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**Columbia  
Analytical  
Services** inc.

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DEPARTMENT OF ECOLOGY  
S.W. REGIONAL OFFICE

November 10, 1995

Service Request No.: K9506770

Ken Porter  
Varicast  
1200 W. 13th Street  
Vancouver, WA 98660

Re: **Soil Sample Project**

Dear Ken:

Enclosed are the results of the sample(s) submitted to our laboratory on October 26, 1995. For your reference, these analyses have been assigned our service request number K9506770.

All analyses were performed consistent with our laboratory's quality assurance program. All results are intended to be considered in their entirety, and Columbia Analytical Services, Inc. (CAS) is not responsible for use of less than the complete report. Results apply only to the samples analyzed.

Please call if you have any questions. My extension is 258.

Respectfully submitted,

**Columbia Analytical Services, Inc.**

Lynda A. Huckestein  
Project Chemist

LAH/td

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## Acronyms

|            |  |
|------------|--|
| ASTM       | American Society for Testing and Materials   |
| A2LA       | American Association for Laboratory Accreditation  |
| CARB       | California Air Resources Board   |
| CAS Number | Chemical Abstract Service registry Number  |
| CFC        | Chlorofluorocarbon   |
| CFU        | Colony-Forming Unit  |
| DEC        | Department of Environmental Conservation   |
| DEQ        | Department of Environmental Quality  |
| DHS        | Department of Health Services  |
| DOE        | Department of Ecology  |
| DOH        | Department of Health   |
| EPA        | U. S. Environmental Protection Agency  |
| ELAP       | Environmental Laboratory Accreditation Program   |
| GC         | Gas Chromatography   |
| GC/MS      | Gas Chromatography/Mass Spectrometry   |
| J          | Estimated concentration. The value is less than the method reporting limit, but greater than the method detection limit.                 |
| LUFT       | Leaking Underground Fuel Tank  |
| M          | Modified   |
| MCL        | Maximum Contaminant Level is the highest permissible concentration of a substance allowed in drinking water as established by the USEPA. |
| MDL        | Method Detection Limit   |
| MPN        | Most Probable Number   |
| MRL        | Method Reporting Limit   |
| NA         | Not Applicable   |
| NAN *      | Not Analyzed   |
| NC         | Not Calculated   |
| NCASI      | National Council of the Paper Industry for Air and Stream Improvement  |
| ND         | Not Detected at or above the MRL   |
| NIOSH      | National Institute for Occupational Safety and Health  |
| PQL        | Practical Quantitation Limit   |
| RCRA       | Resource Conservation and Recovery Act   |
| SIM        | Selected Ion Monitoring  |
| TPH        | Total Petroleum Hydrocarbons   |
| tr         | Trace level is the concentration of an analyte that is less than the PQL but greater than or equal to the MDL.                           |

00002



## Analytical Report

**Client:** Varicast, Inc.  
**Project:** Soil Sample  
**Sample Matrix:** Soil

**Service Request:** K9506770  
**Date Collected:** 10/25/95  
**Date Received:** 10/22/02  
**Date Extracted:** 11/1/95

Total Metals  
Units: mg/Kg (ppm)  
Dry Weight Basis

|                |              |              |              |
|----------------|--------------|--------------|--------------|
| Sample Name:   | 6" Deep      | 24" Deep     | Method Blank |
| Lab Code:      | K9506770-001 | K9506770-002 | K9506770-MB  |
| Date Analyzed: | 11/6/95      | 11/6/95      | 11/6/95      |

| Analyte  | EPA    | MRL | mg/kg |    |    |
|----------|--------|-----|-------|----|----|
|          | Method |     | 1     | 2  | 3  |
| Cadmium  | 6010A  | 1   | ND    | ND | ND |
| Chromium | 6010A  | 2   | 10    | 22 | ND |
| Lead     | 6010A  | 20  | ND    | 26 | ND |

from previous worst case scenario.

