



November 1, 2017

Phil Richard  
Wisconsin Department of Natural Resources  
875 South Fourth Avenue  
Park Falls, WI 54552

Re: Site Status Report  
Laundry Basket, Luck, WI, DNR BRRTS # 02-49-544893

Dear Phil:

This letter report summarizes the results of the most recent round of sub-slab vapor sampling conducted in Luck, Wisconsin on October 5, 2017 as part of the Laundry Basket investigation. Site work was outlined in the scope of work submitted to the DNR in a letter dated August 30, 2017. The tasks completed under this scope of work included the resampling of six off-site sub-slab locations (VP-4, VP-5, VP-6, VP-7, VP-8, and V-5) and the collection of a water sample from the sump in the Bri-Bri the Computer Guy building.

### **Sub-Slab Vapor Sampling**

Six of the sub-slab vapor probes installed between March 13 and 15, 2017 were resampled on October 5, 2017. Ports at the Luck Public Library (VP-4), Luck Lumber (VP-5), Bri-Bri the Computer Guy building (VP-6), and Natural Alternative Food Co-Op (VP-7 and VP-8) were resampled, along with one sample port located on the sidewalk south of Luck Lumber (V-5).

Non-residential sub slab vapor risk screening levels (VRSLs) from the June 2017 EPA Regional Screening Level (RSL) tables were used to evaluate sub-slab vapor contaminant concentrations. There were no VRSL exceedances in any of the six sub-slab vapor samples collected.

Building surveys were completed at each of the off-site sampling locations and building occupants were interviewed for additional information about building construction and ventilation. Figures that illustrate the buildings are included in the building surveys. Copies of the building surveys for Luck Public Library, Luck Lumber, Bri-Bri the Computer Guy building, and the Natural Alternative Food Co-Op are included with this letter.

The scope of work included the installation of sub-slab vapor sampling locations be established at the Log Dog, New York Life, and Edina Realty/Cathi's Nails properties. A second request for access was sent to Scott Mellon (Edina Realty/Cathi's Nails) on September 7, 2017. Initial requests were sent to Pam Blegen (Log Dog) and Jason Ellingson (New York Life) on September 7, 2017 and second requests were sent on September 19, 2017. MSA did not receive a response from any of these building owners and therefore was unable to install sub-slab vapor ports at these properties.

Addresses and contact information for nearby properties are included on Figure B.1.b, including properties that have been sampled and those properties that have denied access to install and sample a sampling port.

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### **Offices in Illinois, Iowa, Minnesota, and Wisconsin**

1230 SOUTH BOULEVARD • BARABOO, WI 53913  
(608) 356-2771 • (800) 362-4505 • FAX: (608) 356-2770  
[www.msa-ps.com](http://www.msa-ps.com)

Letter Report – Laundry Basket  
November 1, 2017

### Sump Sampling


One water sample was collected from the sump (which was frozen during the previous round of vapor sampling in March 2017) in the basement of the Bri-Bri the Computer Guy building and submitted for laboratory analysis of VOCs. There were no concentrations of VOCs detected and the analytical results from the sump water sample are included with this letter.

### Conclusions

The two rounds of sub-slab vapor sampling conducted at off-site properties have shown no contaminant detections exceeding the commercial VRSLs. Based on the sub-slab sampling results, there does not appear to be an off-site vapor impact to these properties and MSA is not recommending additional future vapor sampling for the project.

Sincerely,

MSA Professional Services, Inc.



Erica Klingfus  
Environmental Scientist



Brian Hegge  
Sr. Project Manager

### Attachments:

- Laboratory Reports, Vapor, Sump Water
- Building Surveys (Library, Luck Lumber, Bri-Bri, Natural Alternative)
- A.4 Vapor Analytical Results
- B.1.a Site Location Map
- B.1.b Detailed Site Map
- B.4.a Vapor Intrusion Map

EAK:bjh

Cc: Lois Baldwin, 517 South Fourth Street, Luck, WI 54853  
Debbie Sylvester, by email: deb@sylvesterfarms.com  
David Huynh, by email: thegreenlightllc@hotmail.com

October 19, 2017

Brian Hegge  
MSA Professional Services  
1835 N Stevens St  
Rhineland, WI 54501

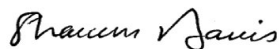
RE: Project: 06080801 Laundry Basket  
Pace Project No.: 10406401

Dear Brian Hegge:

Enclosed are the analytical results for sample(s) received by the laboratory on October 06, 2017. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Shawn Davis  
shawn.davis@pacelabs.com  
612-607-6378  
Project Manager

Enclosures

cc: Mark Davidson, MSA Professional Services  
Curt Kleist



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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### Minnesota Certification IDs

1700 Elm Street SE, Suite 200, Minneapolis, MN 55414-2485

A2LA Certification #: 2926.01

Alabama Certification #: 40770

Alaska Contaminated Sites Certification #: 17-009

Alaska DW Certification #: MN00064

Arizona Certification #: AZ0014

Arkansas Certification #: 88-0680

California Certification #: 2929

CNMI Saipan Certification #: MP0003

Colorado Certification #: MN00064

Connecticut Certification #: PH-0256

EPA Region 8+Wyoming DW Certification #: via MN 027-053-137

Florida Certification #: E87605

Georgia Certification #: 959

Guam EPA Certification #: MN00064

Hawaii Certification #: MN00064

Idaho Certification #: MN00064

Illinois Certification #: 200011

Indiana Certification #: C-MN-01

Iowa Certification #: 368

Kansas Certification #: E-10167

Kentucky DW Certification #: 90062

Kentucky WW Certification #: 90062

Louisiana DEQ Certification #: 03086

Louisiana DW Certification #: MN00064

Maine Certification #: MN00064

Maryland Certification #: 322

Massachusetts Certification #: M-MN064

Michigan Certification #: 9909

Minnesota Certification #: 027-053-137

Mississippi Certification #: MN00064

Montana Certification #: CERT0092

Nebraska Certification #: NE-OS-18-06

Nevada Certification #: MN00064

New Hampshire Certification #: 2081

New Jersey Certification #: MN002

New York Certification #: 11647

North Carolina DW Certification #: 27700

North Carolina WW Certification #: 530

North Dakota Certification #: R-036

Ohio DW Certification #: 41244

Ohio VAP Certification #: CL101

Oklahoma Certification #: 9507

Oregon NwTPH Certification #: MN300001

Oregon Secondary Certification #: MN200001

Pennsylvania Certification #: 68-00563

Puerto Rico Certification #: MN00064

South Carolina Certification #: 74003001

Tennessee Certification #: TN02818

Texas Certification #: T104704192

Utah Certification #: MN00064

Virginia Certification #: 460163

Washington Certification #: C486

West Virginia DW Certification #: 9952 C

West Virginia DEP Certification #: 382

Wisconsin Certification #: 999407970

Wyoming via EPA Region 8 Certification #: 8TMS-L

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

Lab ID	Sample ID	Matrix	Date Collected	Date Received
10406401001	VP-4	Air	10/05/17 16:42	10/06/17 20:00
10406401002	VP-5	Air	10/05/17 11:42	10/06/17 20:00
10406401003	VP-6	Air	10/05/17 10:46	10/06/17 20:00
10406401004	VP-7	Air	10/05/17 13:14	10/06/17 20:00
10406401005	VP-8	Air	10/05/17 14:14	10/06/17 20:00
10406401006	V-5	Air	10/05/17 15:46	10/06/17 20:00
10406401007	Unused Can #2667	Air		10/06/17 20:00
10406401008	Unused Can #0625	Air		10/06/17 20:00
10406401009	Unused Can #0560	Air		10/06/17 20:00
10406401010	Unused Can #0596	Air		10/06/17 20:00

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### SAMPLE ANALYTE COUNT

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

Lab ID	Sample ID	Method	Analysts	Analytes Reported
10406401001	VP-4	TO-15	EMC	6
10406401002	VP-5	TO-15	EMC	6
10406401003	VP-6	TO-15	EMC	6
10406401004	VP-7	TO-15	EMC	6
10406401005	VP-8	TO-15	EMC	6
10406401006	V-5	TO-15	EMC	6

### REPORT OF LABORATORY ANALYSIS

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## PROJECT NARRATIVE

Project: 06080801 Laundry Basket  
Pace Project No.: 10406401

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**Date:** October 19, 2017

**DUP (Lab ID: 2736718)**

- A3: This result is reported from a serial dilution.

## REPORT OF LABORATORY ANALYSIS

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## PROJECT NARRATIVE

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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**Method:** TO-15

**Description:** TO15 MSV AIR

**Client:** MSA Professional Services

**Date:** October 19, 2017

**General Information:**

6 samples were analyzed for TO-15. All samples were received in acceptable condition with any exceptions noted below or on the chain-of custody and/or the sample condition upon receipt form (SCUR) attached at the end of this report.

**Hold Time:**

The samples were analyzed within the method required hold times with any exceptions noted below.

**Initial Calibrations (including MS Tune as applicable):**

All criteria were within method requirements with any exceptions noted below.

**Continuing Calibration:**

All criteria were within method requirements with any exceptions noted below.

**Internal Standards:**

All internal standards were within QC limits with any exceptions noted below.

**Method Blank:**

All analytes were below the report limit in the method blank, where applicable, with any exceptions noted below.

**Laboratory Control Spike:**

All laboratory control spike compounds were within QC limits with any exceptions noted below.

**Duplicate Sample:**

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

**Additional Comments:**

This data package has been reviewed for quality and completeness and is approved for release.

## REPORT OF LABORATORY ANALYSIS

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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**Sample: VP-4**                      **Lab ID: 10406401001**    Collected: 10/05/17 16:42    Received: 10/06/17 20:00    Matrix: Air

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>TO15 MSV AIR</b>		Analytical Method: TO-15							
1,1-Dichloroethane	ND	ug/m3	1.4	0.37	1.75		10/18/17 16:56	75-34-3	
cis-1,2-Dichloroethene	ND	ug/m3	1.4	0.60	1.75		10/18/17 16:56	156-59-2	
trans-1,2-Dichloroethene	ND	ug/m3	1.4	0.52	1.75		10/18/17 16:56	156-60-5	
Tetrachloroethene	<b>17.8</b>	ug/m3	1.2	0.50	1.75		10/18/17 16:56	127-18-4	
Trichloroethene	ND	ug/m3	0.96	0.47	1.75		10/18/17 16:56	79-01-6	
Vinyl chloride	ND	ug/m3	0.46	0.22	1.75		10/18/17 16:56	75-01-4	

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### ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

**Sample: VP-5**      **Lab ID: 10406401002**      Collected: 10/05/17 11:42      Received: 10/06/17 20:00      Matrix: Air

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>TO15 MSV AIR</b>		Analytical Method: TO-15							
1,1-Dichloroethane	ND	ug/m3	1.4	0.37	1.75		10/18/17 17:24	75-34-3	
cis-1,2-Dichloroethene	ND	ug/m3	1.4	0.60	1.75		10/18/17 17:24	156-59-2	
trans-1,2-Dichloroethene	ND	ug/m3	1.4	0.52	1.75		10/18/17 17:24	156-60-5	
Tetrachloroethene	<b>14.4</b>	ug/m3	1.2	0.50	1.75		10/18/17 17:24	127-18-4	
Trichloroethene	ND	ug/m3	0.96	0.47	1.75		10/18/17 17:24	79-01-6	
Vinyl chloride	ND	ug/m3	0.46	0.22	1.75		10/18/17 17:24	75-01-4	

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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**Sample: VP-6**                      **Lab ID: 10406401003**    Collected: 10/05/17 10:46    Received: 10/06/17 20:00    Matrix: Air

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>TO15 MSV AIR</b>		Analytical Method: TO-15							
1,1-Dichloroethane	ND	ug/m3	1.6	0.41	1.92		10/18/17 17:52	75-34-3	
cis-1,2-Dichloroethene	ND	ug/m3	1.6	0.65	1.92		10/18/17 17:52	156-59-2	
trans-1,2-Dichloroethene	ND	ug/m3	1.6	0.57	1.92		10/18/17 17:52	156-60-5	
Tetrachloroethene	<b>192</b>	ug/m3	1.3	0.55	1.92		10/18/17 17:52	127-18-4	
Trichloroethene	ND	ug/m3	1.1	0.51	1.92		10/18/17 17:52	79-01-6	
Vinyl chloride	ND	ug/m3	0.50	0.24	1.92		10/18/17 17:52	75-01-4	

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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**Sample: VP-7**                      **Lab ID: 10406401004**    Collected: 10/05/17 13:14    Received: 10/06/17 20:00    Matrix: Air

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>TO15 MSV AIR</b>		Analytical Method: TO-15							
1,1-Dichloroethane	ND	ug/m3	1.3	0.34	1.61		10/18/17 18:19	75-34-3	
cis-1,2-Dichloroethene	ND	ug/m3	1.3	0.55	1.61		10/18/17 18:19	156-59-2	
trans-1,2-Dichloroethene	ND	ug/m3	1.3	0.47	1.61		10/18/17 18:19	156-60-5	
Tetrachloroethene	<b>80.9</b>	ug/m3	1.1	0.46	1.61		10/18/17 18:19	127-18-4	
Trichloroethene	ND	ug/m3	0.89	0.43	1.61		10/18/17 18:19	79-01-6	
Vinyl chloride	ND	ug/m3	0.42	0.20	1.61		10/18/17 18:19	75-01-4	

## REPORT OF LABORATORY ANALYSIS

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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**Sample: VP-8**                      **Lab ID: 10406401005**    Collected: 10/05/17 14:14    Received: 10/06/17 20:00    Matrix: Air

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>TO15 MSV AIR</b>		Analytical Method: TO-15							
1,1-Dichloroethane	ND	ug/m3	1.4	0.36	1.68		10/18/17 18:47	75-34-3	
cis-1,2-Dichloroethene	ND	ug/m3	1.4	0.57	1.68		10/18/17 18:47	156-59-2	
trans-1,2-Dichloroethene	ND	ug/m3	1.4	0.50	1.68		10/18/17 18:47	156-60-5	
Tetrachloroethene	<b>20.0</b>	ug/m3	1.2	0.48	1.68		10/18/17 18:47	127-18-4	
Trichloroethene	ND	ug/m3	0.92	0.45	1.68		10/18/17 18:47	79-01-6	
Vinyl chloride	ND	ug/m3	0.44	0.21	1.68		10/18/17 18:47	75-01-4	

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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**Sample: V-5**                      **Lab ID: 10406401006**    Collected: 10/05/17 15:46    Received: 10/06/17 20:00    Matrix: Air

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>TO15 MSV AIR</b>		Analytical Method: TO-15							
1,1-Dichloroethane	ND	ug/m3	1.4	0.37	1.75		10/18/17 19:15	75-34-3	
cis-1,2-Dichloroethene	ND	ug/m3	1.4	0.60	1.75		10/18/17 19:15	156-59-2	
trans-1,2-Dichloroethene	ND	ug/m3	1.4	0.52	1.75		10/18/17 19:15	156-60-5	
Tetrachloroethene	<b>50.4</b>	ug/m3	1.2	0.50	1.75		10/18/17 19:15	127-18-4	
Trichloroethene	ND	ug/m3	0.96	0.47	1.75		10/18/17 19:15	79-01-6	
Vinyl chloride	ND	ug/m3	0.46	0.22	1.75		10/18/17 19:15	75-01-4	

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

QC Batch: 503166 Analysis Method: TO-15  
 QC Batch Method: TO-15 Analysis Description: TO15 MSV AIR Low Level  
 Associated Lab Samples: 10406401001, 10406401002, 10406401003, 10406401004, 10406401005, 10406401006

METHOD BLANK: 2735055 Matrix: Air  
 Associated Lab Samples: 10406401001, 10406401002, 10406401003, 10406401004, 10406401005, 10406401006

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1-Dichloroethane	ug/m3	ND	0.82	10/18/17 08:45	
cis-1,2-Dichloroethene	ug/m3	ND	0.81	10/18/17 08:45	
Tetrachloroethene	ug/m3	ND	0.69	10/18/17 08:45	
trans-1,2-Dichloroethene	ug/m3	ND	0.81	10/18/17 08:45	
Trichloroethene	ug/m3	ND	0.55	10/18/17 08:45	
Vinyl chloride	ug/m3	ND	0.26	10/18/17 08:45	

LABORATORY CONTROL SAMPLE: 2735056

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1-Dichloroethane	ug/m3	41.1	46.6	113	70-130	
cis-1,2-Dichloroethene	ug/m3	40.3	37.1	92	70-133	
Tetrachloroethene	ug/m3	68.9	73.8	107	70-130	
trans-1,2-Dichloroethene	ug/m3	40.3	38.2	95	70-131	
Trichloroethene	ug/m3	54.6	61.5	113	70-130	
Vinyl chloride	ug/m3	26	30.2	116	70-130	

SAMPLE DUPLICATE: 2736718

Parameter	Units	92359204001 Result	Dup Result	RPD	Max RPD	Qualifiers
1,1-Dichloroethane	ug/m3	ND	ND			25
cis-1,2-Dichloroethene	ug/m3	ND	ND			25
Tetrachloroethene	ug/m3	182000	167000	9		25
trans-1,2-Dichloroethene	ug/m3	ND	ND			25
Trichloroethene	ug/m3	ND	ND			25
Vinyl chloride	ug/m3	ND	ND			25

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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## QUALIFIERS

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor and percent moisture.

LOQ - Limit of Quantitation adjusted for dilution factor and percent moisture.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

### SAMPLE QUALIFIERS

Sample: 2736718

[1] This result is reported from a serial dilution.

