



CERTIFICATE OF ANALYSIS

Chain of Custody: 663493	Job Name: Naomi Brooks Basement	Date Submitted: 11/10/2024
Client: ECS Mid-Atlantic, LLC	Job Location: Not Provided	Date Analyzed: 11/10/2024
Address: 6710 Oxon Hill Road Suite 101 National Harbor Maryland 20745	Job Number: 47:11652-H8 :84	Report Date: 11/10/2024
Attention: Lauren Kessler	P.O. Number: Not Provided	Date Sampled: 11/10/2024
		Person Submitting: William Sargent

Summary of Atomic Absorption Analysis for Lead

AMA Sample Number	Client Sample Number	Analysis Type	Sample Type	Area Wiped (ft ²)	Reporting Limit	Total ug	Final Result	Comments
663493-1	01	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
663493-2	02	Flame AA	Wipe	1.0	10. ug/sqft	72.5	72 ug/sqft	
663493-3	03	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
663493-4	04	Flame AA	Wipe	1.0	10. ug/sqft	18.2	18 ug/sqft	
663493-5	05	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
663493-6	06	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
663493-7	07	Flame AA	Wipe	0.0	10. ug	<10.0	<10. ug	

Preparation Method: ASTM E1979-17
 Analysis Method For Flame AA: EPA SW-846 7000B
 N/A = Not Applicable; mg/Kg = parts per million (ppm) on a dry weight basis; mg/L = parts per million (ppm);
 %Pb = percent lead on a dry weight basis; ug = micrograms; ug/L = parts per billion (ppb)
 Note: All samples were received in good condition unless otherwise noted.
 Note: All results have two significant digits. Any additional digits shown should not be considered when interpreting the result.

See QC Summary for analytical results of quality control samples associated with these samples.

Air and Wipe results are not corrected for any blank results. Final results for air and wipe samples are based on client supplied information not verified by this laboratory.

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

Analyst(s): Suphin Chinnapad

Technical Director George Land

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. The results apply only to the sample(s) tested as received. 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.



QC Summary for SDG #81768

Overview

Analysis Type: Flame AA
Sample Type: Lead Wipe
Analysis Date: 11/10/2024

Samples Included

663493-1, 663493-2, 663493-3, 663493-4, 663493-5, 663493-6, 663493-7

Preparation Blank

Result: 0.112 ppm

Report Limit Verification Sample

Percent Recovery: 88.4 %

Duplicates

RPD: N/A

Matrix Spike Analysis

Spiked Sample Percent Recovery: N/A
Spike Duplicate Percent Recovery: N/A
RPD: N/A

Matrix Blank

Result: -0.012 ppm

Lab Control Sample #1

Percent Recovery: 116.83 %

Lab Control Sample #2

Percent Recovery: 99.54 %

Reference Sample

Percent Recovery: N/A

Calibration Curve

Correlation: 0.999499

Serial Dilution / Bench Spike

Serial Dilution RPD: N/A
Bench Spike Percent Recovery: N/A

Notes

LEAD CHAIN OF CUSTODY

Mailing/Billing Information:

Client Name: ECS Mid-Atlantic
 Address: _____
 Address: _____
 Invoice Submittal Email: _____
 Phone #: _____ Fax #: _____

Submittal Information:

Job Name: Naomi Brooks Basement
 Job Location: _____
 Job #: 47:11652-H8:84 P.O. #: _____
 Point of Contact: Laura Kessler Cell #: _____
 Collected by: William Sargent Cell #: _____

Reporting Info (Results provided as soon as technically feasible). If no TAT/Reporting Info is provided, AMA will assign defaults of 5-Day & email/fax to contacts of file.

TURN AROUND TIME (TAT):				REPORT TO:	
After Hours (must be pre-scheduled)		Normal Business Hours		<input type="checkbox"/> Email:	
<input type="checkbox"/> 4-Hours	Date Due: <u>11/10/24</u>	<input type="checkbox"/> 4-Hour	<input type="checkbox"/> 2-Day	<input type="checkbox"/> 5 Day +	<input checked="" type="checkbox"/> Email CC 1: <u>l.kessler@ecslimited.com</u>
<input checked="" type="checkbox"/> Immediate	Time: _____	<input type="checkbox"/> Immd. (6-12hr)	<input type="checkbox"/> 3-Day	<input type="checkbox"/> Results by Noon	<input type="checkbox"/> Email CC 2: _____
<input type="checkbox"/> 24-Hours	Comments: _____	<input type="checkbox"/> 1-Day	Due Date: _____	(may incur add'l fees)	<input type="checkbox"/> Email CC 3: _____

Sample Type

*by submitting samples to AMA, you certify that wipes used meet ASTM E1972 Requirement specify paint chip reporting units

Dust Wipe** 7 (QTY) Air* _____ (QTY) Soil/Solid _____ (QTY) Paint Chip _____ (QTY) % Pb Weight mg/cm²

TCLP _____ (QTY) Drinking Water _____ (QTY) Waste Water _____ (QTY) Furnace (Media type _____) _____ (QTY)

*it is recommended that blank samples be submitted with all air and surface matrix
 All samples received in good condition unless otherwise noted.

Sample Information (if field data sheets are included, there is no need to complete this section)						Sample Matrix				COMMENTS/SPECIAL INSTRUCTIONS
Sample Number	Sample Collection Location/Surface	Date (M/D/YYYY)	Time (HH:MM)	Wipe Area (in ²)	Volume (L)	Dust Wipe	Paint Chip/Soil	Air	Water/Other	
01	Basement Rm 1 Floor	11/10/24	10:45	12 X 24		X				
02	Basement Rm 1 Sill		10:48	4 X 36		X				
03	Basement Rm 2 Floor		10:52	12 X 24		X				
04	Basement Rm 2 Sill		10:55	6 X 24		X				
05	Basement Rm 3 Floor		10:58	12 X 24		X				
06	Hallway Floor		11:03	12 X 24		X				
07	Field Blank			X						
				X						
				X						
				X						
				X						
				X						
				X						

	Print Name	Sign Name	Date (m/d/yyyy)	Time (hh:mm)	Shipping Information
Relinquished by:	William Sargent	<i>William Sargent</i>	11/10/24	12:00 PM	<input type="checkbox"/> UPS <input 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 Airbill/Tracking No.: _____
Received by:	Sophia Chumpe	<i>Sophia Chumpe</i>	11/10/24	12:30 PM	