

June 08, 2016

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

**Project: Matrix Head Start**

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>
1605674	05/27/2016	M. Reyes

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: Matrix Head Start  
 Client Sample ID: **1-KS-P-MB**  
 Lab Sample ID: **1605674-01**  
 Matrix: Drinking Water

Work Order: **1605674**  
 Description: M. Reyes  
 Sampled: 05/26/16 06:56  
 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 11:45	DSC	1605654

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
 Project: Matrix Head Start  
 Client Sample ID: **2-WC-P-MB**  
 Lab Sample ID: **1605674-03**  
 Matrix: Drinking Water

Work Order: **1605674**  
 Description: M. Reyes  
 Sampled: 05/26/16 07:00  
 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 11:47	DSC	1605654

**ANALYTICAL REPORT**

Client: **ATC Group Services**  
 Project: Matrix Head Start  
 Client Sample ID: **3-KS--P-MB**  
 Lab Sample ID: **1605674-05**  
 Matrix: Drinking Water

Work Order: **1605674**  
 Description: M. Reyes  
 Sampled: 05/26/16 07:08  
 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 11:50	DSC	1605654

**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: 1605654 (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

**PRETREATMENT SUMMARY PAGE**

Client: **ATC Group Services**  
Project: **Matrix Head Start**

<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	1605674-01	1605654	LNS	06/02/16 08:35
	1605674-03	1605654	LNS	06/02/16 08:35
	1605674-05	1605654	LNS	06/02/16 08:35



# SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>A.T.C. GROUP</u>	Work Order #: <u>1605674</u>
Receipt Record Page/Line #: <u>4-28</u>	New / Add To Project Chemist: <u>JDR</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>	<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>1839</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
Temp Blank:			Temp Blank:			Temp Blank:	
Sample 1:	<u>25.7</u>	<u>0</u>	<u>25.7</u>			Sample 1:	
Sample 2:	<u>24.6</u>	<u>0</u>	<u>24.6</u>			Sample 2:	
Sample 3:	<u>24.4</u>	<u>0</u>	<u>24.4</u>			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"/> 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: 160539507

**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 type="checkbox"/>	<input type="checkbox"/>	Broken containers/lids?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illegible information on labels?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low volume received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input 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, ≥26° 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  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)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
<u>DN 5/27/16</u>	<u>5/27/16</u>	Yes / No

Client <u>QTC</u>	Work Order # <u>1605674</u>
Receipt Log # <u>4-28</u>	Completed By (initials/date) <u>JDN 5/27/14</u>
Project Chemist <u>JDN</u>	

COC ID # <u>160539507</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)
<b>Container Type 5 NaOH</b>	
500	2.5
1000	5.0
<b>Container Type 4 H<sub>2</sub>SO<sub>4</sub></b>	
125	0.5
250	1.0
500	2.0
1000	4.0
<b>Container Type 13 H<sub>2</sub>SO<sub>4</sub></b>	
500	2.5

Comments