

June 08, 2016

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

Project: HM-St. Steven's

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
1605667	05/27/2016	1235 Lawndale

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-St. Steven's
 Client Sample ID: **1-DF-P-SS/Drinking Fountain**
 Lab Sample ID: **1605667-01**
 Matrix: Drinking Water

Work Order: **1605667**
 Description: 1235 Lawndale
 Sampled: 05/25/16 06:49
 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	0.0037	0.0010	0.015	mg/L	1	USEPA-200.8 Rev. 5.4	06/07/16 10:16	DSC	1605652

ANALYTICAL REPORT

Client:	ATC Group Services	Work Order:	1605667
Project:	HM-St. Steven's	Description:	1235 Lawndale
Client Sample ID:	2-BSB-P-SS/Bathroom Sink	Sampled:	05/25/16 06:54
Lab Sample ID:	1605667-03	Sampled By:	ATC
Matrix:	Drinking Water	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 10:18	DSC	1605652

ANALYTICAL REPORT

Client: **ATC Group Services**
 Project: HM-St. Steven's
 Client Sample ID: **3-KS-P-SS/Kitchen Sink**
 Lab Sample ID: **1605667-05**
 Matrix: Drinking Water

Work Order: **1605667**
 Description: 1235 Lawndale
 Sampled: 05/25/16 06:57
 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 10:21	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
Analyte: Lead/USEPA-200.8 Rev. 5.4									
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	0.0386	mg/L	96	85-115			0.0010

PRETREATMENT SUMMARY PAGE

Client: **ATC Group Services**
 Project: **HM-St. Steven's**

Pretreatment	Lab Sample ID	Batch	By	Date & Time Prepared
USEPA 600/R-94/173	1605667-01	1605652	LNS	06/02/16 08:15
	1605667-03	1605652	LNS	06/02/16 08:15
	1605667-05	1605652	LNS	06/02/16 08:15



Chain of Custody Record

COC No. **160538293**

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

← PRESERVATIVES

VOA Rack/Tray: _____

Receipt Log No: **21-21**

Project Chemist: **Jim McFadden**

Work Order No: **Webster**

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-St. Stephen's - 1235 Lawndale**

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)

- 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 O S I T I O N	Matrix	Number of Containers Submitted	Total	Sample Comments
01		01	1-DF-P-SS/Drinking Fountain	12251	5/25/16	649	X		X	1	@ Boys Bath - Mann Hall
02		02	1-DF-F-SS/Drinking Fountain		5/25/16	650	X		X	1	@ Boys Bath - Mann Hall
01		03	2-BSB-P-SS/Bathroom Sink		5/25/16	654	X		X	1	Boys Bath Sink-Right
02		04	2-BSB-F-SS/Bathroom Sink		5/25/16	655	X		X	1	Boys Bath Sink-Right
01		05	3-KS-P-SS/Kitchen Sink		5/25/16	657	X		X	1	Kitchen off Gym
02		06	3-KS-F-SS/Kitchen Sink		5/25/16	658	X		X	1	Kitchen off Gym

Sampled By (print) Andrew Ketchum

How Shipped? _____ Hand _____ Carrier _____

Tracking No. _____

Comments: _____

If lead is above detection limits, please analyze flush samples

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

Sampler's Signature: *[Signature]*

1. Requested By: *[Signature]* Date: *5/25/16* Time: *1411*

2. Requested By: *[Signature]* Date: *5/27/16* Time: *1240*

3. Received For Lab By: *[Signature]* Date: *5/27/16* Time: *1645*

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>Q.T.C GROUP</u>	Work Order #: <u>1605667</u>
Receipt Record Page/Line #: <u>4-21</u>	Project Chemist: <u>JDN</u> Sample #: <u>01-06</u>

Recorded by (Initials/date): <u>JDN 5/27/16</u>	Cooler: <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
---	--	------------------------	---	---

Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>TR2531</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	
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 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	
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>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"/> 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: 160538293

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 checked="" type="checkbox"/>	Broken containers/lids?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Illegible information on labels?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Low volume received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>JDN 5/27/16</u>	<u>5/27/16</u>	Yes / No

Client: <u>ATC</u>	Work Order #: <u>1605667</u>
Receipt Log #: <u>H-21</u>	Project Chemist: <u>JDR</u>
Completed By (initials/date): <u>JN 5/27/16</u>	

COC ID #: <u>160538293</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											

Comments

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.

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											

Comments

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