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## QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 06080801 Laundry Basket

Pace Project No.: 10406401

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Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
10406401001	VP-4	TO-15	503166		
10406401002	VP-5	TO-15	503166		
10406401003	VP-6	TO-15	503166		
10406401004	VP-7	TO-15	503166		
10406401005	VP-8	TO-15	503166		
10406401006	V-5	TO-15	503166		

## REPORT OF LABORATORY ANALYSIS

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10406401


# AIR: CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.



<b>Section A</b> Required Client Information: Company: <b>M&amp;A</b> Address: Email To: Phone: Fax: Requested Due Date/TAI:		<b>Section B</b> Required Project Information: Report To: <b>Eric Klingfus</b> Copy To: Purchase Order No.: Project Name: <b>Laundry Basket</b> Project Number: <b>0108801</b>		<b>Section C</b> Invoice Information: Attention: Company Name: Address: Pace Quote Reference: Pace Project Manager/Sales Rep. <b>Shawn Dan</b> Pace Profile #:		Page: <b>28487</b> of			
<b>Section D</b> Required Client Information <b>AIR SAMPLE ID</b> Sample IDs MUST BE UNIQUE		Valid Media Codes MEDIA CODE Tedlar Bag TB 1 Liter Summa Can 1LC 6 Liter Summa Can 6LC Low Volume Puff LVP High Volume Puff HVP Other PM10		<b>COLLECTED</b> PID Reading (Client only) MEDIA CODE COMPOSITE START END/START DATE TIME DATE TIME 10/15/17 1012 10/16/17 1042 10/16/17 1042 10/16/17 1046 10/16/17 1314 10/16/17 1414 10/16/17 1546		<b>Flow Control Number</b> Summa Can Number Canister Pressure (Initial Field - psig) Canister Pressure (Final Field - psig)		Report Level I. II. III. IV. Other Method: PM10 3C-Fixed Gas (%) TO-3 TO-3M (Methane) TO-4 (PCBs) TO-13 (PAH) TO-14 TO-15 TO15 Short List Pace Lab ID 001 002 003 004 005 006	
<b>Comments:</b> VP-4 VP-5 VP-6 VP-7 VP-8 V-5		<b>RELINQUISHED BY / AFFILIATION</b> DATE TIME Eric Klingfus 10/16/17 1011 CAB 10/16/17 2000		<b>ACCEPTED BY / AFFILIATION</b> DATE TIME Kshatbaga 10/16/17 1011 L PACE 10/16/17 2000		<b>SAMPLE CONDITIONS</b> Temp in °C Received on Ice Custody Sealed Cooler Samples Intact:			
<b>SAMPLER NAME AND SIGNATURE</b> PRINT Name of SAMPLER: SIGNATURE of SAMPLER:		DATE Signed (MM/DD/YY)		<b>ORIGINAL</b>					

**Air Sample Condition Upon Receipt**  
**Client Name:** MSA professional Services  
**Project #:**  
**Courier:**  Fed Ex  UPS  Speedee  Client  
 Commercial  Pace  Other:  
**Tracking Number:**

**WO#: 10406401**  
  
 10406401

**Custody Seal on Cooler/Box Present?**  Yes  No **Seals Intact?**  Yes  No  
**Packing Material:**  Bubble Wrap  Bubble Bags  Foam  None  Tin Can  Other:  
**Temp. (TO17 and TO13 samples only) (°C):** **Corrected Temp (°C):** **Thermom. Used:**  151401163  
 G87A9155100842  
**Temp should be above freezing to 6°C** **Correction Factor:** **Date & Initials of Person Examining Contents:** WDJ 10/9/17  
**Type of ice Received**  Blue  Wet  None

**Comments:**

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and/or Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact? :	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Media: <u>Air Can</u> Airbag Filter TDT Passive		11. Individually Certified Cans Y <u>N</u> (list which samples)
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.

Samples Received: FFFT

Canisters			Canisters		
Sample Number	Can ID	Flow Controller ID	Sample Number	Can ID	Flow Controller ID
VP-4		2810	11	0596	2845
VP-5		0776			
VP-6		0729			
VP-7		555			
VP-8		0685			
V-5		1180			
unmarked can	2667	1114			
11	0625	0975			
11	0500	0715			

**CLIENT NOTIFICATION/RESOLUTION** **Field Data Required?**  Yes  No  
**Person Contacted:** Erica Klingfus (email) **Date/Time:** 10/9/17  
**Comments/Resolution:** No analysis selected on COC

**Project Manager Review:** Shawn Davis **Date:** 10/9/17  
 Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

October 20, 2017

Brian Hegge  
MSA Professional Services  
1835 N Stevens St  
Rhineland, WI 54501

RE: Project: 06080801 Laundry Basket  
Pace Project No.: 10406333

Dear Brian Hegge:

Enclosed are the analytical results for sample(s) received by the laboratory on October 06, 2017. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Shawn Davis  
shawn.davis@pacelabs.com  
612-607-6378  
Project Manager

Enclosures

cc: Mark Davidson, MSA Professional Services  
Erica Evert, MSA Professionals  
Curt Kleist



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

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### Minnesota Certification IDs

1700 Elm Street SE, Suite 200, Minneapolis, MN 55414-2485

A2LA Certification #: 2926.01

Alabama Certification #: 40770

Alaska Contaminated Sites Certification #: 17-009

Alaska DW Certification #: MN00064

Arizona Certification #: AZ0014

Arkansas Certification #: 88-0680

California Certification #: 2929

CNMI Saipan Certification #: MP0003

Colorado Certification #: MN00064

Connecticut Certification #: PH-0256

EPA Region 8+Wyoming DW Certification #: via MN 027-053-137

Florida Certification #: E87605

Georgia Certification #: 959

Guam EPA Certification #: MN00064

Hawaii Certification #: MN00064

Idaho Certification #: MN00064

Illinois Certification #: 200011

Indiana Certification #: C-MN-01

Iowa Certification #: 368

Kansas Certification #: E-10167

Kentucky DW Certification #: 90062

Kentucky WW Certification #: 90062

Louisiana DEQ Certification #: 03086

Louisiana DW Certification #: MN00064

Maine Certification #: MN00064

Maryland Certification #: 322

Massachusetts Certification #: M-MN064

Michigan Certification #: 9909

Minnesota Certification #: 027-053-137

Mississippi Certification #: MN00064

Montana Certification #: CERT0092

Nebraska Certification #: NE-OS-18-06

Nevada Certification #: MN00064

New Hampshire Certification #: 2081

New Jersey Certification #: MN002

New York Certification #: 11647

North Carolina DW Certification #: 27700

North Carolina WW Certification #: 530

North Dakota Certification #: R-036

Ohio DW Certification #: 41244

Ohio VAP Certification #: CL101

Oklahoma Certification #: 9507

Oregon NwTPH Certification #: MN300001

Oregon Secondary Certification #: MN200001

Pennsylvania Certification #: 68-00563

Puerto Rico Certification #: MN00064

South Carolina Certification #: 74003001

Tennessee Certification #: TN02818

Texas Certification #: T104704192

Utah Certification #: MN00064

Virginia Certification #: 460163

Washington Certification #: C486

West Virginia DW Certification #: 9952 C

West Virginia DEP Certification #: 382

Wisconsin Certification #: 999407970

Wyoming via EPA Region 8 Certification #: 8TMS-L

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

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<b>Lab ID</b>	<b>Sample ID</b>	<b>Matrix</b>	<b>Date Collected</b>	<b>Date Received</b>
10406333001	Bri Bri Sump	Water	10/05/17 10:10	10/06/17 20:00

## REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

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Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
10406333001	Bri Bri Sump	EPA 8260B	PRD	70	PASI-M

### REPORT OF LABORATORY ANALYSIS

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## PROJECT NARRATIVE

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

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**Method:** EPA 8260B

**Description:** 8260B VOC

**Client:** MSA-WI

**Date:** October 20, 2017

### General Information:

1 sample was analyzed for EPA 8260B. All samples were received in acceptable condition with any exceptions noted below or on the chain-of custody and/or the sample condition upon receipt form (SCUR) attached at the end of this report.

### Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

### Initial Calibrations (including MS Tune as applicable):

All criteria were within method requirements with any exceptions noted below.

### Continuing Calibration:

All criteria were within method requirements with any exceptions noted below.

QC Batch: 503189

CH: The continuing calibration for this compound is outside of Pace Analytical acceptance limits. The results may be biased high.

- LCS (Lab ID: 2735106)
  - Acetone
  - Tetrahydrofuran
- MS (Lab ID: 2736800)
  - Acetone
  - Tetrahydrofuran
- MSD (Lab ID: 2736801)
  - Acetone
  - Tetrahydrofuran

### Internal Standards:

All internal standards were within QC limits with any exceptions noted below.

### Surrogates:

All surrogates were within QC limits with any exceptions noted below.

### Method Blank:

All analytes were below the report limit in the method blank, where applicable, with any exceptions noted below.

QC Batch: 503189

B: Analyte was detected in the associated method blank.

- BLANK for HBN 503189 [MSV/4186 (Lab ID: 2735105)]
  - Chloromethane

### Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

## REPORT OF LABORATORY ANALYSIS

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## PROJECT NARRATIVE

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

---

**Method:** EPA 8260B

**Description:** 8260B VOC

**Client:** MSA-WI

**Date:** October 20, 2017

QC Batch: 503189

L1: Analyte recovery in the laboratory control sample (LCS) was above QC limits. Results for this analyte in associated samples may be biased high.

- LCS (Lab ID: 2735106)
  - Acetone

L3: Analyte recovery in the laboratory control sample (LCS) exceeded QC limits. Analyte presence below reporting limits in associated samples.

- LCS (Lab ID: 2735106)
  - Tetrahydrofuran

### Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

QC Batch: 503189

A matrix spike and/or matrix spike duplicate (MS/MSD) were performed on the following sample(s): 10407062005

M0: Matrix spike recovery and/or matrix spike duplicate recovery was outside laboratory control limits.

- MS (Lab ID: 2736800)
  - Tetrahydrofuran
- MSD (Lab ID: 2736801)
  - Tetrahydrofuran

M1: Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

- MS (Lab ID: 2736800)
  - 1,2,4-Trimethylbenzene
- MSD (Lab ID: 2736801)
  - 1,2,4-Trimethylbenzene

### Additional Comments:

This data package has been reviewed for quality and completeness and is approved for release.

## REPORT OF LABORATORY ANALYSIS

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

**Sample: Bri Bri Sump**      **Lab ID: 10406333001**      Collected: 10/05/17 10:10      Received: 10/06/17 20:00      Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260B VOC</b> Analytical Method: EPA 8260B									
Acetone	<8.8	ug/L	20.0	8.8	1		10/18/17 13:05	67-64-1	L3
Allyl chloride	<1.0	ug/L	4.0	1.0	1		10/18/17 13:05	107-05-1	
Benzene	<0.34	ug/L	1.0	0.34	1		10/18/17 13:05	71-43-2	
Bromobenzene	<0.16	ug/L	1.0	0.16	1		10/18/17 13:05	108-86-1	
Bromochloromethane	<0.38	ug/L	1.0	0.38	1		10/18/17 13:05	74-97-5	
Bromodichloromethane	<0.20	ug/L	1.0	0.20	1		10/18/17 13:05	75-27-4	
Bromoform	<1.0	ug/L	4.0	1.0	1		10/18/17 13:05	75-25-2	
Bromomethane	<1.5	ug/L	4.0	1.5	1		10/18/17 13:05	74-83-9	
2-Butanone (MEK)	<2.4	ug/L	5.0	2.4	1		10/18/17 13:05	78-93-3	
n-Butylbenzene	<0.13	ug/L	1.0	0.13	1		10/18/17 13:05	104-51-8	
sec-Butylbenzene	<0.12	ug/L	1.0	0.12	1		10/18/17 13:05	135-98-8	
tert-Butylbenzene	<0.15	ug/L	1.0	0.15	1		10/18/17 13:05	98-06-6	
Carbon tetrachloride	<0.20	ug/L	1.0	0.20	1		10/18/17 13:05	56-23-5	
Chlorobenzene	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	108-90-7	
Chloroethane	<0.44	ug/L	1.0	0.44	1		10/18/17 13:05	75-00-3	
Chloroform	<0.46	ug/L	1.0	0.46	1		10/18/17 13:05	67-66-3	
Chloromethane	2.0J	ug/L	10.0	1.1	1		10/18/17 13:05	74-87-3	B
2-Chlorotoluene	<0.20	ug/L	1.0	0.20	1		10/18/17 13:05	95-49-8	
4-Chlorotoluene	<0.13	ug/L	1.0	0.13	1		10/18/17 13:05	106-43-4	
1,2-Dibromo-3-chloropropane	<1.0	ug/L	4.0	1.0	1		10/18/17 13:05	96-12-8	
Dibromochloromethane	<0.13	ug/L	1.0	0.13	1		10/18/17 13:05	124-48-1	
1,2-Dibromoethane (EDB)	<0.24	ug/L	1.0	0.24	1		10/18/17 13:05	106-93-4	
Dibromomethane	<0.50	ug/L	4.0	0.50	1		10/18/17 13:05	74-95-3	
1,2-Dichlorobenzene	<0.21	ug/L	1.0	0.21	1		10/18/17 13:05	95-50-1	
1,3-Dichlorobenzene	<0.16	ug/L	1.0	0.16	1		10/18/17 13:05	541-73-1	
1,4-Dichlorobenzene	<0.10	ug/L	1.0	0.10	1		10/18/17 13:05	106-46-7	
Dichlorodifluoromethane	<0.31	ug/L	4.0	0.31	1		10/18/17 13:05	75-71-8	
1,1-Dichloroethane	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	75-34-3	
1,2-Dichloroethane	<0.32	ug/L	1.0	0.32	1		10/18/17 13:05	107-06-2	
1,1-Dichloroethene	<0.18	ug/L	1.0	0.18	1		10/18/17 13:05	75-35-4	
cis-1,2-Dichloroethene	<0.20	ug/L	1.0	0.20	1		10/18/17 13:05	156-59-2	
trans-1,2-Dichloroethene	<0.21	ug/L	1.0	0.21	1		10/18/17 13:05	156-60-5	
Dichlorofluoromethane	<0.38	ug/L	1.0	0.38	1		10/18/17 13:05	75-43-4	
1,2-Dichloropropane	<0.62	ug/L	4.0	0.62	1		10/18/17 13:05	78-87-5	
1,3-Dichloropropane	<0.13	ug/L	1.0	0.13	1		10/18/17 13:05	142-28-9	
2,2-Dichloropropane	<0.40	ug/L	4.0	0.40	1		10/18/17 13:05	594-20-7	
1,1-Dichloropropene	<0.18	ug/L	1.0	0.18	1		10/18/17 13:05	563-58-6	
cis-1,3-Dichloropropene	<0.12	ug/L	4.0	0.12	1		10/18/17 13:05	10061-01-5	
trans-1,3-Dichloropropene	<0.14	ug/L	4.0	0.14	1		10/18/17 13:05	10061-02-6	
Diethyl ether (Ethyl ether)	<1.3	ug/L	4.0	1.3	1		10/18/17 13:05	60-29-7	
Ethylbenzene	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	100-41-4	
Hexachloro-1,3-butadiene	<0.48	ug/L	1.0	0.48	1		10/18/17 13:05	87-68-3	
Isopropylbenzene (Cumene)	<0.17	ug/L	1.0	0.17	1		10/18/17 13:05	98-82-8	
p-Isopropyltoluene	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	99-87-6	
Methylene Chloride	<1.2	ug/L	4.0	1.2	1		10/18/17 13:05	75-09-2	
4-Methyl-2-pentanone (MIBK)	<0.55	ug/L	5.0	0.55	1		10/18/17 13:05	108-10-1	

### REPORT OF LABORATORY ANALYSIS

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## ANALYTICAL RESULTS

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

**Sample: Bri Bri Sump**      **Lab ID: 10406333001**      Collected: 10/05/17 10:10      Received: 10/06/17 20:00      Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260B VOC</b> Analytical Method: EPA 8260B									
Methyl-tert-butyl ether	<0.40	ug/L	1.0	0.40	1		10/18/17 13:05	1634-04-4	
Naphthalene	<0.42	ug/L	4.0	0.42	1		10/18/17 13:05	91-20-3	
n-Propylbenzene	<0.15	ug/L	1.0	0.15	1		10/18/17 13:05	103-65-1	
Styrene	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	100-42-5	
1,1,1,2-Tetrachloroethane	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	630-20-6	
1,1,2,2-Tetrachloroethane	<0.19	ug/L	1.0	0.19	1		10/18/17 13:05	79-34-5	
Tetrachloroethene	<0.16	ug/L	1.0	0.16	1		10/18/17 13:05	127-18-4	
Tetrahydrofuran	<4.3	ug/L	10.0	4.3	1		10/18/17 13:05	109-99-9	
Toluene	<0.17	ug/L	1.0	0.17	1		10/18/17 13:05	108-88-3	
1,2,3-Trichlorobenzene	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	87-61-6	
1,2,4-Trichlorobenzene	<0.18	ug/L	1.0	0.18	1		10/18/17 13:05	120-82-1	
1,1,1-Trichloroethane	<0.15	ug/L	1.0	0.15	1		10/18/17 13:05	71-55-6	
1,1,2-Trichloroethane	<0.22	ug/L	1.0	0.22	1		10/18/17 13:05	79-00-5	
Trichloroethene	<0.18	ug/L	0.40	0.18	1		10/18/17 13:05	79-01-6	
Trichlorofluoromethane	<0.13	ug/L	1.0	0.13	1		10/18/17 13:05	75-69-4	
1,2,3-Trichloropropane	<0.66	ug/L	4.0	0.66	1		10/18/17 13:05	96-18-4	
1,1,2-Trichlorotrifluoroethane	<0.28	ug/L	1.0	0.28	1		10/18/17 13:05	76-13-1	
1,2,4-Trimethylbenzene	<0.14	ug/L	1.0	0.14	1		10/18/17 13:05	95-63-6	
1,3,5-Trimethylbenzene	<0.18	ug/L	1.0	0.18	1		10/18/17 13:05	108-67-8	
Vinyl chloride	<0.096	ug/L	0.20	0.096	1		10/18/17 13:05	75-01-4	
Xylene (Total)	<0.24	ug/L	3.0	0.24	1		10/18/17 13:05	1330-20-7	
<b>Surrogates</b>									
1,2-Dichloroethane-d4 (S)	96	%	75-137		1		10/18/17 13:05	17060-07-0	
Toluene-d8 (S)	101	%	75-125		1		10/18/17 13:05	2037-26-5	
4-Bromofluorobenzene (S)	100	%	75-125		1		10/18/17 13:05	460-00-4	