|                   |          |   |      |      |   |
|-------------------|----------|---|------|------|---|
| Solids, Total (%) | 160.3 M  | - | 91.3 | 90.8 | - |
| M                 | Modified |   |      |      |   |

Approved By: \_\_\_\_\_ Date: 11/9/95



# CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

DATE \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

PROJECT NAME soil sample #  
 PROJECT MANAGER Ken Porter  
 COMPANY/ADDRESS Varicast Ecology  
1200 W. 13th St  
Vanouver WA 98660 PHONE 360 695-3914  
 SAMPLERS SIGNATURE \_\_\_\_\_

NUMBER OF CONTAINERS

## ANALYSIS REQUESTED

| SAMPLE I.D. | DATE     | TIME | LAB I.D. | SAMPLE MATRIX | NUMB | Base/N GC/MS | Volatile GC/MS | Halogenated 601/8010 | Pesticides 608/8080 | Total P EPA/418 | TPH/Gas | TPH/80 Diesel | TPH/HCl WA/HCl | TCLP Metals | Metals (List Below) | Cyanide | pH, Cond NO <sub>2</sub> , NO <sub>3</sub> -N, (circle) | Total Org (TOX) 900 |  |  |  | REMARKS |
|-------------|----------|------|----------|---------------|------|--------------|----------------|----------------------|---------------------|-----------------|---------|---------------|----------------|-------------|---------------------|---------|---|---------------------|--|--|--|---------|
| 6" deep     | 10/15/95 | 2 PM | K6770-1  |               |      |              |                |                      |                     |                 |         |               |                |             | Pb Cd Cr            |         |   |                     |  |  |  |         |
| 24" deep    | 10/15/95 | 2 PM | 2        |               |      |              |                |                      |                     |                 |         |               |                |             | Pb Cd Cr            |         |   |                     |  |  |  |         |
|             |          |      |          |               |      |              |                |                      |                     |                 |         |               |                |             |                     |         |   |                     |  |  |  |         |
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| <b>RELINQUISHED BY:</b><br>Signature _____<br>Printed Name _____<br>Firm _____<br>Date/Time _____ | <b>RECEIVED BY:</b><br>Signature _____<br>Printed Name _____<br>Firm _____<br>Date/Time _____ | <b>TURNAROUND REQUIREMENTS</b><br>24 hr _____ 48 hr _____ 5 day _____<br><input checked="" type="checkbox"/> Standard (10-15 working days)<br>Provide Verbal Preliminary Results _____<br>Provide FAX preliminary Results _____<br>Requested Report Date _____ | <b>REPORT REQUIREMENTS</b><br><input checked="" type="checkbox"/> I. Routine Report<br>II. Report (includes DUP.MS. MSD, as required, may be charged as samples)<br>III. Data Validation Report (includes All Raw Data)<br>IV. CLP Deliverable Report | <b>INVOICE INFORMATION:</b><br>P.O.# <u>V 2819</u><br>Bill To <u>Varicast Inc.</u><br><u>P.O. Box 17216</u><br><u>Portland, OR 97217</u> | <b>SAMPLE RECEIPT:</b><br>Shipping VIA: _____<br>Shipping #: _____<br>Condition: _____<br>Lab No: <u>K9506770</u> |
|---|---|--|---|--|---|

|  |   |
|--|---|
| <b>RELINQUISHED BY:</b><br>Signature <u>Kenneth E. Porter</u><br>Printed Name <u>Kenneth E. Porter</u><br>Firm <u>Varicast Inc</u><br>Date/Time <u>10-26-95 10:25 am</u> | <b>RECEIVED BY:</b><br>Signature <u>[Signature]</u><br>Printed Name <u>FRANK [Signature]</u><br>Firm <u>10/24/95 K30</u><br>Date/Time _____ |
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### SPECIAL INSTRUCTIONS/COMMENTS:

USE I.C.P. 6000 series test procedures  
 Reports will be submitted to Washington D.O.E.