

TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

ANALYTICAL REPORT

TestAmerica Laboratories, Inc.
TestAmerica Canton
4101 Shuffel Street NW
North Canton, OH 44720
Tel: (330)497-9396

TestAmerica Job ID: 240-54660-1
Client Project/Site: Abandoned Mining Waste-Torch Lake
Revision: 1

For:
Michigan Dept of Environmental Quality
Constitution Hall
525 W. Allegan Street
3rd Floor
Lansing, Michigan 48909

Attn: Amy Keranen



Authorized for release by:
1/13/2016 4:18:44 PM

Kris Brooks, Project Manager II
(330)966-9790
kris.brooks@testamericainc.com

LINKS

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results through
TotalAccess

Have a Question?



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www.testamericainc.com

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory.

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Case Narrative

Client: Michigan Dept of Environmental Quality
Project/Site: Abandoned Mining Waste-Torch Lake

TestAmerica Job ID: 240-54660-1

Job ID: 240-54660-1

Laboratory: TestAmerica Canton

Narrative

Job Narrative
240-54660-1
Revised

Comments

The Asbestos analysis was performed at the EMLab P&K - Irvine Laboratory.

Receipt

The samples were received on 8/24/2015 2:40 PM; the samples arrived in good condition, properly preserved and, where required, on ice. The temperature of the cooler at receipt was 7.0° C.

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

Method Summary

Client: Michigan Dept of Environmental Quality
Project/Site: Abandoned Mining Waste-Torch Lake

TestAmerica Job ID: 240-54660-1

Method	Method Description	Protocol	Laboratory
Asbestos - Carb 435	General Sub Contract Method	NONE	EMLab

Protocol References:

NONE = NONE

Laboratory References:

EMLab = EMLab - Irvine, Bascom Airport Executive Suites, 17461 Derian Ave, Suite 100, Irvine, CA 92614

Sample Summary

Client: Michigan Dept of Environmental Quality
Project/Site: Abandoned Mining Waste-Torch Lake

TestAmerica Job ID: 240-54660-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
240-54660-1	CHLL-SB159-3"-9"	Solid	08/18/15 09:22	08/24/15 14:40
240-54660-2	CHLL-SB160-9"-15"	Solid	08/18/15 09:45	08/24/15 14:40
240-54660-3	CHLL-SB161-3'-3.5'	Solid	08/18/15 15:00	08/24/15 14:40

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Report for:

Ms. Kris Brooks
TestAmerica-Canton
4101 Shuffel Dr. NW
North Canton, OH 44720

Regarding: Project: 240-54660-1
EML ID: 1413776

Approved by:

Dates of Analysis:
Asbestos-CARB 435: 09-02-2015

Approved Signatory
Noah Lazarte

Service SOPs: Asbestos-CARB 435 (EM-AS-S-1265)

All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank correction of results is not applied. The results relate only to the items tested.

EMLab P&K ("the Company") shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

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EMLab P&K

4955 Yarrow Street , Arvada, CO 80002
(800) 651-4802 Fax (623) 780-7695 www.emlab.com

Client: TestAmerica-Canton
C/O: Ms. Kris Brooks
Re: 240-54660-1

Date of Sampling: 08-18-2015
Date of Receipt: 08-25-2015
Date of Report: 09-03-2015

ASBESTOS POINT COUNT REPORT: CARB METHOD 435

Location:	CHLL-SB159-3"-9" (240-54660-1)		
Total Points Counted:	400		
Lab ID-Version‡:	6510781-1		
Sample Layers	Asbestos Type	Asbestos Points Counted	Asbestos Concentration (%)
Dark Brown Soil	Chrysotile	3	0.75
Layer Totals:		3	0.75

Comments:

Location:	CHLL-SB160-9"-15" (240-54660-2)		
Total Points Counted:	400		
Lab ID-Version‡:	6510782-1		
Sample Layers	Asbestos Type	Asbestos Points Counted	Asbestos Concentration (%)
Dark Brown Soil	Chrysotile	0	< 0.25
Layer Totals:		0	NA

Comments: Asbestos was detected, but no points counted.

Location:	CHLL-SB161-3'-3.5' (240-54660-3)		
Total Points Counted:	400		
Lab ID-Version‡:	6510783-1		
Sample Layers	Asbestos Type	Asbestos Points Counted	Asbestos Concentration (%)
Dark Brown Soil	Chrysotile	1	0.25
Layer Totals:		1	0.25

Comments:

The analytical sensitivity is 1 asbestos point. The limit of detection is 1 asbestos point divided by the total number of asbestos points counted and multiplied by 100.

The results relate only to the items tested. Interpretation is left to the company and/or persons who conducted the field work. The test report shall not be reproduced except in full, without written approval of the laboratory. The report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

All samples were received in acceptable condition unless otherwise noted. EMLab P&K reserves the right to dispose of all samples after a period of thirty (30) days, according to all state and federal guidelines, unless otherwise specified.

‡ A "Version" indicated by "-x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

EMLab P&K, LLC

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THE LEADER IN ENVIRONMENTAL TESTING

TestAmerica Laboratories, Inc.

