

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:

Work Order	Received	Description
1605624	05/25/2016	St. Vincent

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	Work Order:	1605624
Project:	Matrix Human Services	Description:	St. Vincent
Client Sample ID:	1-DWC-P-V Main Hall; Right Sink	Sampled:	05/25/16 07:04
Lab Sample ID:	1605624-01	Sampled By:	Ryan Rae
Matrix:	Drinking Water	Received:	05/25/16 17:05

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 09:02	DSC	1605612

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: Matrix Human Services
 Client Sample ID: **2-S-P-V Room 3; Sink**
 Lab Sample ID: **1605624-03**
 Matrix: Drinking Water

Work Order: **1605624**
 Description: St. Vincent
 Sampled: 05/25/16 07:08
 Sampled By: Ryan Rae
 Received: 05/25/16 17:05

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 09:13	DSC	1605612

ANALYTICAL REPORT

Client:	ATC Group Services	Work Order:	1605624
Project:	Matrix Human Services	Description:	St. Vincent
Client Sample ID:	3-KS-P-V Kitchen Sink; Center Sink	Sampled:	05/25/16 07:10
Lab Sample ID:	1605624-05	Sampled By:	Ryan Rae
Matrix:	Drinking Water	Received:	05/25/16 17:05

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 09:16	DSC	1605612

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: 1605612 (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
1605624-01 [1-DWC-P-V Main Hall; Right Sink]									
Matrix Spike	<0.0010	0.0200	0.0219	mg/L	109	70-130			0.0010
Matrix Spike Duplicate	<0.0010	0.0200	0.0222	mg/L	111	70-130	2	20	0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
Project: **Matrix Human Services**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1605624-01	1605612	LNS	06/02/16 08:15
	1605624-03	1605612	LNS	06/02/16 08:15
	1605624-05	1605612	LNS	06/02/16 08:15



Chain of Custody Record

COC No. 160536557

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

VOA Rack/Tray: 3

Receipt Log No: 58-34

Project Chemist: Jim McFadden

Work Order No: 10051021

Client Name: ATC Group Services LLC

Address: 46555 Humboldt Drive, Ste 100

City, State Zip: Novi, MI 48377

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

Email: robert.smith@atcassociates.com

Project Name: Matrix Human Services - St. Vincent

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

Invoice To: Client Other (comments)

Contact/Report To: Robert Smith

Container Type (corresponds to Container Packing List)	B	B	B	B	B	B	B	B	B
Lead (Pb)									
Lead (Pb) HOLD									

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

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	Matrix			Number of Containers Submitted	Total Sample Comments
							C	M	B		
01		01	1-DWC-P-V Main Hall; Right Sink	TM3632	5/25/16	704	X	W	X	/	
02		02	1-DWC-F-V Main Hall; Left Sink	TM3632	5/25/16	705	X	W	X	/	
01		03	2-S-P-V Room 3; Sink	TM3632	5/25/16	708	X	W	X	/	
02		04	2-S-F-V Room 3; Sink	TM3632	5/25/16	709	X	W	X	/	
01		05	3-KS-P-V Kitchen Sink; Center Sink	TM3632	5/25/16	710	X	W	X	/	
02		06	3-KS-F-V Kitchen Sink; Center Sink	TM3632	5/25/16	711	X	W	X	/	

Sampled By (print): Ryan Rac

Sampler's Signature: *Ryan Rac*

Company ATC Group Services LLC

How Shipped? Tracking No.

Hand Carrier

Comments:

1. Requisitioned By: *Ryan Rac* Date: *5/25/16* Time: *9:00am*

2. Requisitioned By: *Ryan Rac* Date: *5/25/16* Time: *1:25*

3. Requisitioned By: *Ryan Rac* Date: *5/25/16* Time: *17:00*

Received By: *Ryan Rac* Date: *5/25/16* Time: *1:25*

Received For Lab By: *Ryan Rac* Date: *5/25/16* Time: *17:00*

ORIGINAL - LABORATORY COPY - SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>DTC</u>	Work Order #: <u>10051624</u>
Receipt Record Page/Line #: <u>50-34</u>	New / Add To Project Chemical Sample #: <u>DN</u>

Recorded by (initials/date): <u>DN 5/25/16</u>	Cooler <input 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>TTX3632</u>	<u>2043</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>25.9</u>	<u>0</u>	<u>25.9</u>			Sample 1:		
Sample 2:	<u>25.8</u>	<u>0</u>	<u>25.8</u>			Sample 2:		
Sample 3:	<u>25.6</u>	<u>0</u>	<u>25.6</u>			Sample 3:		
3 Sample Average °C: <u>25.8</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"/> 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: 160536557

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

Broken containers/lids?

Missing or incomplete labels?

Illegible information on labels?

Low volume received?

Inappropriate or non-TriMatrix containers received?

VOC vials / TOX containers have headspace?

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 26° 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): <u>DN 5-25-16</u>	Paperwork Delivered (Date/Time): <u>5-25-16</u>	≤1 Hour Goal Met? <u>Yes / No</u>
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Client: <u>QTC</u>	Work Order #: <u>16051024</u>
Receipt Log #: <u>50-34</u>	Project Chemist: <u>JDAZ</u>
Completed By (Initials/Date): <u>JN 5-25-18</u>	

COC ID # <u>160536557</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 #
6040263
<input type="checkbox"/>
<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: