTC</u>	Work Order # <u>1607024</u>
Receipt Log # <u>830</u>	Project Chemist <u>JDM</u>
Completed By (initials/date) <u>JW 6/30/16</u>	

COC ID # <u>160642718</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"/>

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 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