



GS GROUP LLC
Green S.P.A.C.E.S Protect Our Earth

2 Days Child Learning Center Water Sampling Lead Analysis Report

1. INTRODUCTION

1.1. GENERAL

This report presents the results of our water sampling performed at the site of 2 Days Child Learning Center, 15075 Meyers, Detroit, MI., on September 1st, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Antoinette Florence on August 30th, 2016.

2. SITE INVESTIGATIONS

2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

2.2 LABORATORY TESTING

2.2.1. General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



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Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

3. DISCUSSIONS AND RECOMMENDATIONS

3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters
Field Scientist

Monica Starks, CIEC
Principal

Council-certified Indoor Environmental
Consultant Board-awarded by the
American Council for Accredited
Certification



Appendix 1, Lab Results, Chain of Custody

17800 Woodward Ave Suite 200
Detroit, MI 48203



GS GROUP LLC
Green S.P.A.C.E.S Protect Our Earth

APPENDIX 1
Laboratory Results and Chain of Custody

17800 Woodward Ave Suite 200
Detroit, MI 48203

Laboratory ID: 0055

National Testing Laboratories, Ltd
556 South Mansfield, Ypsilanti, MI, 48197-5166
(440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 359951

9/9/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave #200
Detroit, MI 48203

Source: 2 Days Child Learning Center, DC-01-CF-01-P
Source City: Detroit
Source State: MI

Date/Time Received: 9/1/2016 11:12

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Legend:

Any 'Level Detected' marked with an asterisk (*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality

"ND" This contaminant was not detected at or above our lower reporting limit (LRL)

"NA" Not Analyzed

"Standard" This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA Secondary Standards.

"LRL" This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF" This column indicates the contaminant dilution factor.

Report Notes:

| Fed Id # | Contaminant | Method | Standard | Units | LRL | Level Detected | DF | Date/Time Sampled | Date Prepped | Date/Time Analyzed |
|------------------------------------|-------------|--------|----------|-------|-------|----------------|----|-------------------|--------------|--------------------|
| Inorganic Analytes - Metals | | | | | | | | | | |
| 1030 | Lead | 200.8 | 0.015 | mg/L | 0.001 | ND | 1 | 9/1/2016 08:00 | | 9/6/2016 |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| JP | 200.8 |



James Abston, Operations Manager

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National Testing Laboratories, Ltd
556 South Mansfield, Ypsilanti, MI, 48197-5166
(440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 359952

9/9/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave #200
Detroit, MI 48203

Source: 2 Days Child Learning Center, DC-01-CF-01-F
Source City: Detroit
Source State: MI

Date/Time Received: 9/1/2016 11:12

Collected by: M. Ethers

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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|------------------------------------|-------------|--------|----------|-------|-------|----------------|----|-------------------|--------------|--------------------|
| Inorganic Analytes - Metals | | | | | | | | | | |
| 1030 | Lead | 200.8 | 0.015 | mg/L | 0.001 | ND | 1 | 9/1/2016 05:00 | | 9/6/2016 |

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|---------|-------|
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ANALYTICAL REPORTS

SAMPLE CODE: 359953

9/9/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave #200
Detroit, MI 48203

Source: 2 Days Child Learning Center, DC-01-KF-02-P
Source City: Detroit
Source State: MI

Date/Time Received: 9/1/2016 11:12

Collected by: M. Eiters

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|------------------------------------|-------------|--------|----------|-------|-------|----------------|----|-------------------|--------------|--------------------|
| Inorganic Analytes - Metals | | | | | | | | | | |
| 1030 | Lead | 200.8 | 0.015 | mg/L | 0.001 | 0.001 | 1 | 9/1/2016 06:00 | | 9/6/2016 |

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ANALYTICAL REPORTS

SAMPLE CODE: 359954
9/9/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave #200
Detroit, MI 48203

Source: 2 Days Child Learning Center, DC-01-KF-02-F
Source City: Detroit
Source State: MI

Date/Time Received: 9/1/2016 11:12
Collected by: M. Etters

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9/9/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave #200
Detroit, MI 48203

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Source City: Detroit
Source State: MI

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|------------------------------------|-------------|--------|----------|-------|-------|----------------|----|-------------------|--------------|--------------------|
| Inorganic Analytes - Metals | | | | | | | | | | |
| 1030 | Lead | 200.8 | 0.015 | mg/L | 0.001 | ND | 1 | 9/1/2016 06:00 | | 9/6/2016 |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| JP | 200.8 |



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ANALYTICAL REPORTS

SAMPLE CODE: 359956

9/9/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave #200
Detroit, MI 48203

Source: 2 Days Child Learning Center, DC-01-BF-03-F
Source City: Detroit
Source State: MI

Date/Time Received: 9/1/2016 11:12

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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Report Notes:

| Fed Id # | Contaminant | Method | Standard | Units | LRL | Level Detected | DF | Date/Time Sampled | Date Prepped | Date/Time Analyzed |
|------------------------------------|-------------|--------|----------|-------|-------|----------------|----|-------------------|--------------|--------------------|
| Inorganic Analytes - Metals | | | | | | | | | | |
| 1030 | Lead | 200.8 | 0.015 | mg/L | 0.001 | ND | 1 | 9/1/2016 06:00 | | 9/6/2016 |

These test results may be used for compliance purpose as required.

| Analyst | Tests |
|---------|-------|
| JP | 200.8 |

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Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077783
Order Date: 05/20/2016 359951
Sample Number: 

Product: Lead Only
Sample Paid: No Payment Method:
TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit MI 48203

Date Sampled: 9/1/16

Time Sampled: 06:00 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: 2 Days Child Learning Center

Address: 15075 Meyers

Phone Number: 313-931-0998

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-CF-01-P

Source Type: Spring Well Municipal Surface
 Other:

City & State: Detroit, Mi
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michael ETTERS
(Please Print)

Form Completed By: Michael ETTERS

For Laboratory Use ONLY

Lab Accounting Information:
Payment \$: _____
Check #: _____

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:
Date Received: SEP 01 2016
Time Received: 11:12
Received By: [Signature]
 Sample receipt criteria checked & acceptable.
 Deviations from acceptable sample receipt criteria noted on PSA form.


Additional Comments: The location sampled is a daycare this is Sample #1, First draw.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

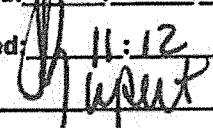



1-800-458-3330

General Compliance

Order Number: 2077783
Order Date: 05/20/2016 359952
Sample Number: 
Product: Lead Only
Sample Paid: No Payment Method:
TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit MI 48203

| For Laboratory Use ONLY | |
|---|---|
| Lab Accounting Information: | |
| Payment \$: | _____ |
| Check #: | _____ |
| Lab Comments/Special Instructions: | |
| | |
| State Forms: | |
| | |
| Lab Sample Information: | |
| Date Received: | SEP 01, 2016 |
| Time Received: | 11:12 |
| Received By: |  |
| <input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable. <input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form. | |

Date Sampled: 9/1/16
Time Sampled: 06:00 Please Use Military Time, e.g. 3:00pm = 15:00
Check Time Zone: EST CST MST PST
Client Name: 2 Days Child Learning Center
Address: 15075 Meyers
Phone Number: 313-931-0998
Fax Number: 313-931-0998
PWS ID# (if applicable): N/A
Sample ID or Source: DC-01-CF-01-F
Source Type: Spring Well Municipal Surface
 Other: _____
City & State: Detroit, Mi.
(If Different than Above)
Sample Collected By: 
(Signature)
Sample Collected By: Michael Effers
(Please Print)
Form Completed By: Michael Effers

Additional Comments: The location sampled is a daycare. This is Sample # 1, Flush Sample.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077783 359953

Order Date: 05/20/2016

Sample Number:



Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit

MI 48203

Date Sampled: 9/1/16

Time Sampled: 06:00 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: WEST CST MST PST

Client Name: 2 Days Child Learning Center

Address: 15075 Meyers

Phone Number: 313-931-0998

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-KF-02-P

Source Type: Spring Well Municipal Surface
 Other:

City & State: Detroit, Mi
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michal ETTERS
(Please Print)

Form Completed By: Michal ETTERS

Additional Comments:

The location sampled is a daycare. This is sample # 2, first draw.

| For Laboratory Use ONLY | |
|---|-------------|
| Lab Accounting Information: | |
| Payment \$: | _____ |
| Check #: | _____ |
| Lab Comments/Special Instructions: | |
| | |
| State Forms: | |
| | |
| Lab Sample Information: | |
| Date Received: | SEP 01 2016 |
| Time Received: | 11:12 |
| Received By: | [Signature] |
| <input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable. <input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form. | |

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077783

Order Date: 05/20/2016 359954

Sample Number:



Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit

MI 48203

Date Sampled: 9, 1, 16

Time Sampled: 06:00 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: 2 Days Child Learning Center

Address: 15075 Meyers

Phone Number: 313-931-0998

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-KF-02-F

Source Type: Spring Well Municipal Surface
 Other:

City & State: Detroit, MI
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michael EFFERS
(Please Print)

Form Completed By: Michael EFFERS

Additional Comments: The location sampled is a daycare. This is Sample # 2, Flush Sample.

| For Laboratory Use ONLY | |
|---|--------------------|
| Lab Accounting Information: | |
| Payment \$: | _____ |
| Check #: | _____ |
| Lab Comments/Special Instructions: | |
| | |
| State Forms: | |
| | |
| Lab Sample Information: | |
| Date Received: | <u>SEP 01 2016</u> |
| Time Received: | <u>11:12</u> |
| Received By: | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable. <input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form. | |


INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077783
Order Date: 05/20/2016 359955
Sample Number: 

Product: Lead Only
Sample Paid: No Payment Method:

TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit MI 48203

Date Sampled: 9, 1, 16

Time Sampled: 06:00 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: 2 Days Child Learning Center

Phone Number: 15075 Meyers

Fax Number: 313-931-0998

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-BF-03-P

Source Type: Spring Well Municipal Surface
 Other:

City & State: Detroit, Mi.
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michal Eppers
(Please Print)

Form Completed By: Michal Eppers

| For Laboratory Use ONLY | |
|---|--------------------|
| Lab Accounting Information: | |
| Payment \$: | _____ |
| Check #: | _____ |
| Lab Comments/Special Instructions: | |
| | |
| State Forms: | |
| | |
| Lab Sample Information: | |
| Date Received: | <u>SEP 02 2016</u> |
| Time Received: | <u>11:12</u> |
| Received By: | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable. <input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form. | |
| | |

Additional Comments: The location sampled is a daycare this is sample # 3, first draw.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

National Testing Laboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2077783

Order Date: 05/20/2016

359956

Sample Number:



Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:
G. S. Group
Monica Starks
17800 Woodward Ave
Detroit

MI 48203

Date Sampled: 9/1/16

Time Sampled: 06:00 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: EST CST MST PST

Client Name: 2 Days Child hearing center

Address: 15075 Meyers

Phone Number: 313-931-0998

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-BF-03-F

Source Type: Spring Well Municipal Surface

Other:

City & State: Detroit, Mi.
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michael Eppers
(Please Print)

Form Completed By: Michael Eppers

Additional Comments: the location sampled is a daycare. this is sample # 3, Flush Sample.

| For Laboratory Use ONLY | |
|---|--------------------|
| Lab Accounting Information: | |
| Payment \$: | _____ |
| Check #: | _____ |
| Lab Comments/Special Instructions: | |
| | |
| State Forms: | |
| | |
| Lab Sample Information: | |
| Date Received: | <u>SEP 01/2016</u> |
| Time Received: | <u>11:12</u> |
| Received By: | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Sample receipt criteria checked & acceptable. <input type="checkbox"/> Deviations from acceptable sample receipt criteria noted on PSA form. | |

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