

June 17, 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:

<b>Work Order</b>	<b>Received</b>	<b>Description</b>
1606151	06/07/2016	Ready 2 Learn

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-P-F Kitchen**  
 Lab Sample ID: **1606151-01**  
 Matrix: Drinking Water

Work Order: **1606151**  
 Description: Ready 2 Learn  
 Sampled: 06/03/16 06:02  
 Sampled By: ATC  
 Received: 06/07/16 17:45

**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	<b>0.0010</b>	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/15/16 16:45	MSB	1606144

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
 Project: School Drinking Water Testing  
 Client Sample ID: **2-P-F GSRP Bath Sink**  
 Lab Sample ID: **1606151-03**  
 Matrix: Drinking Water

Work Order: **1606151**  
 Description: Ready 2 Learn  
 Sampled: 06/03/16 06:04  
 Sampled By: ATC  
 Received: 06/07/16 17:45

**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	06/15/16 16:46	MSB	1606144

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
 Project: School Drinking Water Testing  
 Client Sample ID: **3-P-F Infant Bath Sink**  
 Lab Sample ID: **1606151-05**  
 Matrix: Drinking Water

Work Order: **1606151**  
 Description: Ready 2 Learn  
 Sampled: 06/03/16 06:10  
 Sampled By: ATC  
 Received: 06/07/16 17:45

**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	06/15/16 16:47	MSB	1606144

## 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: 1606144 (Metals Direct Analysis)

Analyzed: 06/15/2016 By: MSB

Method Blank			<0.0010	mg/L					0.0010
Laboratory Control Sample		0.0400	<b>0.0403</b>	mg/L	101	85-115			0.0010

**PRETREATMENT SUMMARY PAGE**

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

<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	1606151-01	1606144	PNS	06/14/16 14:14
	1606151-03	1606144	PNS	06/14/16 14:14
	1606151-05	1606144	PNS	06/14/16 14:14



# Chain of Custody Record

COC No. 151019155

**For Lab Use Only**  
 Cart 13  
 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

VOA Rack/Tray \_\_\_\_\_  
 Receipt Log No. 18331  
 Project Chemist Jim McFadden  
 Work Order No. 100151  
 Client Name ATE  
 Address 46555 Hubbard  
 City, State Zip Nottville OH 48327  
 Phone: 21516095140 Fax 51417  
 Project Name Ready 2 Learn  
 Client Project No./P.O. No. 188 B516184  
 Invoice To  Client  Other (comments)  
 Contact/Report To Rob Smith

Container Type (corresponds to Container Packing List)	Number of Containers Submitted
Lead Primary	
Lead Flush	

- ← 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 ZnAc/NaOH pH>9  
 G MeOH  
 H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	Q	M	P	F	A	B	Matrix	Total	Sample Comments
01		01	1-P-E Kitchen		6-3-16	6:02							X		Blank
02		02	1-F-S Kitchen			6:03							X		
01		03	2-P-S GSRP Bath Sink			6:04							X		
02		04	2-F-S GSRP Bath Sink			6:06							X		
01		05	3-P-F Infant Bath Sink			6:10							X		
02		06	3-F-S Infant Bath Sink			6:11							X		

Comments  
 IF Lead Primary is above Detection, Please Analyze Flush

Sampled By (print) David Reynolds  
 Sampler's Signature [Signature]  
 Company AT

How Shipped? \_\_\_\_\_ Hand \_\_\_\_\_ Carrier \_\_\_\_\_

Tracking No. \_\_\_\_\_

1. Requested By	Date	Time	2. Requested By	Date	Time	3. Requested By	Date	Time
Key forson	6-3-16	6:02	Key forson	6/7/16	17:15	[Signature]	6-7-16	17:14

# SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>OTC-Ready</u>	Work Order #: <u>1606151</u>
Receipt Record Page/Line #: <u>18-31</u>	Project Chemist: <u>JDC</u> Sample #s: <u>01-06</u>

Recorded by (initials/date): <u>JN 6-7-16</u>	<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
-----------------------------------------------	---------------------------------------------------------------------------------------------------	------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>1123456</u>	<u>2:24</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	
Coolant Type: <input checked="" 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: <u>Dispersed</u> / 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	
If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:		If Present, Temperature Blank Location is:	
<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		<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>1.9</u>	<u>0</u>	Sample 1:		
Sample 2:	<u>2.1</u>	<u>0</u>	Sample 2:		
Sample 3:	<u>2.4</u>	<u>0</u>	Sample 3:		
3 Sample Average °C:		<u>2.1</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?		<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  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: 151019153

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	Broken containers/lids?
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing or incomplete labels?
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Illegible information on labels?
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Low volume received?
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inappropriate or non-TriMatrix containers received?
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	VOC vials / TOX containers have headspace?
			<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  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>JN 6-7-16</u>	Paperwork Delivered (Date/Time): <u>6-7-16</u>	≤1 Hour Goal Met? <u>Yes / No</u>
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Client: <u>AJC-Reddy</u>	Work Order #: <u>1606151</u>
Receipt Log #: <u>18-31</u>	Project Chemist: <u>JDN</u>
Completed By (initials/date): <u>JN 6-7-16</u>	

COC ID # <u>151019155</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