

CERTIFICATE OF ANALYSIS

Chain of Custody: 344656
Client: Maximus Environmental
Address: 1010 Rockville Pike Suite 200
Attention: Kiki Muse

Job Name: DC Courts Recorder of Deeds
Job Location: 315 D Street NW Washington DC
Job Number: 694-05-08
P.O. Number: DCSC-20-RFP-008

Date Submitted: 09-13-2023
Date Analyzed: 09-14-2023
Report Date: 09-14-2023
Date Sampled: 09-13-2023
Person Submitting: Rodney Distance Sr.

NY ELAP
Lab ID 10920

Summary of Transmission Electron Microscopy

Filter Type:		MCE		Pore Size:		0.45 um		Filter Size:		25 mm (385 mm2)	
AMA Sample	Client Sample	Volume (L)	Area Analyzed (mm ²)	Analytical Sensitivity s/cc	Asbestos		# Non Asbestos Structures	Concentration		Sample Type	Comments
					Amount/Type	<5um	>=5um	s/mm ²	s/cc		
344656-1	091323-DCC-01	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-2	091323-DCC-02	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-3	091323-DCC-03	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-4	091323-DCC-04	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-5	091323-DCC-05	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-6	091323-DCC-06	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-7	091323-DCC-07	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-8	091323-DCC-08	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-9	091323-DCC-09	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-10	091323-DCC-010	1235	0.07	0.0045	0		0	< 14	< 0.0045	IWA	
344656-11	091323-DCC-11	1235	0.0	--	--		--	--	--	OWA	
344656-12	091323-DCC-12	1235	0.0	--	--		--	--	--	OWA	
344656-13	091323-DCC-13	1235	0.0	--	--		--	--	--	OWA	
344656-14	091323-DCC-14	1235	0.0	--	--		--	--	--	OWA	
344656-15	091323-DCC-15	1235	0.0	--	--		--	--	--	OWA	
344656-16	091323-DCC-16	0	0.0	--	--		--	--	--	BLK	
344656-17	091323-DCC-17	0	0.0	--	--		--	--	--	BLK	
344656-18	091323-DCC-18	0	0.0	--	--		--	--	--	BLK	

Analytical procedures used meet or exceed the AHERA "Interim Transmission Electron Microscopy Analytical Methods" protocol described in Appendix A to Subpart E of 40 CFR Part 763 No. III.

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy

Uncertainty and 95% confidence limits (n_u and n_L) for the air concentration are based on a Poisson distribution of fibers counted on the filter. It is dependent on the mean number of fibers counted (\bar{n}), standard deviation (s), the number of grid openings (k) and the confidence interval (t).

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Summary of Transmission Electron Microscopy

Upper Limit n_u : $\bar{n} + ts/\sqrt{k}$
Lower Limit n_l : $\bar{n} - ts/\sqrt{k}$

Calculated confidence limit concentrations as well as the Poisson table are available upon request.

Analyst(s): Mario Maldonado



Technical
Director Andreas Saldivar

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by NY ELAP, AIHA-LAP, or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.



AMA Analytical Services, Inc.

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 (301) 459-2640 • (800) 346-0961 • Fax (301) 459-2643

CHAIN OF CUSTODY

(Please Refer To This
Number For Inquires)

344656

Sheet 1 of 2

AMA Client Information:

- Client Name: Maximus Environmental
- Address 1: 1010 Rockville Pike Suite 200
- Address 2: Rockville MD 20852
- Billing Email: Maximus@msa.com
- Phone #: 301-838-2730

Submittal Information:

- Job Name: DC Courts Recorder of Deeds
- Job Location: 515 D Street NW Washington DC
- Job #: 694-05-08 P.O. #: DCSC-20-RFP-008
- Contact Person: Kiki Mose Cell: 240-372-9233
- Collected by: Redney Distance Cell: 410-814-9273

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

(After Hours TATs must be prescheduled and may not be technically feasible for some analytical methods) AFTER HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Immediate (6-8 Hours) <input type="checkbox"/> Late Night Date Due: _____ Time Due: _____	NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Results Required By Noon <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day+ (add'l fees may apply) <input checked="" type="checkbox"/> 1 Day Date Due: <u>9.14.23</u> <input type="checkbox"/> 2 Day (Rush TATs must be prescheduled may not be technically feasible for some analytical methods)	REPORT TO: <input type="checkbox"/> Email 1: <u>Kiki@maximus.com</u> <input type="checkbox"/> Email 2: <u>Redney@maximus.com</u> <input type="checkbox"/> Email 3: <u>Redneydistance@yahoo.com</u>
--	--	--

Asbestos Analysis

*PCM Air - Please Indicate Filter Type: _____
☐ NIOSH 7400 _____ (QTY)

*TEM Air - Please Indicate Filter Type: _____
☒ AHERA 18 _____ (QTY)
☐ NIOSH 7402 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

PLM Bulk

- ☐ EPA 600 - Visual Estimate _____ (QTY) ☐ Pos Stop
☐ EPA Point Count _____ (QTY)
☐ NY State Friable 198.1 _____ (QTY)
☐ Grav. Reduction ELAP 198.6 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521

- ☐ Qualitative PLM _____ (Qty.) ☐ Quantitative PLM _____ (Qty.)
☐ Qualitative PLM/TEM _____ (Qty.) ☐ Quantitative PLM/TEM _____ (Qty.)

TEM Bulk

- ☐ ELAP 198.4/Chatfield _____ (QTY)
☐ NY State PLM/TEM _____ (QTY)
☐ Residual Ash _____ (QTY)
☐ Vermiculite _____ (QTY)

TEM Dust*

- ☐ Qual. (pres/abs) Vacuum/Dust _____ (QTY)
☐ Quan. (s/area) Vacuum D5755-95 _____ (QTY)
☐ Quan. (s/area) Dust D6480-99 _____ (QTY)

TEM Water

- ☐ Qual. (pres/abs) _____ (QTY)
☐ ELAP 198.2/EPA 100.2 _____ (QTY)
☐ EPA 100.1 _____ (QTY)

☒ All samples received in good condition unless otherwise noted.
 (TEM Water samples _____ °C) (For Lab Use Only)

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

Metals Analysis

- ☐ Pb Paint Chip ☐ % by Weight _____ (QTY) ☐ mg/kg _____ (QTY)
☐ *Pb Dust Wipe _____ (QTY) (by submitting samples, you are certifying ASTM E1792 approved wipes were used)
☐ *Pb Air _____ (QTY)
☐ Pb Soil/Solid _____ (QTY)
☐ Pb TCLP _____ (QTY)
☐ Drinking Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Waste Water ☐ Pb _____ (QTY) ☐ Cu _____ (QTY)
☐ Pb Furnace (Media _____) _____ (QTY)

Fungal Analysis

- ☐ *Spore-Trap _____ (QTY) Collection Apparatus for Spore Traps/Air Samples: _____
☐ *Surface Swab _____ (QTY)
☐ *Surface Tape _____ (QTY)
☐ Other (Specify _____) _____ (QTY) Collection Media _____
☐ Surface Vacuum Dust _____ (QTY)

SAMPLE INFORMATION

SAMPLE #	MATERIAL and/or LOCATION DESCRIPTION	DATE	TIME	VOL (L) (Air Samples)	Wipe Area (Dust Samples)	TEM	PCM	PLM	LEAD	MOLD	COMMENTS/SPECIAL INSTRUCTIONS
091323-DEC-01	3rd Floor Inside Containment 302	9/13/23	11:00	123.5		✓					
02			10			✓					
03			11:10			✓					
04						✓					
05						✓					
06			11:40			✓					
07			10			✓					
08			1:50			✓					
09						✓					
10						✓					
11	outside Containment		9:40			✓					
12			10			✓					
13			11:10			✓					

Relinquished by: <u>Redney Distance</u>	Signature: <u>[Signature]</u>	Date: <u>9/13/23</u>	Time: <u>3:40 PM</u>	Delivery Information (For Lab Use Only)
Received by: <u>Diana Williams</u>	Signature: <u>[Signature]</u>	Date: <u>9.13.23</u>	Time: <u>3:30 PM</u>	<input type="checkbox"/> UPS <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier

AMA Client Information:

1. Client Name: Mexxus Environmental
2. Address 1: _____
3. Address 2: _____
4. Billing Email: _____
5. Phone #: _____

Submittal Information:

1. Job Name: SHOLE
2. Job Location: SHOLE
3. Job #: _____ P.O. #: _____
4. Contact Person: SHOLE Cell: _____
5. Collected by: SHOLE Cell: _____

If a TAT is not selected, AMA will assign 5-Day+ by default.

Reports and Invoices provided by Email only.

(After Hours TATs must be prescheduled and may not be technically feasible for some analytical methods)	AFTER HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Immediate (6-8 Hours) <input type="checkbox"/> Late Night		NORMAL BUSINESS HOURS <input type="checkbox"/> 4 Hours <input type="checkbox"/> 3 Day <input type="checkbox"/> Same Day (6-8 Hours) <input type="checkbox"/> 5 Day + <input checked="" type="checkbox"/> 1 Day Date Due: <u>9.14.23</u> <input type="checkbox"/> Results Required By Noon (add'l fees may apply) <input type="checkbox"/> 2 Day (Rush TATs must be prescheduled may not be technically feasible for some analytical methods)		REPORT TO: <input type="checkbox"/> Email 1: <u>SARIE</u> <input type="checkbox"/> Email 2: _____ <input type="checkbox"/> Email 3: _____
	Date Due: _____ Time Due: _____		Metal Analysis		

Asbestos Analysis

- *PCM Air – Please Indicate Filter Type: _____

- ☐
- NIOSH 7400 _____ (QTY)

- *TEM Air – Please Indicate Filter Type: _____

- ☒ AHERA 18 (QTY)

- ☐ NIOSH 7402 _____ (QTY)
☐ Other (specify _____) _____ (QTY)

PLM Bulk

- ☐
- EPA 600 – Visual Estimate _____ (QTY)
- ☐
- Pos Stop

- ☐
- EPA Point Count _____ (QTY)

- ☐
- NY State Friable 198.1 _____ (QTY)

- ☐
- Gray, Reduction ELAP 198.6 _____ (QTY)

- ☐
- Other (specify _____) _____ (QTY)

Asbestos Soil ASTM D7521

- ☐ Qualitative PLM _____ (Qty.) ☐ Quantitative PLM _____ (Qty.)

- ☐ Qualitative PLM/TEM _____ (Qty.) ☐ Quantitative PLM/TEM _____ (Qty.)

SAMPLE INFORMATION

[illegible]

If field data sheets are submitted, there is no need to complete bottom section.

*It is recommended that blank samples be submitted with all air and surface samples

Relinquished by:

← have

Received by:

Dr. 105

nt Name

Signature _____

Date _____

Time

Delivery Information (For Lab Use Only)

☐ UPS☐ FedE☐ USP☒ In-Person☐ Drop Box☐ Courrier☐ Other