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

QC Batch: 503189

Analysis Method: EPA 8260B

QC Batch Method: EPA 8260B

Analysis Description: 8260B MSV 465 W

Associated Lab Samples: 10406333001

METHOD BLANK: 2735105

Matrix: Water

Associated Lab Samples: 10406333001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1,2-Tetrachloroethane	ug/L	<0.14	1.0	10/18/17 11:59	
1,1,1-Trichloroethane	ug/L	<0.15	1.0	10/18/17 11:59	
1,1,2,2-Tetrachloroethane	ug/L	<0.19	1.0	10/18/17 11:59	
1,1,2-Trichloroethane	ug/L	<0.22	1.0	10/18/17 11:59	
1,1,2-Trichlorotrifluoroethane	ug/L	<0.28	1.0	10/18/17 11:59	
1,1-Dichloroethane	ug/L	<0.14	1.0	10/18/17 11:59	
1,1-Dichloroethene	ug/L	<0.18	1.0	10/18/17 11:59	
1,1-Dichloropropene	ug/L	<0.18	1.0	10/18/17 11:59	
1,2,3-Trichlorobenzene	ug/L	<0.14	1.0	10/18/17 11:59	
1,2,3-Trichloropropane	ug/L	<0.66	4.0	10/18/17 11:59	
1,2,4-Trichlorobenzene	ug/L	<0.18	1.0	10/18/17 11:59	
1,2,4-Trimethylbenzene	ug/L	<0.14	1.0	10/18/17 11:59	
1,2-Dibromo-3-chloropropane	ug/L	<1.0	4.0	10/18/17 11:59	
1,2-Dibromoethane (EDB)	ug/L	<0.24	1.0	10/18/17 11:59	
1,2-Dichlorobenzene	ug/L	<0.21	1.0	10/18/17 11:59	
1,2-Dichloroethane	ug/L	<0.32	1.0	10/18/17 11:59	
1,2-Dichloropropane	ug/L	<0.62	4.0	10/18/17 11:59	
1,3,5-Trimethylbenzene	ug/L	<0.18	1.0	10/18/17 11:59	
1,3-Dichlorobenzene	ug/L	<0.16	1.0	10/18/17 11:59	
1,3-Dichloropropane	ug/L	<0.13	1.0	10/18/17 11:59	
1,4-Dichlorobenzene	ug/L	<0.10	1.0	10/18/17 11:59	
2,2-Dichloropropane	ug/L	<0.40	4.0	10/18/17 11:59	
2-Butanone (MEK)	ug/L	<2.4	5.0	10/18/17 11:59	
2-Chlorotoluene	ug/L	<0.20	1.0	10/18/17 11:59	
4-Chlorotoluene	ug/L	<0.13	1.0	10/18/17 11:59	
4-Methyl-2-pentanone (MIBK)	ug/L	<0.55	5.0	10/18/17 11:59	
Acetone	ug/L	<8.8	20.0	10/18/17 11:59	
Allyl chloride	ug/L	<1.0	4.0	10/18/17 11:59	
Benzene	ug/L	<0.34	1.0	10/18/17 11:59	
Bromobenzene	ug/L	<0.16	1.0	10/18/17 11:59	
Bromochloromethane	ug/L	<0.38	1.0	10/18/17 11:59	
Bromodichloromethane	ug/L	<0.20	1.0	10/18/17 11:59	
Bromoform	ug/L	<1.0	4.0	10/18/17 11:59	
Bromomethane	ug/L	<1.5	4.0	10/18/17 11:59	
Carbon tetrachloride	ug/L	<0.20	1.0	10/18/17 11:59	
Chlorobenzene	ug/L	<0.14	1.0	10/18/17 11:59	
Chloroethane	ug/L	<0.44	1.0	10/18/17 11:59	
Chloroform	ug/L	<0.46	1.0	10/18/17 11:59	
Chloromethane	ug/L	1.9J	10.0	10/18/17 11:59	MN
cis-1,2-Dichloroethene	ug/L	<0.20	1.0	10/18/17 11:59	
cis-1,3-Dichloropropene	ug/L	<0.12	4.0	10/18/17 11:59	

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### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

METHOD BLANK: 2735105

Matrix: Water

Associated Lab Samples: 10406333001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Dibromochloromethane	ug/L	<0.13	1.0	10/18/17 11:59	
Dibromomethane	ug/L	<0.50	4.0	10/18/17 11:59	
Dichlorodifluoromethane	ug/L	<0.31	4.0	10/18/17 11:59	MN
Dichlorofluoromethane	ug/L	<0.38	1.0	10/18/17 11:59	
Diethyl ether (Ethyl ether)	ug/L	<1.3	4.0	10/18/17 11:59	
Ethylbenzene	ug/L	<0.14	1.0	10/18/17 11:59	
Hexachloro-1,3-butadiene	ug/L	<0.48	1.0	10/18/17 11:59	
Isopropylbenzene (Cumene)	ug/L	<0.17	1.0	10/18/17 11:59	
Methyl-tert-butyl ether	ug/L	<0.40	1.0	10/18/17 11:59	
Methylene Chloride	ug/L	<1.2	4.0	10/18/17 11:59	
n-Butylbenzene	ug/L	<0.13	1.0	10/18/17 11:59	
n-Propylbenzene	ug/L	<0.15	1.0	10/18/17 11:59	
Naphthalene	ug/L	<0.42	4.0	10/18/17 11:59	
p-Isopropyltoluene	ug/L	<0.14	1.0	10/18/17 11:59	
sec-Butylbenzene	ug/L	<0.12	1.0	10/18/17 11:59	
Styrene	ug/L	<0.14	1.0	10/18/17 11:59	
tert-Butylbenzene	ug/L	<0.15	1.0	10/18/17 11:59	
Tetrachloroethene	ug/L	<0.16	1.0	10/18/17 11:59	
Tetrahydrofuran	ug/L	<4.3	10.0	10/18/17 11:59	
Toluene	ug/L	0.37J	1.0	10/18/17 11:59	
trans-1,2-Dichloroethene	ug/L	<0.21	1.0	10/18/17 11:59	
trans-1,3-Dichloropropene	ug/L	<0.14	4.0	10/18/17 11:59	
Trichloroethene	ug/L	<0.18	0.40	10/18/17 11:59	
Trichlorofluoromethane	ug/L	<0.13	1.0	10/18/17 11:59	
Vinyl chloride	ug/L	<0.096	0.20	10/18/17 11:59	
Xylene (Total)	ug/L	<0.24	3.0	10/18/17 11:59	
1,2-Dichloroethane-d4 (S)	%	95	75-137	10/18/17 11:59	
4-Bromofluorobenzene (S)	%	100	75-125	10/18/17 11:59	
Toluene-d8 (S)	%	100	75-125	10/18/17 11:59	

LABORATORY CONTROL SAMPLE: 2735106

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1,2-Tetrachloroethane	ug/L	50	49.9	100	75-125	
1,1,1-Trichloroethane	ug/L	50	49.1	98	69-125	
1,1,2,2-Tetrachloroethane	ug/L	50	52.6	105	70-125	
1,1,2-Trichloroethane	ug/L	50	50.4	101	75-125	
1,1,2-Trichlorotrifluoroethane	ug/L	50	47.7	95	70-133	
1,1-Dichloroethane	ug/L	50	49.0	98	62-130	
1,1-Dichloroethene	ug/L	50	50.5	101	64-134	
1,1-Dichloropropene	ug/L	50	50.5	101	65-129	
1,2,3-Trichlorobenzene	ug/L	50	51.7	103	75-125	
1,2,3-Trichloropropane	ug/L	50	50.1	100	70-125	
1,2,4-Trichlorobenzene	ug/L	50	49.5	99	75-125	

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### QUALITY CONTROL DATA

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

LABORATORY CONTROL SAMPLE: 2735106

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,2,4-Trimethylbenzene	ug/L	50	50.8	102	69-135	
1,2-Dibromo-3-chloropropane	ug/L	125	127	102	73-130	
1,2-Dibromoethane (EDB)	ug/L	50	53.1	106	75-125	
1,2-Dichlorobenzene	ug/L	50	52.7	105	75-125	
1,2-Dichloroethane	ug/L	50	42.3	85	64-126	
1,2-Dichloropropane	ug/L	50	46.3	93	73-125	
1,3,5-Trimethylbenzene	ug/L	50	50.2	100	71-129	
1,3-Dichlorobenzene	ug/L	50	52.9	106	75-125	
1,3-Dichloropropane	ug/L	50	54.5	109	74-125	
1,4-Dichlorobenzene	ug/L	50	52.0	104	75-125	
2,2-Dichloropropane	ug/L	50	49.4	99	59-135	
2-Butanone (MEK)	ug/L	250	227	91	57-142	
2-Chlorotoluene	ug/L	50	51.3	103	73-125	
4-Chlorotoluene	ug/L	50	53.6	107	74-128	
4-Methyl-2-pentanone (MIBK)	ug/L	250	255	102	56-142	
Acetone	ug/L	250	426	171	75-133	CH,L1
Allyl chloride	ug/L	50	46.2	92	62-139	
Benzene	ug/L	50	48.4	97	74-125	
Bromobenzene	ug/L	50	50.7	101	75-125	
Bromochloromethane	ug/L	50	50.6	101	75-125	
Bromodichloromethane	ug/L	50	51.2	102	72-125	
Bromoform	ug/L	50	47.4	95	74-125	
Bromomethane	ug/L	50	52.2	104	30-150	
Carbon tetrachloride	ug/L	50	46.2	92	67-130	
Chlorobenzene	ug/L	50	53.4	107	75-125	
Chloroethane	ug/L	50	51.5	103	63-137	
Chloroform	ug/L	50	46.7	93	68-128	
Chloromethane	ug/L	50	50.5	101	46-145	
cis-1,2-Dichloroethene	ug/L	50	51.4	103	75-125	
cis-1,3-Dichloropropene	ug/L	50	53.7	107	73-125	
Dibromochloromethane	ug/L	50	50.7	101	75-125	
Dibromomethane	ug/L	50	53.4	107	73-125	
Dichlorodifluoromethane	ug/L	50	42.1	84	36-150	
Dichlorofluoromethane	ug/L	50	50.9	102	75-125	
Diethyl ether (Ethyl ether)	ug/L	50	49.6	99	62-136	
Ethylbenzene	ug/L	50	47.8	96	73-125	
Hexachloro-1,3-butadiene	ug/L	50	49.3	99	69-141	
Isopropylbenzene (Cumene)	ug/L	50	50.9	102	75-126	
Methyl-tert-butyl ether	ug/L	50	51.3	103	70-130	
Methylene Chloride	ug/L	50	48.5	97	74-125	
n-Butylbenzene	ug/L	50	48.6	97	69-133	
n-Propylbenzene	ug/L	50	50.9	102	75-125	
Naphthalene	ug/L	50	50.2	100	66-129	
p-Isopropyltoluene	ug/L	50	51.7	103	73-127	
sec-Butylbenzene	ug/L	50	51.0	102	75-131	
Styrene	ug/L	50	51.9	104	75-128	
tert-Butylbenzene	ug/L	50	51.2	102	75-127	

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### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

LABORATORY CONTROL SAMPLE: 2735106

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Tetrachloroethane	ug/L	50	51.6	103	71-127	
Tetrahydrofuran	ug/L	500	987	197	75-132	CH,L3
Toluene	ug/L	50	51.1	102	75-125	
trans-1,2-Dichloroethene	ug/L	50	49.7	99	69-127	
trans-1,3-Dichloropropene	ug/L	50	51.9	104	70-128	
Trichloroethene	ug/L	50	52.7	105	70-125	
Trichlorofluoromethane	ug/L	50	42.6	85	71-125	
Vinyl chloride	ug/L	50	48.1	96	69-133	
Xylene (Total)	ug/L	150	152	102	75-125	
1,2-Dichloroethane-d4 (S)	%			93	75-137	
4-Bromofluorobenzene (S)	%			100	75-125	
Toluene-d8 (S)	%			104	75-125	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2736800 2736801

Parameter	Units	MS		MSD		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		10407062005 Result	Spike Conc.	Spike Conc.	MS Result						
1,1,1,2-Tetrachloroethane	ug/L	ND	1000	1000	1000	970	100	97	75-138	3	30
1,1,1-Trichloroethane	ug/L	ND	1000	1000	964	946	96	95	75-145	2	30
1,1,2,2-Tetrachloroethane	ug/L	ND	1000	1000	1060	1070	106	107	73-150	0	30
1,1,2-Trichloroethane	ug/L	ND	1000	1000	1070	1050	107	105	75-140	1	30
1,1,2-Trichlorotrifluoroethane	ug/L	ND	1000	1000	1010	946	101	95	74-150	7	30
1,1-Dichloroethane	ug/L	ND	1000	1000	968	964	97	96	75-140	0	30
1,1-Dichloroethene	ug/L	ND	1000	1000	999	950	100	95	73-150	5	30
1,1-Dichloropropene	ug/L	ND	1000	1000	975	977	98	98	75-150	0	30
1,2,3-Trichlorobenzene	ug/L	ND	1000	1000	1020	1030	102	103	57-147	1	30
1,2,3-Trichloropropane	ug/L	ND	1000	1000	1010	1000	101	100	75-147	1	30
1,2,4-Trichlorobenzene	ug/L	ND	1000	1000	1010	1020	101	102	59-142	1	30
1,2,4-Trimethylbenzene	ug/L	2210	1000	1000	3930	3890	172	167	73-141	1	30 M1
1,2-Dibromo-3-chloropropane	ug/L	ND	2500	2500	2560	2570	102	103	65-136	1	30
1,2-Dibromoethane (EDB)	ug/L	ND	1000	1000	1070	1050	107	105	75-131	2	30
1,2-Dichlorobenzene	ug/L	ND	1000	1000	1070	1080	107	108	75-141	1	30
1,2-Dichloroethane	ug/L	ND	1000	1000	862	848	86	85	75-125	2	30
1,2-Dichloropropane	ug/L	ND	1000	1000	949	925	95	92	71-147	3	30
1,3,5-Trimethylbenzene	ug/L	614	1000	1000	1870	1850	126	124	75-139	1	30
1,3-Dichlorobenzene	ug/L	ND	1000	1000	1080	1030	108	103	75-142	4	30
1,3-Dichloropropane	ug/L	ND	1000	1000	1100	1060	110	106	75-141	4	30
1,4-Dichlorobenzene	ug/L	ND	1000	1000	1080	1050	108	105	75-139	3	30
2,2-Dichloropropane	ug/L	ND	1000	1000	941	880	94	88	60-150	7	30
2-Butanone (MEK)	ug/L	ND	5000	5000	4790	4920	96	98	68-133	3	30
2-Chlorotoluene	ug/L	ND	1000	1000	1190	1130	119	113	75-146	6	30
4-Chlorotoluene	ug/L	ND	1000	1000	1080	1060	108	106	75-149	1	30
4-Methyl-2-pentanone (MIBK)	ug/L	ND	5000	5000	5310	5280	106	106	67-150	1	30
Acetone	ug/L	ND	5000	5000	7720	7920	142	146	56-150	3	30 CH

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### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

MATRIX SPIKE & MATRIX SPIKE DUPLICATE:		2736800		2736801									
Parameter	Units	10407062005	MS	MSD	MS	MSD	MS	MSD	% Rec	Max	RPD	RPD	Qual
		Result	Spike Conc.	Spike Conc.	Result	Result	% Rec	% Rec	Limits				
Allyl chloride	ug/L	ND	1000	1000	829	761	83	76	66-134	9	30		
Benzene	ug/L	389	1000	1000	1380	1350	99	96	74-134	2	30		
Bromobenzene	ug/L	ND	1000	1000	1030	1020	103	102	75-138	1	30		
Bromochloromethane	ug/L	ND	1000	1000	1060	1020	106	102	75-145	4	30		
Bromodichloromethane	ug/L	ND	1000	1000	975	983	97	98	75-143	1	30		
Bromoform	ug/L	ND	1000	1000	906	868	91	87	67-125	4	30		
Bromomethane	ug/L	ND	1000	1000	999	1080	100	108	30-150	8	30		
Carbon tetrachloride	ug/L	ND	1000	1000	892	922	89	92	75-150	3	30		
Chlorobenzene	ug/L	ND	1000	1000	1070	1050	107	105	75-133	2	30		
Chloroethane	ug/L	ND	1000	1000	1120	1040	112	104	53-150	7	30		
Chloroform	ug/L	ND	1000	1000	979	910	98	91	75-134	7	30		
Chloromethane	ug/L	ND	1000	1000	1170	950	106	85	41-150	21	30		
cis-1,2-Dichloroethene	ug/L	ND	1000	1000	991	981	99	98	73-140	1	30		
cis-1,3-Dichloropropene	ug/L	ND	1000	1000	1050	1040	105	104	72-140	1	30		
Dibromochloromethane	ug/L	ND	1000	1000	1010	974	101	97	74-130	4	30		
Dibromomethane	ug/L	ND	1000	1000	1030	1050	103	105	70-141	2	30		
Dichlorodifluoromethane	ug/L	ND	1000	1000	986	909	99	91	50-150	8	30		
Dichlorofluoromethane	ug/L	ND	1000	1000	1040	983	104	98	62-150	6	30		
Diethyl ether (Ethyl ether)	ug/L	ND	1000	1000	1030	983	100	95	71-141	5	30		
Ethylbenzene	ug/L	1270	1000	1000	2430	2390	116	112	75-136	2	30		
Hexachloro-1,3-butadiene	ug/L	ND	1000	1000	968	969	97	97	47-150	0	30		
Isopropylbenzene (Cumene)	ug/L	82.1	1000	1000	1150	1100	107	102	75-138	4	30		
Methyl-tert-butyl ether	ug/L	ND	1000	1000	1020	1030	102	103	75-128	0	30		
Methylene Chloride	ug/L	ND	1000	1000	1010	986	94	92	69-150	2	30		
n-Butylbenzene	ug/L	ND	1000	1000	1200	1150	115	111	68-150	4	30		
n-Propylbenzene	ug/L	301	1000	1000	1470	1430	117	112	74-150	3	30		
Naphthalene	ug/L	435	1000	1000	1470	1470	103	103	61-138	0	30		
p-Isopropyltoluene	ug/L	ND	1000	1000	1170	1140	115	112	70-142	2	30		
sec-Butylbenzene	ug/L	ND	1000	1000	1090	1060	107	104	74-150	3	30		
Styrene	ug/L	ND	1000	1000	1070	1040	107	104	70-140	3	30		
tert-Butylbenzene	ug/L	ND	1000	1000	1050	1020	105	102	73-140	3	30		
Tetrachloroethene	ug/L	ND	1000	1000	1040	983	104	98	72-141	6	30		
Tetrahydrofuran	ug/L	ND	10000	10000	16200	17800	162	178	53-150	9	30	CH,M0	
Toluene	ug/L	149	1000	1000	1170	1090	102	95	71-138	7	30		
trans-1,2-Dichloroethene	ug/L	ND	1000	1000	987	955	99	96	74-149	3	30		
trans-1,3-Dichloropropene	ug/L	ND	1000	1000	1020	998	102	100	74-138	2	30		
Trichloroethene	ug/L	ND	1000	1000	1030	1020	103	102	70-150	1	30		
Trichlorofluoromethane	ug/L	ND	1000	1000	949	879	95	88	57-150	8	30		
Vinyl chloride	ug/L	ND	1000	1000	1020	987	102	99	59-150	3	30		
Xylene (Total)	ug/L	6950	3000	3000	11100	10700	138	125	75-131	3	30	MS	
1,2-Dichloroethane-d4 (S)	%						97	95	75-137				
4-Bromofluorobenzene (S)	%						101	100	75-125				
Toluene-d8 (S)	%						104	102	75-125				

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## QUALIFIERS

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor and percent moisture.

LOQ - Limit of Quantitation adjusted for dilution factor and percent moisture.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

### LABORATORIES

PASI-M Pace Analytical Services - Minneapolis

### ANALYTE QUALIFIERS

B Analyte was detected in the associated method blank.

CH The continuing calibration for this compound is outside of Pace Analytical acceptance limits. The results may be biased high.

L1 Analyte recovery in the laboratory control sample (LCS) was above QC limits. Results for this analyte in associated samples may be biased high.

L3 Analyte recovery in the laboratory control sample (LCS) exceeded QC limits. Analyte presence below reporting limits in associated samples.

M0 Matrix spike recovery and/or matrix spike duplicate recovery was outside laboratory control limits.

M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

MN The reporting limit has been raised in accordance with Minnesota Statutes 4740.2100 Subpart 8. C, D. Reporting Limit Evaluation Rule.

MS Analyte recovery in the matrix spike was outside QC limits for one or more of the constituent analytes used in the calculated result.

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 06080801 Laundry Basket

Pace Project No.: 10406333

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<b>Lab ID</b>	<b>Sample ID</b>	<b>QC Batch Method</b>	<b>QC Batch</b>	<b>Analytical Method</b>	<b>Analytical Batch</b>
10406333001	Bri Bri Sump	EPA 8260B	503189		

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# CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

10406333

**Section A**  
 Required Client Information:  
 Company: MSA  
 Address: \_\_\_\_\_  
 Email To: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Requested Due Date/TAT: \_\_\_\_\_

**Section B**  
 Required Project Information:  
 Report To: Erika Klingfus  
 Copy To: \_\_\_\_\_  
 Purchase Order No.: \_\_\_\_\_  
 Project Name: Laundry Basket  
 Project Number: 0000001

**Section C**  
 Invoice Information:  
 Attention: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Face Quote Reference: \_\_\_\_\_  
 Pace Project Manager: Shawn Davis  
 Pace Profile #: \_\_\_\_\_

**REGULATORY AGENCY**  
 NPDES  GROUND WATER  DRINKING WATER  
 UST  RCRA  OTHER \_\_\_\_\_

Site Location \_\_\_\_\_  
 STATE: WA

ITEM #	Section D Required Client Information	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives	Y/N	Requested Analysis Filtered (Y/N)	Pace Project No./ Lab I.D.
				COMPOSITE START	COMPOSITE END/GRAB						
1	<b>SAMPLE ID</b> (A-Z, 0-9 / -) Sample IDs MUST BE UNIQUE	DW WT WW P SL OL WP AR TS OT	WTG	DATE: <u>10/17/10</u> TIME: <u>1000</u>	DATE: <u>10/17/10</u> TIME: <u>1000</u>		3	Unpreserved H <sub>2</sub> SO <sub>4</sub> HNO <sub>3</sub> HCl NaOH Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> Methanol Other			<u>001</u>
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS				
							Received on (Y/N)	Sealed Cooler (Y/N)	Temp in °C	Samples Intact (Y/N)	
<u>Sampled w/ ESC bottles - VOC vial NOT received.</u>	<u>[Signature]</u>	<u>10/16/17</u>	<u>1011</u>	<u>[Signature]</u>	<u>10/16/17</u>	<u>1011</u>	<u>1-0</u>	<u>Y</u>	<u>Y</u>	<u>2</u>	<u>Y</u>
	<u>[Signature]</u>	<u>10/16/17</u>	<u>1725</u>	<u>[Signature]</u>	<u>10/16/17</u>	<u>1725</u>					
	<u>[Signature]</u>	<u>10/16/17</u>	<u>2000</u>	<u>[Signature]</u>	<u>10/16/17</u>	<u>2000</u>	<u>0.1</u>	<u>Y</u>	<u>Y</u>	<u>2</u>	<u>Y</u>


**SAMPLER NAME AND SIGNATURE**  
 PRINT Name of SAMPLER: Erika Klingfus  
 SIGNATURE of SAMPLER: [Signature]  
 DATE Signed (MM/DD/YYYY): 10/16/17

ORIGINAL

\*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days. F-ALL-Q-020rev.07, 15-May-2007

**Sample Condition Upon Receipt**

Client Name: MSA Project #: **WO# : 10406333**



10406333

Courier:  Fed Ex  UPS  USPS  Client  
 Commercial  Pace  SpeedDee  Other: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present?  Yes  No      Seals Intact?  Yes  No      Optional: Proj. Due Date: \_\_\_\_\_ Proj. Name: \_\_\_\_\_

Packing Material:  Bubble Wrap  Bubble Bags  None  Other: \_\_\_\_\_      Temp Blank?  Yes  No

Thermometer  151401163      Type of Ice:  Wet  Blue  None  Samples on ice, cooling process has begun  
 Used:  G87A9155100842

Cooler Temp Read (°C): 0.3      Cooler Temp Corrected (°C): 0.1      Biological Tissue Frozen?  Yes  No  N/A  
 Temp should be above freezing to 6°C      Correction Factor: -0.2      Date and Initials of Person Examining Contents: ME 10/6/17

USDA Regulated Soil (  N/A, water sample)  
 Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX or VA (check maps)?  Yes  No      Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)?  Yes  No  
 If Yes to either question, fill out a Regulated Soil Checklist (F-MN-Q-338) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name and/or Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes Date/Time/ID/Analysis Matrix: <u>wt</u>		
All containers needing acid/base preservation have been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH Positive for Res. Chlorine? Y N
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , pH, NaOH >9 Sulfide, NaOH >12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC Oil and Grease, DRO/8015 (water) and Dioxin.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sample #
Headpace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Initial when completed: _____ Lot # of added preservative: _____
Trip Blank Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	14.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Pace Trip Blank Lot # (if purchased):		

**CLIENT NOTIFICATION/RESOLUTION**

Field Data Required?  Yes  No

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Comments/Resolution: \_\_\_\_\_

Project Manager Review: Shawn Davis Date: 10/9/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office ( i.e. out of hold, incorrect preservative, out of temp, incorrect containers).

# Vapor Intrusion Building Survey Form

## Remediation Program

Doc Type: Site Inspection Information

Preparer's name: Erica Klingfus Date/Time prepared: 10/5/17  
 Affiliation: MSA Professional Services Phone number: 219 499 3171  
 Email: eklingfus@msa-ps.com

### Part 1: Property owner & building occupant information

#### 1. Owner/Landlord information (Check if same as occupant: )

Occupant name(s): Luck Library Interviewed:  Yes  No  
 Mailing address: 301 Main St. South  
 City: Luck State: WI Zip code: 54853  
 Home phone: (715) 472-2030 Office phone: \_\_\_\_\_

#### 2. Occupant information

Occupant name(s): \_\_\_\_\_ Interviewed:  Yes  No  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Number of occupants at this location: \_\_\_\_\_ Age range of occupants: \_\_\_\_\_

### Part 2: Building evaluation

#### 3. Building use (Check appropriate response)

Residential  Child/Day Care  School  Church  Hospital  Long-term care facility  Correctional facility  
 Commercial  Industrial  
 Other (specify): Library

#### If the property is residential, what type? (Check appropriate response)

Ranch rambler  Raised rambler  Townhouses/Condos  Duplex  Modular  2-Family  
 Split level  Contemporary  Apartment house  Cape cod  Log home  3-Family  
 Colonial  Mobile home  Other (specify): \_\_\_\_\_

#### 4. Building description

If the property is commercial or industrial, describe the business use(s):

Public library

Indicate the number of floors and general use of each floor of the building beginning with lowest level:

1 floor - library, storage, office

If there are multiple residential units, indicate how many units: N/A When was building constructed: \_\_\_\_\_  
 Type of insulation used in building: \_\_\_\_\_ Elevators or lifts:  Yes  No  
 Basement/Lowest level depth below grade: N/A (feet)

**Observed basement characteristics** (Check all that apply)

Is basement/lowest level occupied:	<input type="checkbox"/> Full time	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Almost never	N/A
Bedrooms in the basement/lowest level:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, are the bedrooms occupied regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Basement type:	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Slab	<input type="checkbox"/> Other:
Floor materials:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Dirt	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:
Floor covering:	<input type="checkbox"/> Uncovered	<input type="checkbox"/> Covered	<input type="checkbox"/> Covered with:	
Concrete floor:	<input type="checkbox"/> Unsealed	<input type="checkbox"/> Sealed	<input type="checkbox"/> Sealed with:	
Foundation walls:	<input type="checkbox"/> Poured	<input type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:
Basement finished:	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Finished	<input type="checkbox"/> Partially finished	
Basement wetness:	<input type="checkbox"/> Wet	<input type="checkbox"/> Damp	<input type="checkbox"/> Seldom	<input type="checkbox"/> Moldy
Sump pump present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was water present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any crawl spaces present:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe the crawl space floor conditions (earth, concrete, etc.) and construction (walls, use, connectivity to building, etc.) and illustrate location on the attached grid plans:		
Have there been any building additions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe addition construction including how it ties to the existing floor plan (footings, slab connectivity, etc.) illustrate locations of additions on the attached grid plans:		

Thickness of the concrete floor slab in the lowest level(s): \_\_\_\_\_ Inches.

Soil type present beneath the building: \_\_\_\_\_

Is there evidence of saturated or high moisture conditions beneath the floor slab?  Yes  No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indicate sources of water supply sources (i.e., drinking, irrigation, etc.) and type of sewage disposal** (Check all that apply)

Water supply:  Public water  Drilled well  Driven well  Dug well

Sewage disposal:  Public sewer  Septic tank  Leach field  Dry well

**5. Heating, venting, air conditioning, or other building controls** (Check all that apply)

**Type of heating system(s) used in this building** (Check all that apply)

Hot air circulation  Space heaters  Electric baseboard  In-floor heating  Heat pump

Steam radiation  Wood stove  Hot water baseboard  Radiant floor  Outdoor wood boiler

Other (specify): \_\_\_\_\_ **Primary type:** \_\_\_\_\_

**Primary type of fuel used** (Check appropriate response)

- Natural gas     
  Fuel oil     
  Kerosene     
  Electric     
  Propane  
 Solar     
  Wood     
  Coal

If hot water tank present, indicate fuel source: \_\_\_\_\_

Boiler/furnace is located in:   
 Basement   
 Outdoors   
 Main floor   
 Other: \_\_\_\_\_

Type of air conditioning:   
 Central air   
 Window units   
 Open windows   
 No mechanical system

Is outside replacement (make-up) air provided for combustion appliances?   
 Yes   
 No

If no, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there air distribution ducts present?   
 Yes   
 No

Describe the supply and cold air return ductwork and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram:

*New*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type of mechanical ventilation systems used within or for the building (e.g., air-to-air exchangers, HVAC, etc.). Indicate whether the interior spaces of the building use separate ventilation systems and/or controls. Provide information on any existing building mitigation system (e.g., radon mitigation, passive venting systems, etc.). If available, provide information on air exchange rates for any existing mechanical ventilation systems currently in use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Summary of potential building vapor intrusion entry points**

- |  |                              |  |
|--|------------------------------|--|
| Earthen floors or incompetent floor slabs in the lowest level of building                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Sumps (unsealed)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Large utility penetrations through floor and/or walls with exposure to sub-surface soils | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Crawl spaces with earthen floors or incompetent floor conditions                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other (describe)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

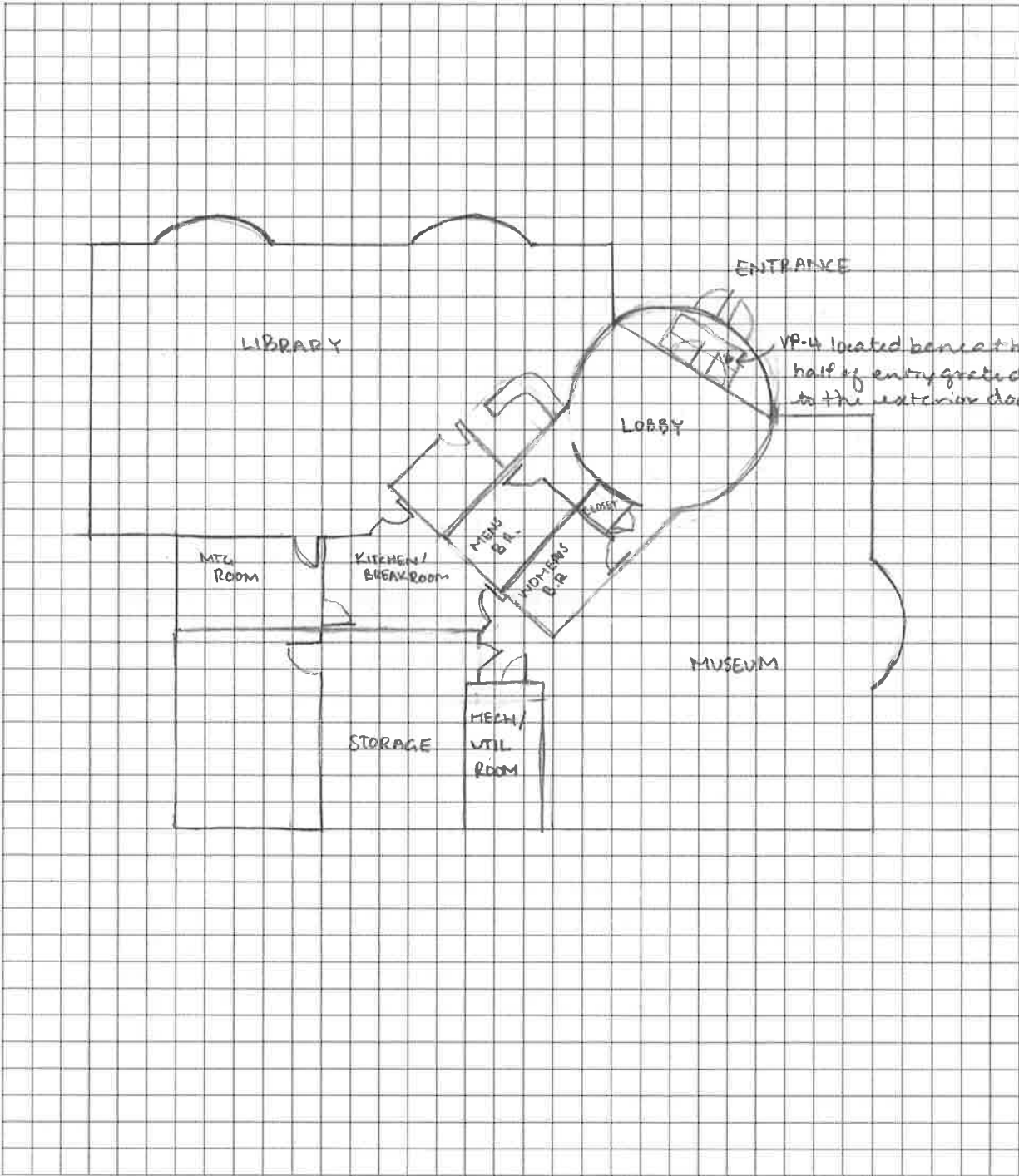
\_\_\_\_\_

**7. Is the use of the vapor intrusion attenuation factor (33X ISV screening level) valid for this building based on the above building conditions?**   
 Yes   
 No

8. Grid plans

Use grid plans to describe floor plans, locate potential soil vapor entry points (e.g., cracks, utility ports, drains); and if applicable, identify sample locations (sub-slab, indoor air, outdoor air sampling).

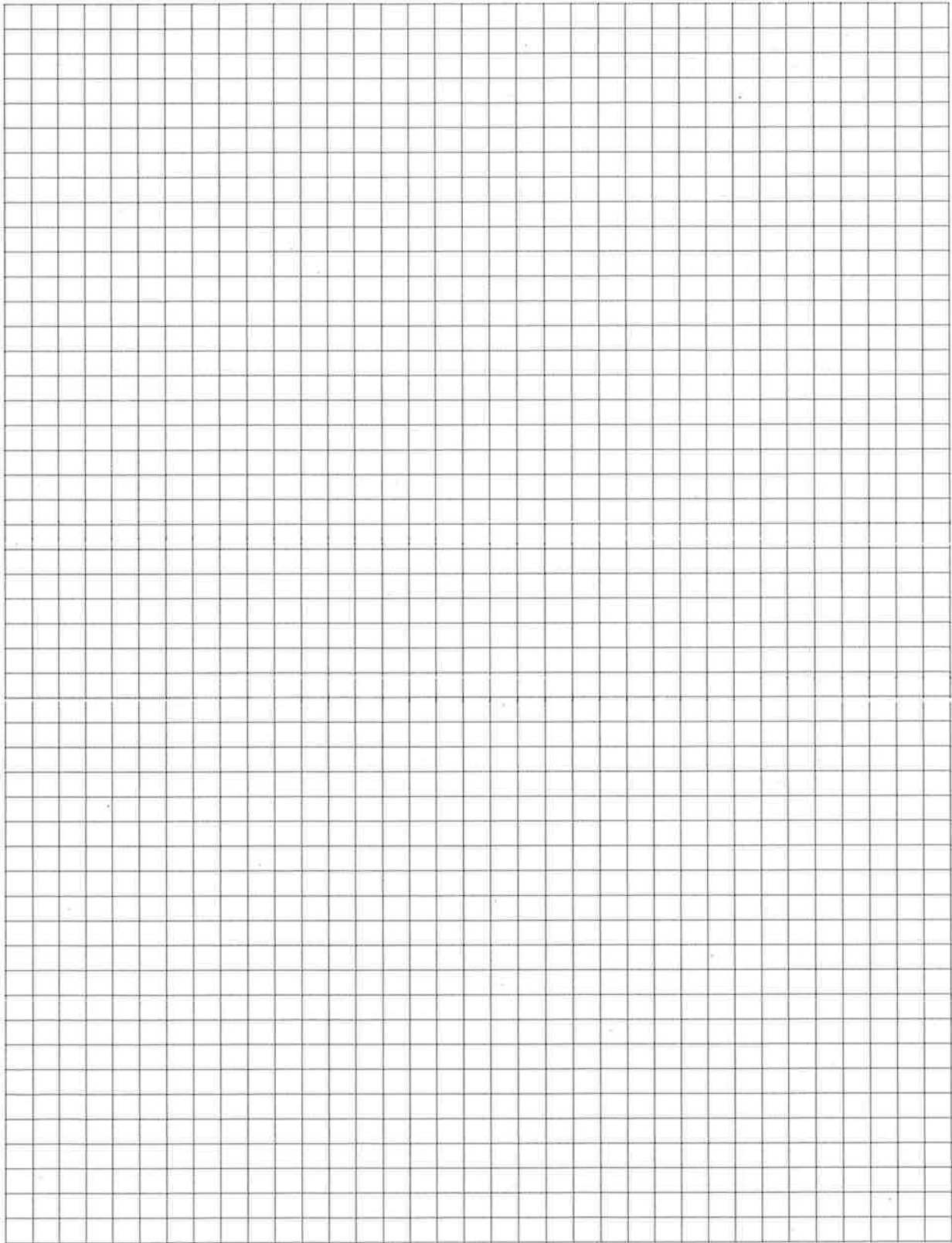
Floor plan for basement or lowest level at property address: \_\_\_\_\_



Scale: \_\_\_\_\_ North (indicate direction): 



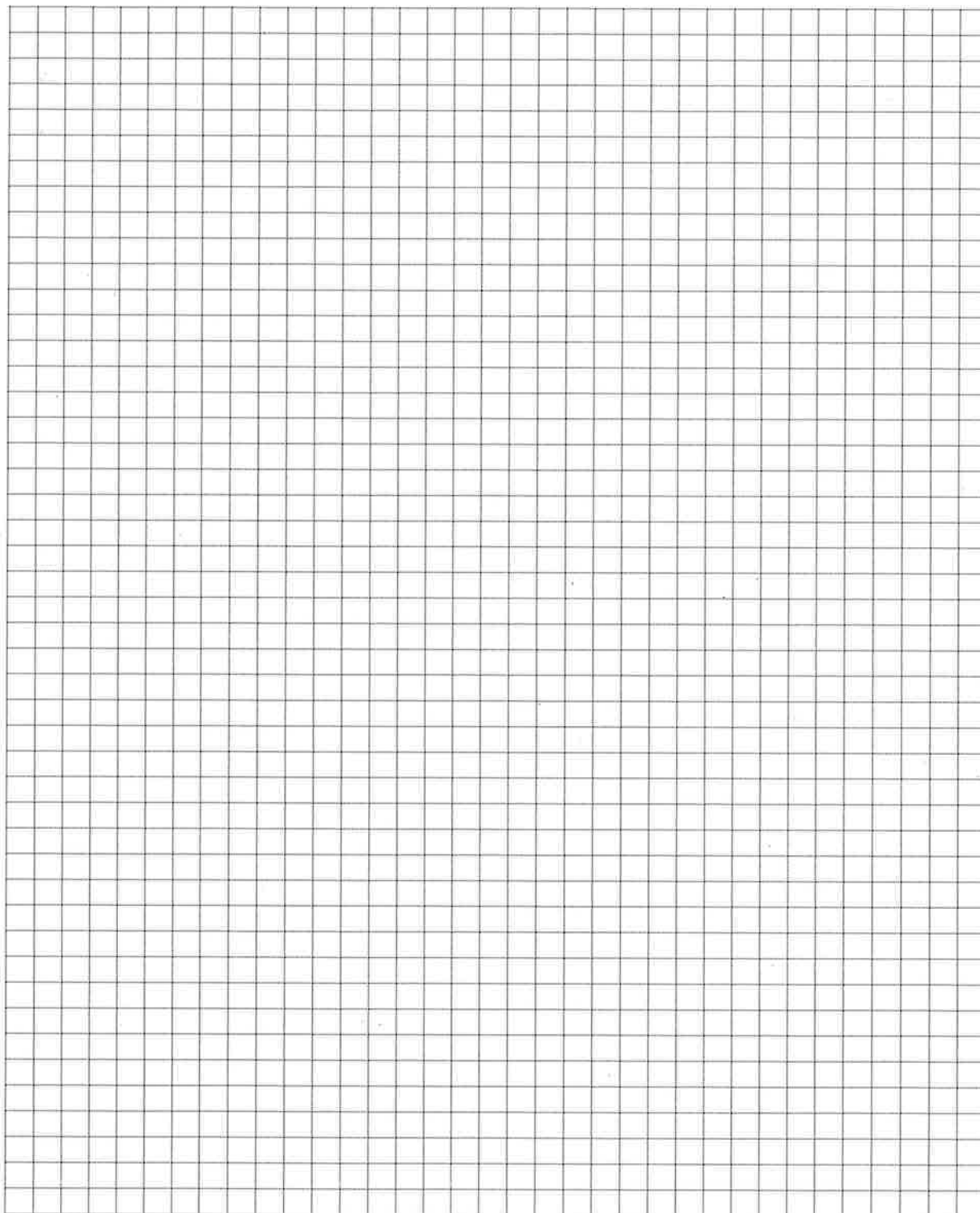
Floor above lowest level at property address: \_\_\_\_\_



Scale: \_\_\_\_\_ North (indicate direction): \_\_\_\_\_

**Outdoor grid plot (Include if outdoor ambient air samples collected):**

Insert sketch (or attach separate document) of the area outside the building and locate outdoor air sample locations. If applicable, provide information on spill locations, potential air contamination sources, locations of wells, septic system, etc., and PID meter readings. Indicate wind direction and speed during sampling.



**Part 3: Indoor Air Quality Survey**

Complete if indoor air sampling is conducted (use grids in Part 1 for labeling sampling locations).

**Factors that may influence indoor air quality:**

- Is there an attached garage:  Yes  No
- Are petroleum-powered machines or vehicles stored in the garage (e.g., lawn mower, ATV, car):  Yes  No Please specify: \_\_\_\_\_
- Has the building ever had a fire:  Yes  No When: \_\_\_\_\_
- Is a kerosene or unvented gas space heater present:  Yes  No Where & type: \_\_\_\_\_
- Is there smoking in the building:  Yes  No How frequently: \_\_\_\_\_
- Have cleaning products been used recently:  Yes  No When & type: \_\_\_\_\_
- Have cosmetic products been used recently:  Yes  No When & type: \_\_\_\_\_
- Has painting/staining been done in the last 6 months:  Yes  No Where & when: \_\_\_\_\_
- Has any remodeling or construction occurred in the last 6 months:  Yes  No Where & when: \_\_\_\_\_
- Is there new carpet, drapes, or other textiles:  Yes  No Where & when: \_\_\_\_\_
- Have air fresheners been used recently:  Yes  No When & type: \_\_\_\_\_

- Is there a clothes dryer:  Yes  No If yes, is it vented outside: \_\_\_\_\_
- Are there odors in the building:  Yes  No If yes, please describe: \_\_\_\_\_

- Do any of the building occupants use solvents at work:  Yes  No
- If yes, what types of solvents are used: \_\_\_\_\_
- Do any of the building occupants regularly use or work at a dry-cleaning service:  Yes  No
- If yes, indicate approximately how frequent: \_\_\_\_\_

**Product inventory form** (Add additional rows if needed)

Make and model of field instrument used: \_\_\_\_\_

List specific products identified in the building that have the potential to affect indoor air quality (add or delete rows as needed):

Location	Product description*	Comments	Instrument readings if taken and units

\* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D). Include photographs of product containers as appropriate to document products and ingredients.



# Vapor Intrusion Building Survey Form

## Remediation Program

Doc Type: Site Inspection Information

Preparer's name: Erica Klingfus Date/Time prepared: 10/5/17  
Affiliation: MSA Phone number: (218) 499-3171  
Email: eklingfus@msa-ps.com

### Part 1: Property owner & building occupant information

1. **Owner/Landlord information** (Check if same as occupant: ) Manager - Marie Clark  
Occupant name(s): Natural Alternative Food Coop Interviewed:  Yes  No  
Mailing address: 241 S. Main St  
City: Luck State: WI Zip code: 54853  
Home phone: \_\_\_\_\_ Office phone: (715) 472-8084

2. **Occupant information**  
Occupant name(s): \_\_\_\_\_ Interviewed:  Yes  No  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of occupants at this location: \_\_\_\_\_ Age range of occupants: \_\_\_\_\_

### Part 2: Building evaluation

3. **Building use** (Check appropriate response)  
 Residential  Child/Day Care  School  Church  Hospital  Long-term care facility  Correctional facility  
 Commercial  Industrial  
 Other (specify): \_\_\_\_\_

If the property is residential, what type? (Check appropriate response)  
 Ranch rambler  Raised rambler  Townhouses/Condos  Duplex  Modular  2-Family  
 Split level  Contemporary  Apartment house  Cape cod  Log home  3-Family  
 Colonial  Mobile home  Other (specify): \_\_\_\_\_

4. **Building description**  
If the property is commercial or industrial, describe the business use(s):

basement -  
main - storefront, storage, office  
2nd - currently renovating into office/art studio space (not residential)  
Indicate the number of floors and general use of each floor of the building beginning with lowest level:  
Natural foods coop

If there are multiple residential units, indicate how many units: N/A When was building constructed: \_\_\_\_\_  
Type of insulation used in building: \_\_\_\_\_ Elevators or lifts:  Yes  No  
Basement/Lowest level depth below grade: 6' (feet)

**Observed basement characteristics** (Check all that apply)

Is basement/lowest level occupied:	<input type="checkbox"/> Full time	<input type="checkbox"/> Occasionally	<input checked="" type="checkbox"/> Almost never	
Bedrooms in the basement/lowest level:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, are the bedrooms occupied regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Basement type:	<input type="checkbox"/> Full	<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Slab	<input type="checkbox"/> Other:
Floor materials:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:
Floor covering:	<input checked="" type="checkbox"/> Uncovered	<input type="checkbox"/> Covered	<input type="checkbox"/> Covered with:	
Concrete floor:	<input checked="" type="checkbox"/> Unsealed	<input type="checkbox"/> Sealed	<input type="checkbox"/> Sealed with:	
Foundation walls:	<input type="checkbox"/> Poured	<input checked="" type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:
Basement finished:	<input checked="" type="checkbox"/> Unfinished	<input type="checkbox"/> Finished	<input type="checkbox"/> Partially finished	
Basement wetness:	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Damp	<input type="checkbox"/> Seldom	<input type="checkbox"/> Moldy
Sump pump present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, was water present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any crawl spaces present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe the crawl space floor conditions (earth, concrete, etc.) and construction (walls, use, connectivity to building, etc.) and illustrate location on the attached grid plans:		
Have there been any building additions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe addition construction including how it ties to the existing floor plan (footings, slab connectivity, etc.) illustrate locations of additions on the attached grid plans:		

Thickness of the concrete floor slab in the lowest level(s): \_\_\_\_\_ Inches.

Soil type present beneath the building: \_\_\_\_\_

Is there evidence of saturated or high moisture conditions beneath the floor slab?  Yes  No

If yes, explain:

*when attempting to install subslab port @ basement level in March, groundwater was visible in the hole drilled thru the slab*

**Indicate sources of water supply sources (i.e., drinking, irrigation, etc.) and type of sewage disposal** (Check all that apply)

Water supply:  Public water     Drilled well     Driven well     Dug well

Sewage disposal:  Public sewer     Septic tank     Leach field     Dry well

**5. Heating, venting, air conditioning, or other building controls** (Check all that apply)

**Type of heating system(s) used in this building** (Check all that apply)

Hot air circulation     Space heaters     Electric baseboard     In-floor heating     Heat pump

Steam radiation     Wood stove     Hot water baseboard     Radiant floor     Outdoor wood boiler

Other (specify): \_\_\_\_\_ **Primary type:** \_\_\_\_\_

**Primary type of fuel used** (Check appropriate response)

- Natural gas     
  Fuel oil     
  Kerosene     
  Electric     
  Propane  
 Solar     
  Wood     
  Coal

If hot water tank present, indicate fuel source: \_\_\_\_\_

Boiler/furnace is located in:   
 Basement   
 Outdoors   
 Main floor   
 Other: \_\_\_\_\_

Type of air conditioning:   
 Central air   
 Window units   
 Open windows   
 No mechanical system

Is outside replacement (make-up) air provided for combustion appliances?   
 Yes   
 No

If no, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there air distribution ducts present?   
 Yes   
 No

Describe the supply and cold air return ductwork and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram:

*ductwork looks new & in good condition.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type of mechanical ventilation systems used within or for the building (e.g., air-to-air exchangers, HVAC, etc.). Indicate whether the interior spaces of the building use separate ventilation systems and/or controls. Provide information on any existing building mitigation system (e.g., radon mitigation, passive venting systems, etc.). If available, provide information on air exchange rates for any existing mechanical ventilation systems currently in use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Summary of potential building vapor intrusion entry points**

- Earthen floors or incompetent floor slabs in the lowest level of building     
 Yes   
 No  
 Sumps (unsealed)     
 Yes   
 No  
 Large utility penetrations through floor and/or walls with exposure to sub-surface soils     
 Yes   
 No  
 Crawl spaces with earthen floors or incompetent floor conditions     
 Yes   
 No  
 Other (describe)     
 Yes   
 No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

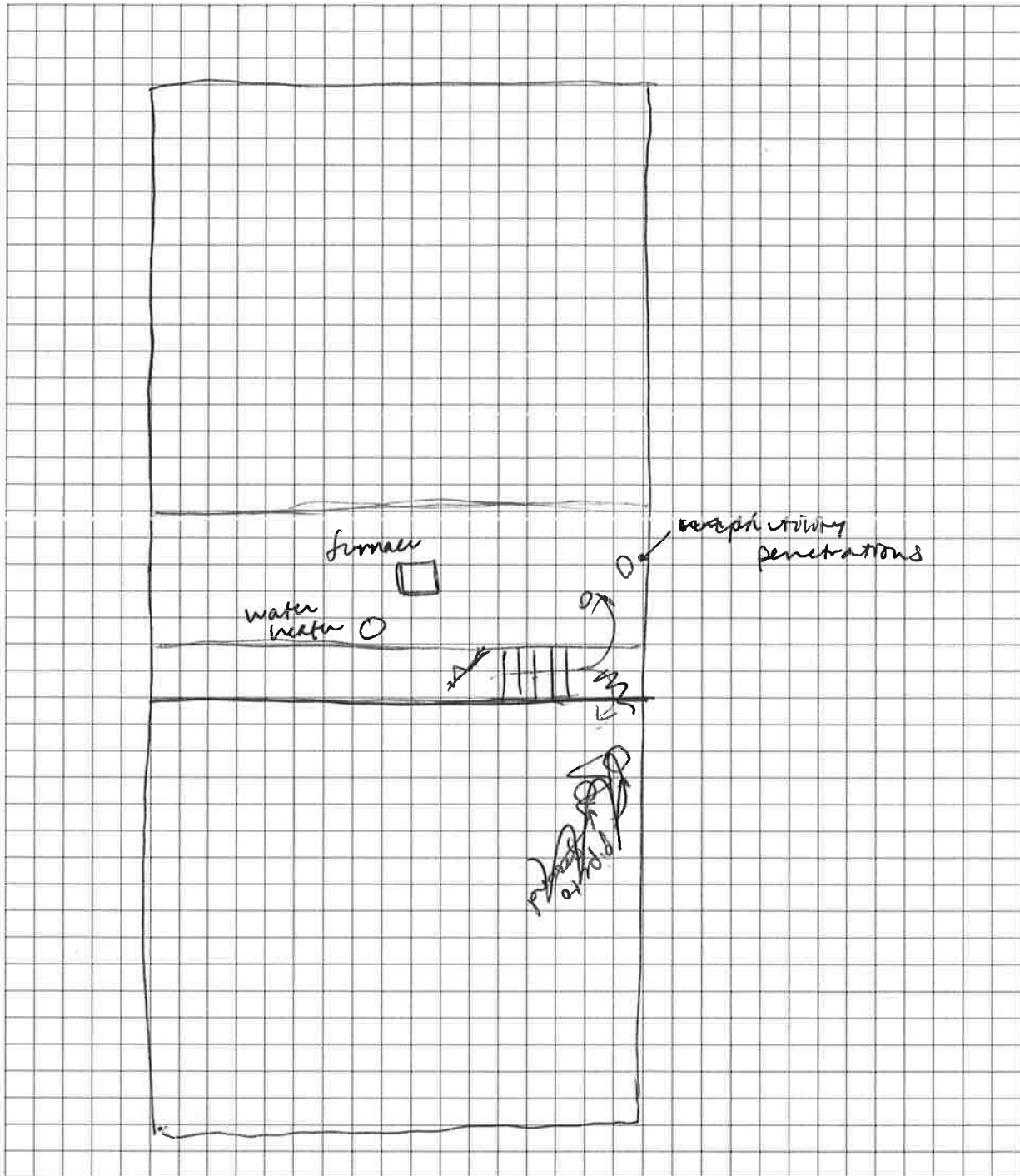
\_\_\_\_\_

**7. Is the use of the vapor intrusion attenuation factor (33X ISV screening level) valid for this building based on the above building conditions?**   
 Yes   
 No

8. Grid plans

Use grid plans to describe floor plans, locate potential soil vapor entry points (e.g., cracks, utility ports, drains); and if applicable, identify sample locations (sub-slab, indoor air, outdoor air sampling).

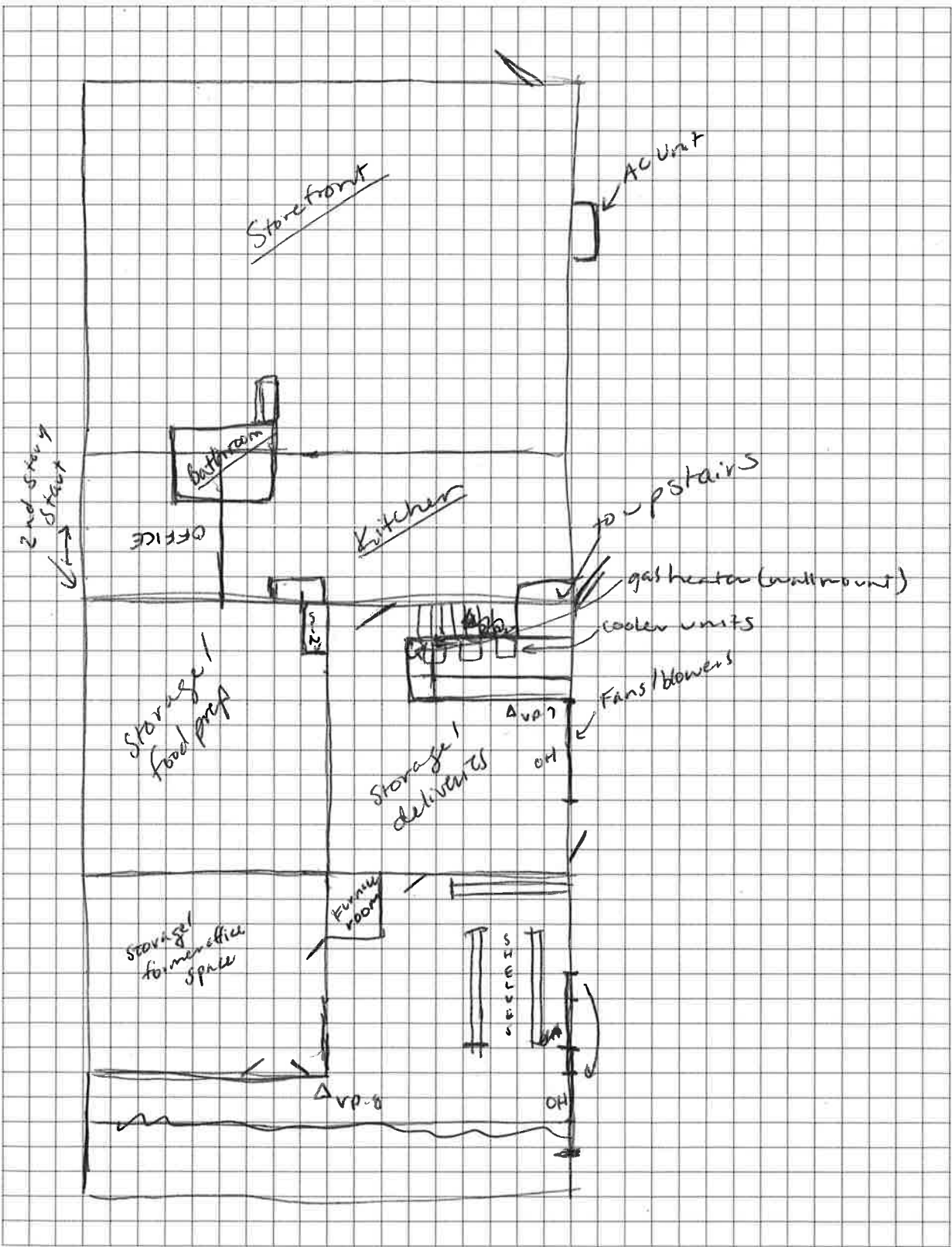
Floor plan for basement or lowest level at property address: \_\_\_\_\_



Scale: \_\_\_\_\_ North (indicate direction): \_\_\_\_\_



Floor above lowest level at property address: \_\_\_\_\_



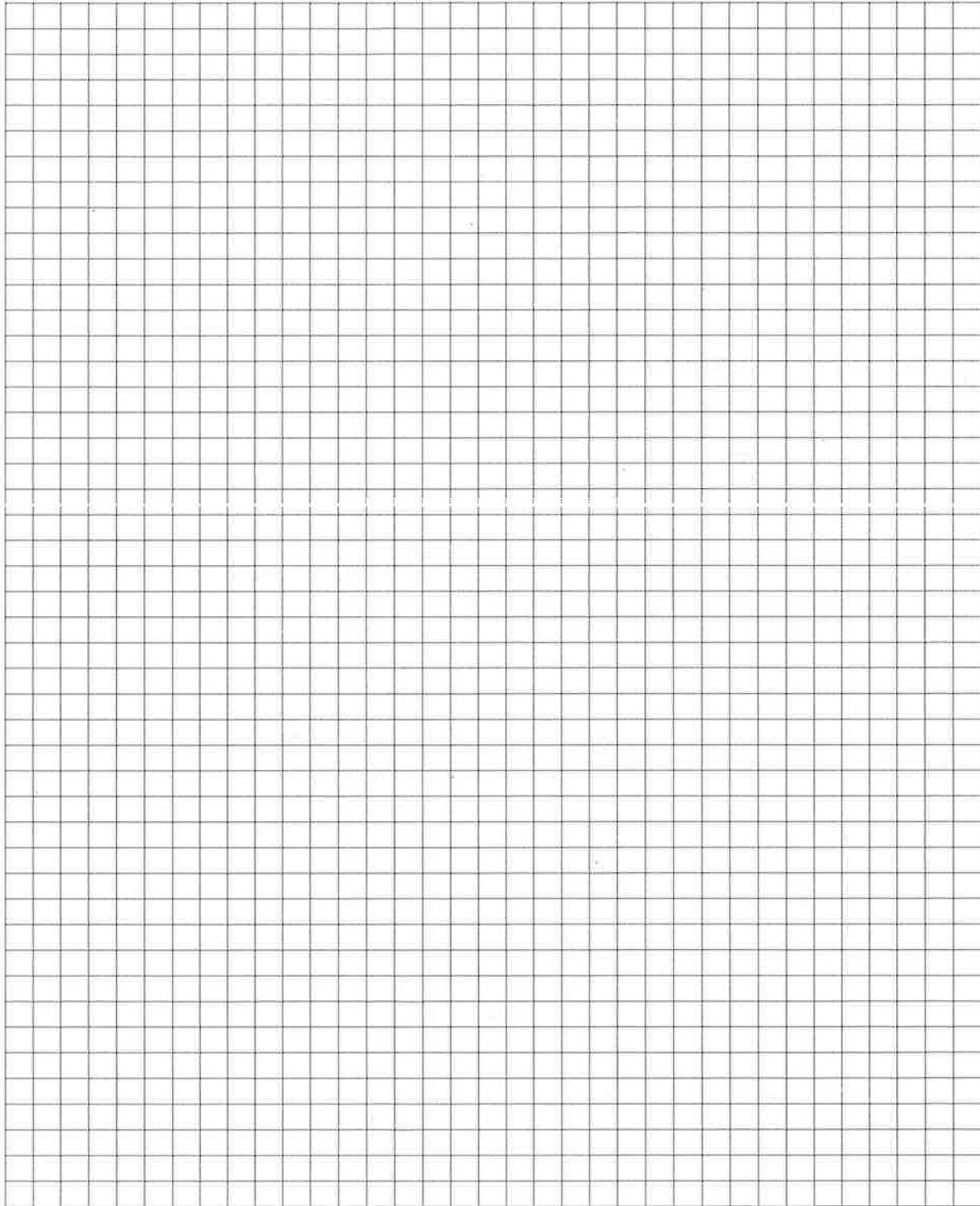
Scale:  $2.5' = \square$

North (indicate direction): \_\_\_\_\_



**Outdoor grid plot (Include if outdoor ambient air samples collected):**

Insert sketch (or attach separate document) of the area outside the building and locate outdoor air sample locations. If applicable, provide information on spill locations, potential air contamination sources, locations of wells, septic system, etc., and PID meter readings. Indicate wind direction and speed during sampling.



Part 3: Indoor Air Quality Survey

Complete if indoor air sampling is conducted (use grids in Part 1 for labeling sampling locations).

Factors that may influence indoor air quality:

- Is there an attached garage: [checked] Yes [ ] No
Are petroleum-powered machines or vehicles stored in the garage (e.g., lawn mower, ATV, car): [ ] Yes [checked] No Please specify: Storage w/ OH doors
Has the building ever had a fire: [ ] Yes [checked] No
Is a kerosene or unvented gas space heater present: [ ] Yes [checked] No
Is there smoking in the building: [ ] Yes [checked] No
Have cleaning products been used recently: [ ] Yes [checked] No
Have cosmetic products been used recently: [ ] Yes [checked] No
Has painting/staining been done in the last 6 months: [ ] Yes [checked] No
Has any remodeling or construction occurred in the last 6 months: [ ] Yes [checked] No
Is there new carpet, drapes, or other textiles: [ ] Yes [checked] No
Have air fresheners been used recently: [ ] Yes [checked] No

- Is there a clothes dryer: [ ] Yes [ ] No If yes, is it vented outside:
Are there odors in the building: [checked] Yes [ ] No If yes, please describe: food/perfume tails in stairwell.
Do any of the building occupants use solvents at work: [ ] Yes [checked] No
If yes, what types of solvents are used:
Do any of the building occupants regularly use or work at a dry-cleaning service: [ ] Yes [checked] No
If yes, indicate approximately how frequent:

Product inventory form (Add additional rows if needed)

Make and model of field instrument used:

List specific products identified in the building that have the potential to affect indoor air quality (add or delete rows as needed):

Table with 4 columns: Location, Product description\*, Comments, Instrument readings if taken and units. Multiple empty rows for data entry.

\* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D). Include photographs of product containers as appropriate to document products and ingredients.



# Vapor Intrusion Building Survey Form

## Remediation Program

Doc Type: Site Inspection Information

Preparer's name: Erica Klingfus Date/Time prepared: 10/5/17  
Affiliation: MSA Phone number: (218) 499-3171  
Email: eklingfus@msa-ps.com

### Part 1: Property owner & building occupant information

**1. Owner/Landlord information** (Check if same as occupant: )

Occupant name(s): Bri Bri Interviewed:  Yes  No  
Mailing address: 304 main st. north  
City: Luck State: WI Zip code: 54853  
Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

**2. Occupant information**

Occupant name(s): \_\_\_\_\_ Interviewed:  Yes  No  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of occupants at this location: \_\_\_\_\_ Age range of occupants: \_\_\_\_\_

### Part 2: Building evaluation

**3. Building use** (Check appropriate response)

- Residential  Child/Day Care  School  Church  Hospital  Long-term care facility  Correctional facility  
 Commercial  Industrial  
 Other (specify): \_\_\_\_\_

**If the property is residential, what type?** (Check appropriate response)

- Ranch rambler  Raised rambler  Townhouses/Condos  Duplex  Modular  2-Family  
 Split level  Contemporary  Apartment house  Cape cod  Log home  3-Family  
 Colonial  Mobile home  Other (specify): \_\_\_\_\_

**4. Building description**

If the property is commercial or industrial, describe the business use(s):

Former theater, computer repair/sales shop.  
Now used for storage. (currently for rent)

Indicate the number of floors and general use of each floor of the building beginning with lowest level:

basement - simp, former furnace  
1st - storage, former theater area  
2nd - storage

If there are multiple residential units, indicate how many units: N/A When was building constructed: \_\_\_\_\_

Type of insulation used in building: \_\_\_\_\_ Elevators or lifts:  Yes  No  
Basement/Lowest level depth below grade: ~5' (feet)

**Observed basement characteristics** (Check all that apply)

Is basement/lowest level occupied:	<input type="checkbox"/> Full time	<input type="checkbox"/> Occasionally	<input checked="" type="checkbox"/> Almost never	
Bedrooms in the basement/lowest level:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, are the bedrooms occupied regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Basement type:	<input type="checkbox"/> Full	<input checked="" type="checkbox"/> Partial	<input type="checkbox"/> Slab	<input type="checkbox"/> Other:
Floor materials:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:
Floor covering:	<input checked="" type="checkbox"/> Uncovered	<input type="checkbox"/> Covered	<input type="checkbox"/> Covered with:	
Concrete floor:	<input checked="" type="checkbox"/> Unsealed	<input type="checkbox"/> Sealed	<input type="checkbox"/> Sealed with:	
Foundation walls:	<input type="checkbox"/> Poured	<input checked="" type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:
Basement finished:	<input checked="" type="checkbox"/> Unfinished	<input type="checkbox"/> Finished	<input type="checkbox"/> Partially finished	
Basement wetness:	<input checked="" type="checkbox"/> Wet	<input type="checkbox"/> Damp	<input type="checkbox"/> Seldom	<input type="checkbox"/> Moldy
Sump pump present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, was water present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any crawl spaces present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe the crawl space floor conditions (earth, concrete, etc.) and construction (walls, use, connectivity to building, etc.) and illustrate location on the attached grid plans:		
Have there been any building additions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe addition construction including how it ties to the existing floor plan (footings, slab connectivity, etc.) illustrate locations of additions on the attached grid plans:		

Thickness of the concrete floor slab in the lowest level(s): \_\_\_\_\_ Inches.

Soil type present beneath the building: \_\_\_\_\_

Is there evidence of saturated or high moisture conditions beneath the floor slab?  Yes  No

If yes, explain:

*basement v. wet, sump full to floor. Moisture / wetness on floor.*

**Indicate sources of water supply sources (i.e., drinking, irrigation, etc.) and type of sewage disposal** (Check all that apply)

Water supply:  Public water     Drilled well     Driven well     Dug well

Sewage disposal:  Public sewer     Septic tank     Leach field     Dry well

**5. Heating, venting, air conditioning, or other building controls** (Check all that apply)

Type of heating system(s) used in this building (Check all that apply)

**BUILDING NOT CURRENTLY HEATED**

Hot air circulation     Space heaters     Electric baseboard     In-floor heating     Heat pump

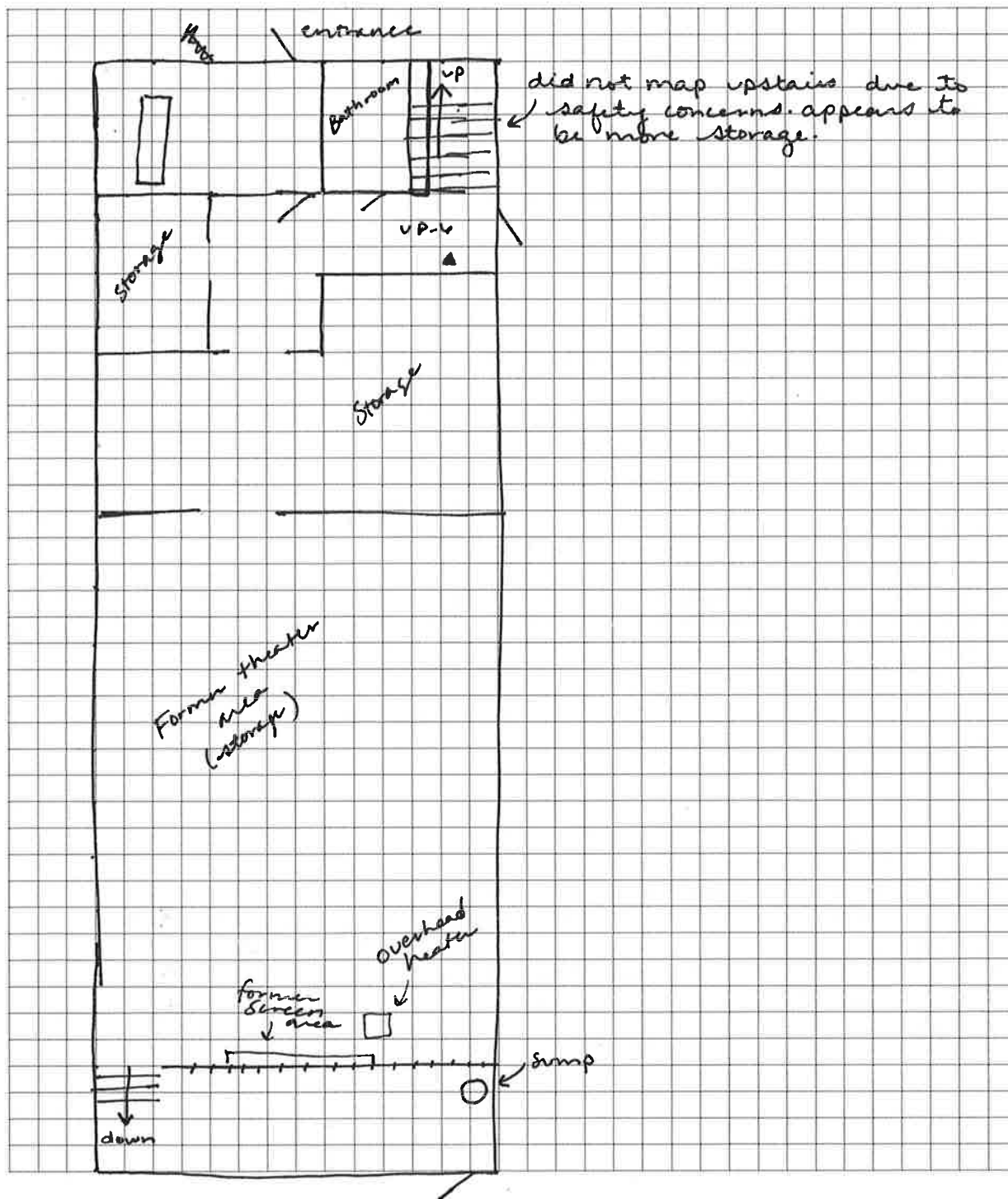
Steam radiation     Wood stove     Hot water baseboard     Radiant floor     Outdoor wood boiler

Other (specify): \_\_\_\_\_ Primary type: \_\_\_\_\_

8. Grid plans

Use grid plans to describe floor plans, locate potential soil vapor entry points (e.g., cracks, utility ports, drains); and if applicable, identify sample locations (sub-slab, indoor air, outdoor air sampling).

Floor plan for basement or lowest level at property address: \_\_\_\_\_



Scale:  $\square = 2.5$

North (indicate direction):  $\rightarrow$

*building not currently heated, formerly gas.*

**Primary type of fuel used** (Check appropriate response)

- Natural gas       Fuel oil       Kerosene       Electric       Propane
- Solar       Wood       Coal

If hot water tank present, indicate fuel source:

Boiler/furnace is located in:  Basement  Outdoors  Main floor  Other: *hanging by basement - middle room*

Type of air conditioning:  Central air  Window units  Open windows  No mechanical system

Is outside replacement (make-up) air provided for combustion appliances?  Yes  No

If no, explain:

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Are there air distribution ducts present?  Yes  No

Describe the supply and cold air return ductwork and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram:

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Describe the type of mechanical ventilation systems used within or for the building (e.g., air-to-air exchangers, HVAC, etc.). Indicate whether the interior spaces of the building use separate ventilation systems and/or controls. Provide information on any existing building mitigation system (e.g., radon mitigation, passive venting systems, etc.). If available, provide information on air exchange rates for any existing mechanical ventilation systems currently in use.

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**6. Summary of potential building vapor intrusion entry points**

- Earthen floors or incompetent floor slabs in the lowest level of building  Yes  No
- Sumps (unsealed)  Yes  No
- Large utility penetrations through floor and/or walls with exposure to sub-surface soils  Yes  No
- Crawl spaces with earthen floors or incompetent floor conditions  Yes  No
- Other (describe)  Yes  No

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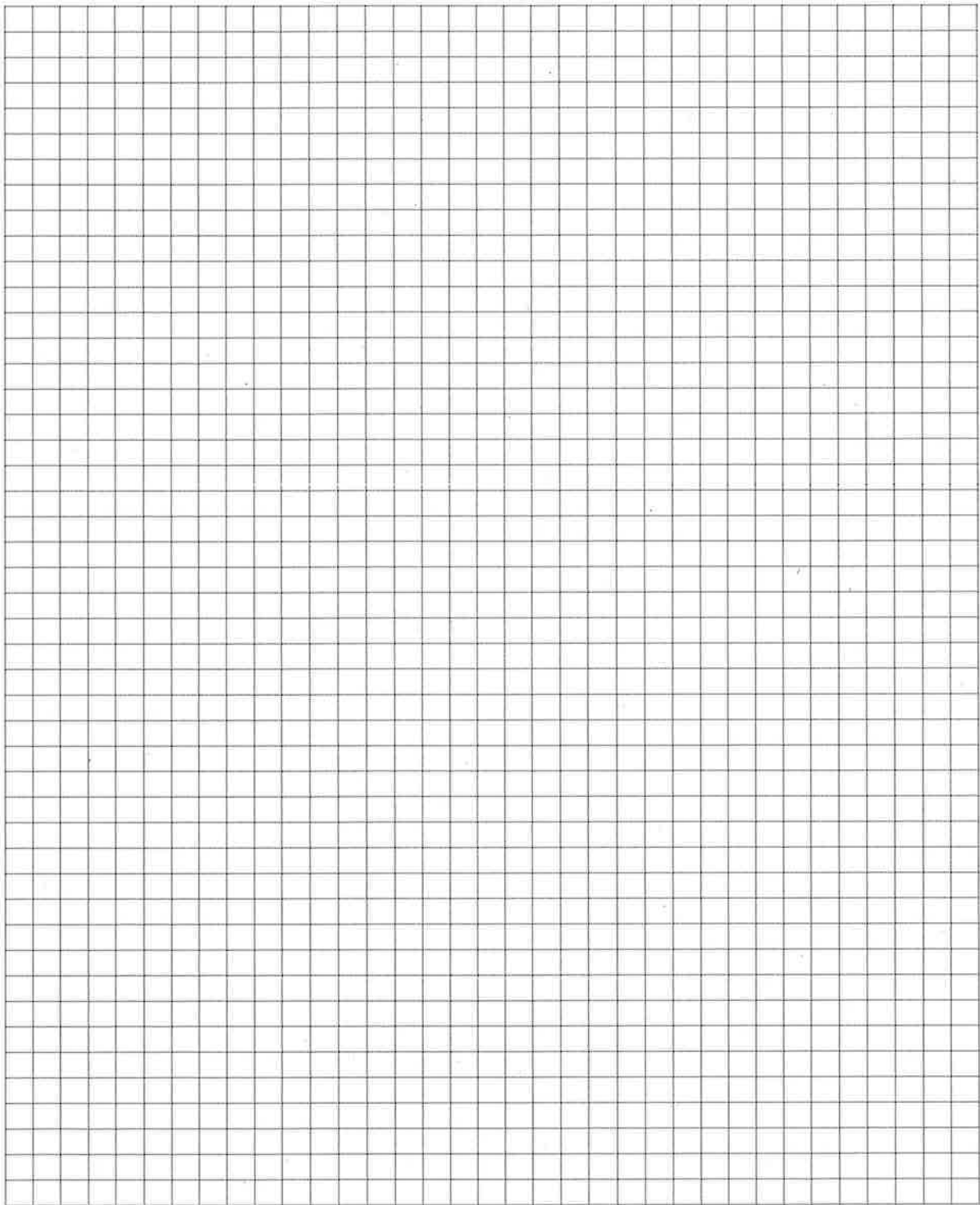
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**7. Is the use of the vapor intrusion attenuation factor (33X ISV screening level) valid for this building based on the above building conditions?**  Yes  No

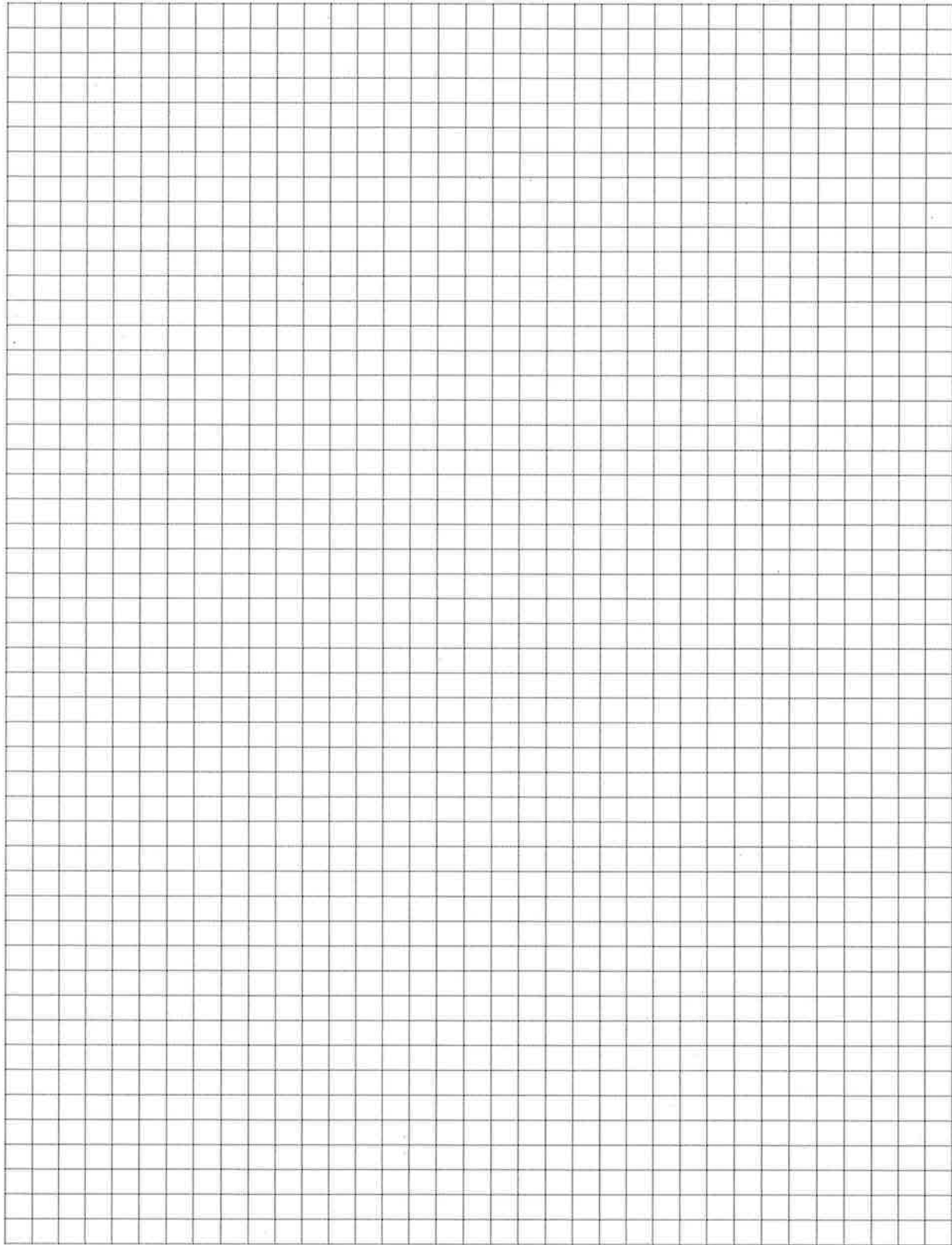


**Outdoor grid plot (Include if outdoor ambient air samples collected):**

Insert sketch (or attach separate document) of the area outside the building and locate outdoor air sample locations. If applicable, provide information on spill locations, potential air contamination sources, locations of wells, septic system, etc., and PID meter readings. Indicate wind direction and speed during sampling.



Floor above lowest level at property address: \_\_\_\_\_



Scale: \_\_\_\_\_ North (indicate direction): \_\_\_\_\_

**Part 3: Indoor Air Quality Survey**

Complete if indoor air sampling is conducted (use grids in Part 1 for labeling sampling locations).

**Factors that may influence indoor air quality:**

Is there an attached garage:  Yes  No

Are petroleum-powered machines or vehicles stored in the garage (e.g., lawn mower, ATV, car):  Yes  No Please specify: lots of stored items in bldg. possibly somewhere.

Has the building ever had a fire:  Yes  No When: \_\_\_\_\_

Is a kerosene or unvented gas space heater present:  Yes  No Where & type: \_\_\_\_\_

Is there smoking in the building:  Yes  No How frequently: \_\_\_\_\_

Have cleaning products been used recently:  Yes  No When & type: \_\_\_\_\_

Have cosmetic products been used recently:  Yes  No When & type: \_\_\_\_\_

Has painting/staining been done in the last 6 months:  Yes  No Where & when: \_\_\_\_\_

Has any remodeling or construction occurred in the last 6 months:  Yes  No Where & when: \_\_\_\_\_

Is there new carpet, drapes, or other textiles:  Yes  No Where & when: \_\_\_\_\_

Have air fresheners been used recently:  Yes  No When & type: \_\_\_\_\_

Is there a clothes dryer:  Yes  No If yes, is it vented outside: \_\_\_\_\_

Are there odors in the building:  Yes  No If yes, please describe: musty, old bldg, moisture

Do any of the building occupants use solvents at work:  Yes  No

If yes, what types of solvents are used: \_\_\_\_\_

Do any of the building occupants regularly use or work at a dry-cleaning service:  Yes  No

If yes, indicate approximately how frequent: \_\_\_\_\_

**Product inventory form (Add additional rows if needed)**

Make and model of field instrument used: \_\_\_\_\_

List specific products identified in the building that have the potential to affect indoor air quality (add or delete rows as needed):

Location	Product description*	Comments	Instrument readings if taken and units

\* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D). Include photographs of product containers as appropriate to document products and ingredients.



# Vapor Intrusion Building Survey Form

## Remediation Program

Doc Type: Site Inspection Information

Preparer's name: Erica Klingfus Date/Time prepared: 10/5/17  
 Affiliation: MFA Phone number: (218) 499-3171  
 Email: eklingfus@mfa-ps.com

### Part 1: Property owner & building occupant information

#### 1. Owner/Landlord information (Check if same as occupant: )

Occupant name(s): Luck Lumber Interviewed:  Yes  No  
 Mailing address: 244 Main St  
 City: Luck State: WI Zip code: 54853  
 Home phone: (715) 472-2979 Office phone: \_\_\_\_\_

#### 2. Occupant information

Occupant name(s): \_\_\_\_\_ Interviewed:  Yes  No  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Number of occupants at this location: \_\_\_\_\_ Age range of occupants: \_\_\_\_\_

### Part 2: Building evaluation

#### 3. Building use (Check appropriate response)

Residential  Child/Day Care  School  Church  Hospital  Long-term care facility  Correctional facility  
 Commercial  Industrial  
 Other (specify): \_\_\_\_\_

#### If the property is residential, what type? (Check appropriate response)

Ranch rambler  Raised rambler  Townhouses/Condos  Duplex  Modular  2-Family  
 Split level  Contemporary  Apartment house  Cape cod  Log home  3-Family  
 Colonial  Mobile home  Other (specify): \_\_\_\_\_

#### 4. Building description

If the property is commercial or industrial, describe the business use(s):

slab on grade storefront/garage/storage  
for lumber/windows/doors/bldg. mats

Indicate the number of floors and general use of each floor of the building beginning with lowest level:

slab on grade

If there are multiple residential units, indicate how many units: N/A When was building constructed: \_\_\_\_\_

Type of insulation used in building: \_\_\_\_\_ Elevators or lifts:  Yes  No

Basement/Lowest level depth below grade: N/A (feet)

**Observed basement characteristics** (Check all that apply)

Is basement/lowest level occupied:	<input checked="" type="checkbox"/> Full time	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Almost never	<i>slab on grade</i>	
Bedrooms in the basement/lowest level:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, are the bedrooms occupied regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Basement type:	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Slab	<input type="checkbox"/> Other:	<i>N/A</i>
Floor materials:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Dirt	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:	
Floor covering:	<input checked="" type="checkbox"/> Uncovered	<input checked="" type="checkbox"/> Covered	<input type="checkbox"/> Covered with:		
Concrete floor:	<input checked="" type="checkbox"/> Unsealed	<input type="checkbox"/> Sealed	<input type="checkbox"/> Sealed with:		
Foundation walls:	<input type="checkbox"/> Poured	<input type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Other:	<i>N/A</i>
Basement finished:	<input type="checkbox"/> Unfinished	<input type="checkbox"/> Finished	<input type="checkbox"/> Partially finished	<i>N/A</i>	
Basement wetness:	<input type="checkbox"/> Wet	<input type="checkbox"/> Damp	<input type="checkbox"/> Seldom	<input type="checkbox"/> Moldy	<i>N/A</i>
Sump pump present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, was water present: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any crawl spaces present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe the crawl space floor conditions (earth, concrete, etc.) and construction (walls, use, connectivity to building, etc.) and illustrate location on the attached grid plans:			
Have there been any building additions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe addition construction including how it ties to the existing floor plan (footings, slab connectivity, etc.) illustrate locations of additions on the attached grid plans:			

Thickness of the concrete floor slab in the lowest level(s): \_\_\_\_\_ Inches.

Soil type present beneath the building: \_\_\_\_\_

Is there evidence of saturated or high moisture conditions beneath the floor slab?  Yes  No

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indicate sources of water supply sources (i.e., drinking, irrigation, etc.) and type of sewage disposal** (Check all that apply)

Water supply:  Public water  Drilled well  Driven well  Dug well

Sewage disposal:  Public sewer  Septic tank  Leach field  Dry well

**5. Heating, venting, air conditioning, or other building controls** (Check all that apply)

**Type of heating system(s) used in this building** (Check all that apply)

Hot air circulation  Space heaters  Electric baseboard  In-floor heating  Heat pump

Steam radiation  Wood stove  Hot water baseboard  Radiant floor  Outdoor wood boiler

Other (specify): \_\_\_\_\_ **Primary type:** \_\_\_\_\_

**Primary type of fuel used** (Check appropriate response)

- Natural gas       Fuel oil       Kerosene       Electric       Propane  
 Solar       Wood       Coal

If hot water tank present, indicate fuel source: \_\_\_\_\_

Boiler/furnace is located in:     Basement     Outdoors     Main floor     Other: \_\_\_\_\_

Type of air conditioning:     Central air     Window units     Open windows     No mechanical system

Is outside replacement (make-up) air provided for combustion appliances?     Yes     No

If no, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there air distribution ducts present?     Yes     No

Describe the supply and cold air return ductwork and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the type of mechanical ventilation systems used within or for the building (e.g., air-to-air exchangers, HVAC, etc.). Indicate whether the interior spaces of the building use separate ventilation systems and/or controls. Provide information on any existing building mitigation system (e.g., radon mitigation, passive venting systems, etc.). If available, provide information on air exchange rates for any existing mechanical ventilation systems currently in use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Summary of potential building vapor intrusion entry points**

- |  |                              |  |
|--|------------------------------|--|
| Earthen floors or incompetent floor slabs in the lowest level of building                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Sumps (unsealed)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Large utility penetrations through floor and/or walls with exposure to sub-surface soils | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Crawl spaces with earthen floors or incompetent floor conditions                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other (describe)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

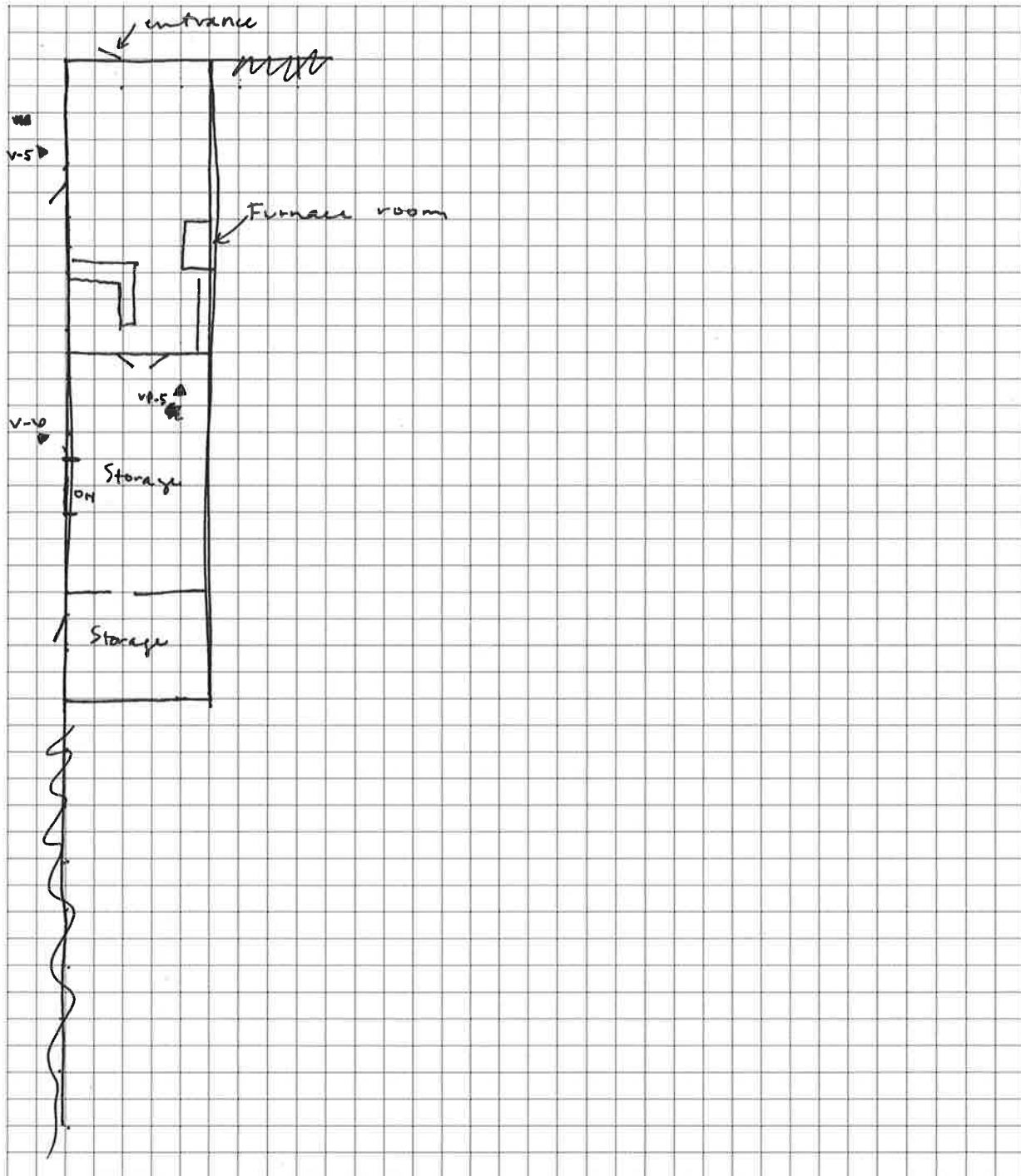
\_\_\_\_\_

**7. Is the use of the vapor intrusion attenuation factor (33X ISV screening level) valid for this building based on the above building conditions?**     Yes     No

8. Grid plans

Use grid plans to describe floor plans, locate potential soil vapor entry points (e.g., cracks, utility ports, drains); and if applicable, identify sample locations (sub-slab, indoor air, outdoor air sampling).