CHAIN OF CUSTODY AND RECEIVING DOCUMENTS



240-54660 Chain of Custody




Weather		Fog	Rain	Snow	Wind	Clear
Level	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[illegible]

Company:	Weston Solutions / DEA	Address:	P.O. Box 577, Houghton MI 49931
Contact:	Jeff Binkley	Special Instructions:	j.binkley@westonsolutions.com
Phone:	906-523-5457		Kerakena@michigan.gov

Project ID:	Abandoned Mining Wastes-Torchik		STD:- Standard (DEFAULT)	Rushes received after 2 pm or on weekends, will be considered received the next business day. Please alert us in advance of weekend analysis needs.
Project Description:			ND - Next Business Day	
Project Zip Code:	Sampling Date & Time:	8/18/15	SD - Same Business Day Rush	
PO Number:	Sampled By: J. Pincombe		WH - Weekend / Holiday	

[illegible]

SAMPLE TYPE CODES				RELINQUISHED BY	DATE & TIME	RECEIVED BY	DATE & TIME
BC – BioCassette™	ST – Spore Trap: Zefon, Allergenco, Burkard ...	T – Tape	D – Dust	 	8/20/15 2P 8/21/15 1P:44		8/24/15 11:40
A1S – Anderson		SW – Swab	SO – Soil				
SAS – Surface Air Sampler	P – Potable Water	B – Bulk					
CP – Contact Plate	NP – Non-Potable Water	O – Other:					

By submitting this Chain of Custody, you agree to be bound by the terms and conditions set forth at <http://www.emlab.com/s/main/serviceterms.html>

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Cooler/Sample Receipt

(AFTER HOURS receipt, complete gray areas)
Place cooler in walk-in, place this form in Receiving in-box Date/Time rec'd Initials

- ☐ MSDS or Known Hazard Information Supplied by Client.
☐ Bottle stickers applied ☐ ELEMENT comment entered ☐ MSDS/COC scanned/mailed to EH&S
☐ Discrepancies Client ID: TA Contm: MDEQ
☐ Short Hold Work Order # _____
☐ Rush ☐ 24hr ☐ 2day ☐ 3day ☐ 5day ☐ Other _____
 Receipt evaluation performed by - Initials: AMY Date: 8/24/15 Time: 14:43

Method of Shipment:

- ☐ Walk-In Client ☒ TestAmerica Field/Courier
☐ Other Client/3rd Party Courier _____
☐ Fed Ex Tracking # _____
☐ UPS Tracking # _____
☐ Other _____

Shipping Container Type:

- ☒ Cooler ☐ Box
☐ None ☐ Other _____
 Packing Materials:
☒ Plastic Bags ☐ Foam
☒ Bubble Wrap ☐ Paper
☐ Packing Peanuts ☐ None
☐ Other _____

Custody Seals Intact:

- ☐ Yes ☐ No
☒ N/A (not used or required)
 Cooling Materials:
☒ Ice (solid) ☐ Ice (Melted)
☐ Blue Ice ☐ None
☐ Other _____

Are there any soil samples from areas requiring USDA quarantine? (AL, AR, AZ, CA, FL, GA, HI, ID, LA, MS, NG, NM, NY, OK, SC, TN, TX, VA, Puerto Rico, Virgin Islands, any other Non-Domestic area) ☐ No ☐ Yes (If Yes, Project Manager must be notified).

Receipt Temperatures

Thermometer ID	Observed (°C)	Corrected (°C)	Temp Sample Blank	Temp Sample	Received on same day sampled?	Acceptable?*	Cooler ID	Note Affected Samples if temperature not acceptable
140252483	3.0	1.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Feed on Ice.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Receipt temperatures are considered acceptable if the samples are received on the same day they were collected & show signs that the cooling process has started. Temperature acceptance for most tests is ≤6.0°C, but not frozen. For additional information, please refer to SOP DT-SCA-004. Sample Receipt and Login, Attachment 2 - Holding Times, Preservation and Container Requirements.

Receipt Questions**	Y	N	n/a	"No" answers require additional comment
COC present & TA receipt signature, date, & time properly documented?	<input checked="" type="checkbox"/>			
Containers & labels in good condition? (unbroken, not leaking, appropriately filled, labels legible & attached)	<input checked="" type="checkbox"/>			
Appropriate containers used & adequate volume provided?	<input checked="" type="checkbox"/>			
Number of sample containers match COC?	<input checked="" type="checkbox"/>			
Samples received within hold time?	<input checked="" type="checkbox"/>			
Samples submitted for GRO and Volatiles analyses (8260, 624, 524) received without headspace?			<input checked="" type="checkbox"/>	
Was a Trip Blank received with VOA samples?			<input checked="" type="checkbox"/>	
Were the samples free of any questionable physical conformities? For example, field duplicates or multiple bottles of the same sample do not significantly vary in appearance (color, proportion of solids, etc.)	<input checked="" type="checkbox"/>			
Were the COC, bottle labels, and all other items free of all other discrepancies or issues that would need to be addressed with the Project Manager and/or Client?	<input checked="" type="checkbox"/>			

** May not be applicable if samples are not for compliance testing

Client Contact Record

Contact via: ☐ Phone ☐ Email ☐ Other _____ Person Contacted: _____ Date/Time: _____
☐ Discrepancy allowance agreement is on record in the client project file.
 Discussion/Resolution:

Any additional documentation and clarification from client must be noted in the narrative and/or scanned into the COC directory.

Reviewed by PM Signature _____

Date 8/24/15

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WI No. DT-SCA-WI-001 10
 effective 06/11/12

1/13/2016

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