Floor plan for basement or lowest level at property address: \_\_\_\_\_

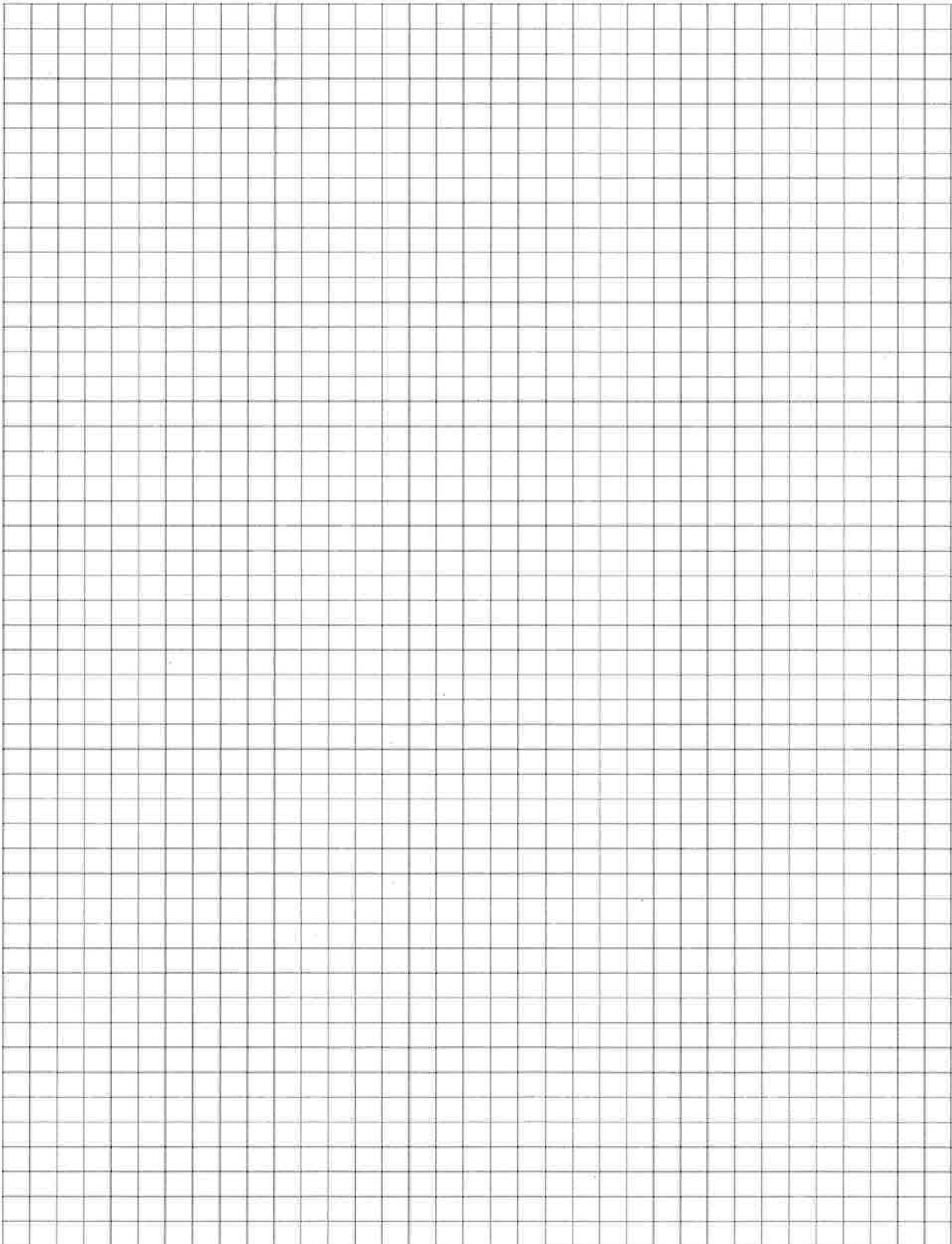


Scale:  $\square = 5'$

North (indicate direction):  $\rightarrow$



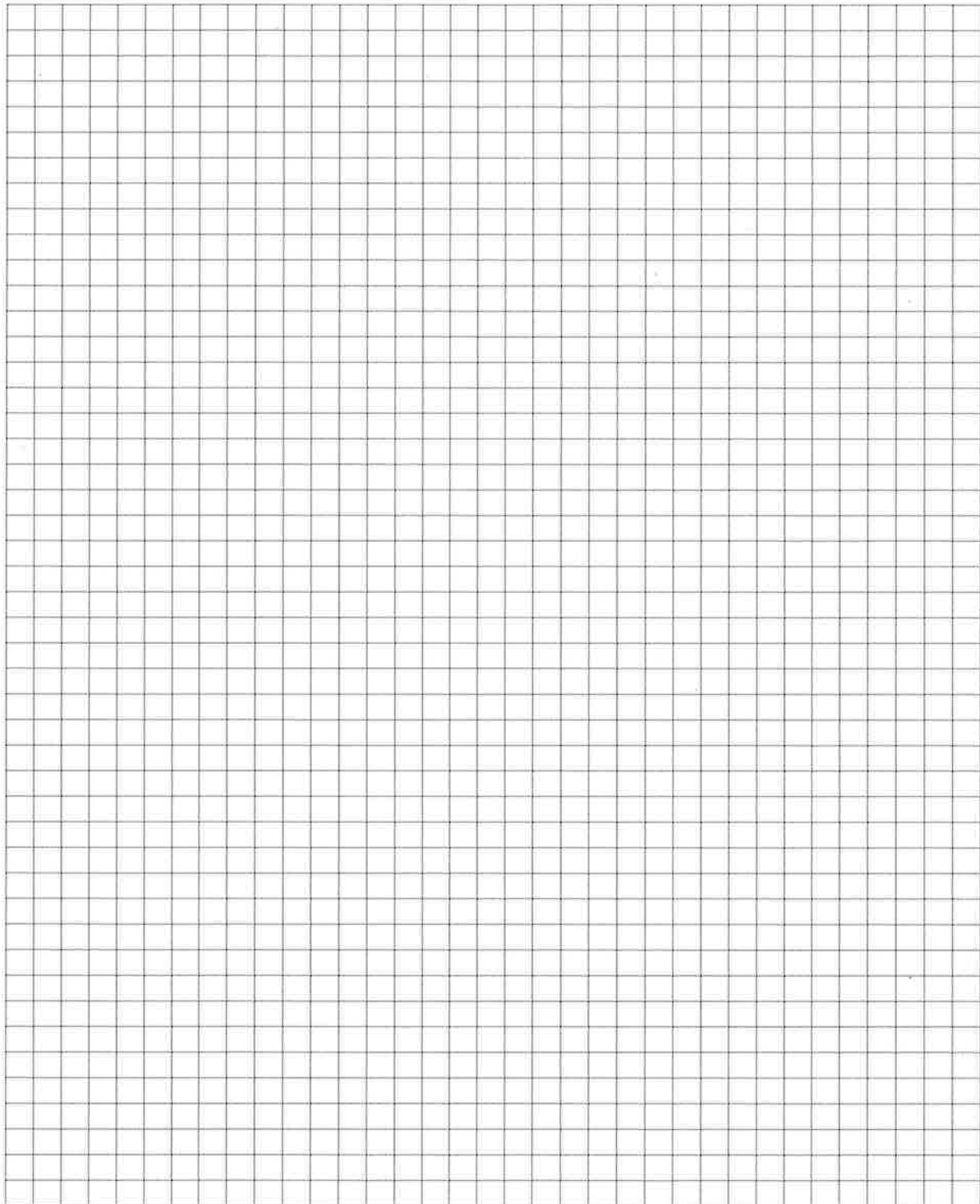
Floor above lowest level at property address: \_\_\_\_\_



Scale: \_\_\_\_\_ North (indicate direction): \_\_\_\_\_

**Outdoor grid plot (Include if outdoor ambient air samples collected):**

Insert sketch (or attach separate document) of the area outside the building and locate outdoor air sample locations. If applicable, provide information on spill locations, potential air contamination sources, locations of wells, septic system, etc., and PID meter readings. Indicate wind direction and speed during sampling.



**Part 3: Indoor Air Quality Survey**

Complete if indoor air sampling is conducted (use grids in Part 1 for labeling sampling locations).

**Factors that may influence indoor air quality:**

Is there an attached garage:  Yes  No

Are petroleum-powered machines or vehicles stored in the garage (e.g., lawn mower, ATV, car):  Yes  No Please specify: Stored sometimes

Has the building ever had a fire:  Yes  No When: mainly lumber/windows/doors

Is a kerosene or unvented gas space heater present:  Yes  No Where & type: \_\_\_\_\_

Is there smoking in the building:  Yes  No How frequently: \_\_\_\_\_

Have cleaning products been used recently:  Yes  No When & type: \_\_\_\_\_

Have cosmetic products been used recently:  Yes  No When & type: \_\_\_\_\_

Has painting/staining been done in the last 6 months:  Yes  No Where & when: \_\_\_\_\_

Has any remodeling or construction occurred in the last 6 months:  Yes  No Where & when: \_\_\_\_\_

Is there new carpet, drapes, or other textiles:  Yes  No Where & when: \_\_\_\_\_

Have air fresheners been used recently:  Yes  No When & type: \_\_\_\_\_

Is there a clothes dryer:  Yes  No If yes, is it vented outside: \_\_\_\_\_

Are there odors in the building:  Yes  No If yes, please describe: lumber, paint

Do any of the building occupants use solvents at work:  Yes  No

If yes, what types of solvents are used: \_\_\_\_\_

Do any of the building occupants regularly use or work at a dry-cleaning service:  Yes  No

If yes, indicate approximately how frequent: \_\_\_\_\_

**Product inventory form (Add additional rows if needed)**

Make and model of field instrument used: \_\_\_\_\_

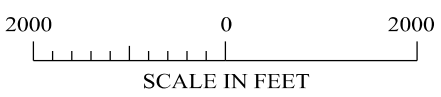
List specific products identified in the building that have the potential to affect indoor air quality (add or delete rows as needed):

Location	Product description*	Comments	Instrument readings if taken and units

\* Describe the condition of the product containers as Unopened (UO), Used (U), or Deteriorated (D). Include photographs of product containers as appropriate to document products and ingredients.







Luck Quadrangle  
 Wisconsin - Polk County  
 7.5 Minute Series (Topographic)

Contour Interval 10 Feet  
 1983

FIGURE B.1.a  
 LOCATION MAP  
 LAUNDRY BASKET  
 LUCK, WISCONSIN



TRANSPORTATION • MUNICIPAL  
 DEVELOPMENT • ENVIRONMENTAL  
 1835 N. Stevens St. Rhineland, WI 54501  
 715-362-3244 1-800-844-7854 Fax: 715-362-4116  
 Web Address: www.msa-ps.com  
 © 2017 PROFESSIONAL SERVICES

Business Name	Address	Contact	Sample Locations
Laundry Basket	300 S. Main Street	Lois Baldwin	VP-1, VP-2, VP-3
Luck Public Library and Museum	301 S. Main Street	Jill Glover, Director	VP-4
Luck Lumber	244 S. Main Street, Box 245	Randy & Chris Peterson, Owners	VP-5
Bri-Bri the Computer Guy	304 S. Main Street	Brian Seaton, Owner	VP-6
Natural Alternative Co-Op	241 S. Main Street	Marie Clark, Manager	VP-7, VP-8
Edina Realty & Cathi's Nails	245 S. Main Street	Scott Mellon, Owner	None
New York Life	221 S. Main Street	Jason Ellingson, Owner	None
Log Dog	231 S. Main Street, Box 115	Pam Blegen, Owner	None

**LEGEND**

- P-1 KONICEK ENVIRONMENTAL CONSULTING SOIL BORING
- MW-5Eq MONITORING WELL ASSOCIATED WITH EQUITY CO-OP SITE
- SB-1/ MW-1 MONITORING WELL AND OR SOIL BORING COMPLETED BY MSA
- W WATERMAIN
- OH OVERHEAD ELECTRIC
- G UNDERGROUND GAS LINE
- T UNDERGROUND TELEPHONE
- SAN SANITARY SEWER MANHOLE AND UNDERGROUND LINE
- FO FIBER OPTIC
- SS STORM SEWER
- [Hatched Box] SUSPECTED LOCATION OF FORMER UST
- HA-1 VP-2 VAPOR/SOIL SAMPLE WITH LABEL
- SB-8 MSA SOIL BORING
- PROPERTY LINE
- [Box with X] FIBER OPTIC BOX/ COMMUNICATION BOX
- [Circle with dot] PIEZOMETER WELL
- [Circle with cross] WATER TABLE MONITORING WELL
- [Square with dot] STORM SEWER GRATE
- [Triangle up] VAPOR PROBE, APRIL 2013
- [Triangle up] VAPOR PROBE, MARCH 2017

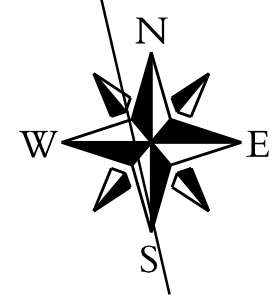
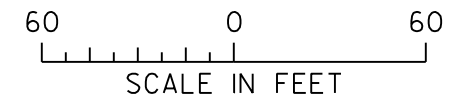
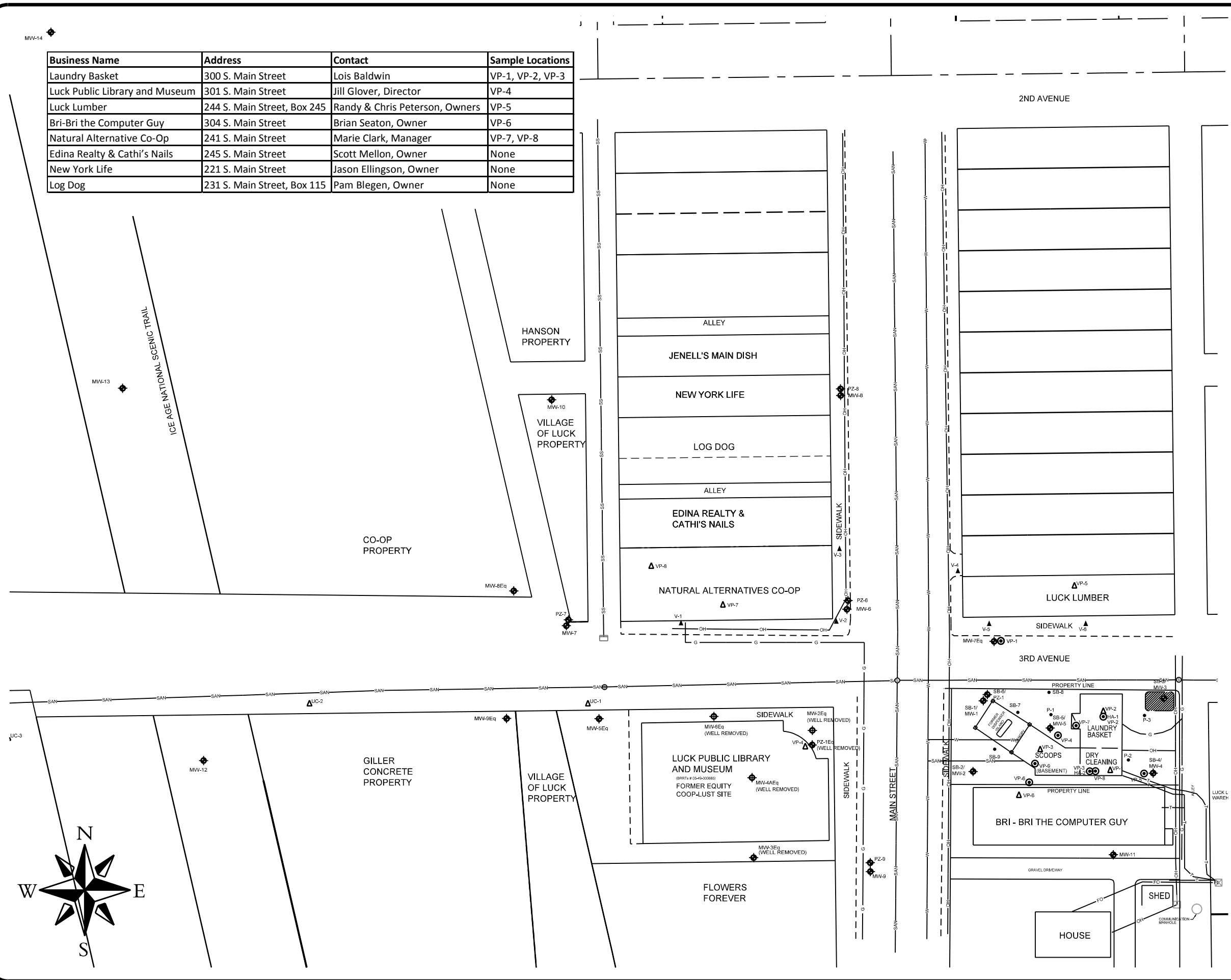


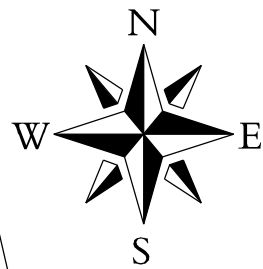
FIGURE B.1.b

**DETAILED SITE MAP**  
LAUNDRY BASKET  
LUCK, WISCONSIN

**MSA**  
PROFESSIONAL SERVICES

TRANSPORTATION • MUNICIPAL DEVELOPMENT • ENVIRONMENTAL  
835 N. Stevens St. Wausau, WI 54980  
715-333-3344 • 800-844-7854 Fax: 715-333-0106  
© MSA PROFESSIONAL SERVICES

DRAWN BY CAR DATE 4/17 SHEET - of -  
CHECKED BY PK SCALE AS SHOWN FILE NO. FIGURE B1b



**LEGEND**

- P-1 ● KONICEK ENVIRONMENTAL CONSULTING SOIL BORING
- MW-5Eq ⊕ MONITORING WELL ASSOCIATED WITH EQUITY CO-OP SITE
- SB-1/ MW-1 ⊕ MONITORING WELL AND OR SOIL BORING COMPLETED BY MSA
- W— WATERMAIN
- OH— OVERHEAD ELECTRIC
- G— UNDERGROUND GAS LINE
- T— UNDERGROUND TELEPHONE
- ⊕SAN SANITARY SEWER MANHOLE AND UNDERGROUND LINE
- FO— FIBER OPTIC
- SS— STORM SEWER
- ▨ SUSPECTED LOCATION OF FORMER UST
- HA-1 VP-2 ⊕ VAPOR/SOIL SAMPLE WITH LABEL
- SB-8 MSA SOIL BORING
- PROPERTY LINE
- ⊠ FIBER OPTIC BOX/ COMMUNICATION BOX
- ⊕ PIEZOMETER WELL
- ⊕ WATER TABLE MONITORING WELL
- ⊠ STORM SEWER GRATE
- ▲ VAPOR PROBE, APRIL 2013
- ▲ VAPOR PROBE, MARCH 2017

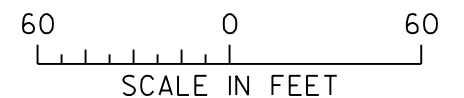


FIGURE B.4.a

**VAPOR INTRUSION MAP  
LAUNDRY BASKET  
LUCK, WISCONSIN**



DRAWN BY CAR DATE 4/17 SHEET - of -  
CHECKED BY PK SCALE AS SHOWN FILE NO. FIGURE B4a

