

May 23, 2018

Erik Wilson
City of Plainwell
211 North Main St.
Plainwell, MI 49080
ewilson@plainwell.org

RE: Production Well Water Sampling Results

Dear Erik:

Attached is the laboratory report from a sample we recently collected from three of your production wells. The samples were analyzed by Pace Laboratories. The samples were un-treated groundwater collected from a copper fitting inside each production wells well house. All three samples did not detect 2,3,7,8-TCDD (2,3,7,8-Tetrachlorodibenzo-p-dioxin) The laboratory report is summarized below.

Summary of Laboratory Results	
Sample	2,3,7,8-TCDD
PW #4	ND (Non-Detect)
PW #5	ND (Non-Detect)
PW #7	ND (Non-Detect)

Thank you for using the services of F&V. If you need additional information, please contact me.

Sincerely,
FLEIS & VANDENBRINK



Brian L. Rice, P.E.
Manager, Environmental Services Group

att: Laboratory Report and Chain of Custody
cc: Mark Worrall, MDEQ
Karen Vorce, MDEQ

2960 Lucerne Drive SE, Suite 100
Grand Rapids, MI 49546
P: 616.977.1000
F: 616.977.1005
www.fveng.com

Report Prepared for:

Will Cole
Pace Analytical Grand Rapids
5560 Corporate Exchange Court
Grand Rapids MI 49512

**REPORT OF
LABORATORY
ANALYSIS FOR
2,3,7,8-TCDD**

Report Summary:

Report Prepared Date:

May 18, 2018

Report Information:

Pace Project#: 10430526
Sample Receipt Date: 05/09/2018
Client Project #: 4611871 Fleis & Vanden
Client Sub PO #: N/A
State Cert #: N/A

Invoicing & Reporting Options:

The report provided has been invoiced as a Level 2 Drinking Water Report. If an upgrade of this report package is requested, an additional charge may be applied.

Please review the attached invoice for accuracy and forward any questions to Kirsten Hogberg, your Pace Project Manager.

This report has been reviewed by:



May 18, 2018

Kirsten Hogberg, Project Manager
(612) 607-6407
(612) 607-6444 (fax)
kirsten.hogberg@pacelabs.com



Report of Laboratory Analysis

This report should not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

The results relate only to the samples included in this report.



Minnesota Laboratory Certifications

Authority	Certificate #	Authority	Certificate #
A2LA	2926.01	Mississippi	MN00064
Alabama	40770	Montana	CERT0092
Alaska	MN00064	Nebraska	NE-OS-18-06
Alaska	UST-078	Nevada	MN00064
Arizona	AZ0014	New Jersey (NE)	MN002
Arkansas	88-0680	New York (NEL)	11647
CNMI Saipan	MP0003	New hampshire	2081
California	MN00064	North Carolina	27700
Colorado	MN00064	North Carolina	530
Connecticut	PH-0256	North Dakota	R-036
EPA Region 8	8TMS-L	Ohio	41244
Florida (NELAP)	E87605	Ohio VAP	CL101
Georgia (EDP)	959	Oklahoma	9507
Guam EPA	959	Oregon (ELAP)	MN200001
Hawaii	MN00064	Oregon (OREL)	MN300001
Idaho	MN00064	Pennsylvania	68-00563
Illinois	200011	Puerto Rico	MN00064
Indiana	C-MN-01	South Carolina	74003001
Iowa	368	Tennessee	TN02818
Kansas	E-10167	Texas	T104704192
Kentucky	90062	Utah (NELAP)	MN00064
Louisiana	03086	Virginia	460163
Louisiana	MN00064	Washington	C486
Maine	MN00064	West Virginia #	9952C
Maryland	322	West Virginia D	382
Michigan	9909	Wisconsin	999407970
Minnesota	027-053-137	Wyoming	8TMS-L

REPORT OF LABORATORY ANALYSIS

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Reporting Flags

- A = Reporting Limit based on signal to noise
- B = Less than 10x higher than method blank level
- C = Result obtained from confirmation analysis
- D = Result obtained from analysis of diluted sample
- E = Exceeds calibration range
- I = Interference present
- J = Estimated value
- Nn = Value obtained from additional analysis
- P = PCDE Interference
- R = Recovery outside target range
- S = Peak saturated
- U = Analyte not detected
- V = Result verified by confirmation analysis
- X = %D Exceeds limits
- Y = Calculated using average of daily RFs
- * = See Discussion

REPORT OF LABORATORY ANALYSIS

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WO#: 10430526



Chain of Custody

Samples were sent directly to the Subcontracting Laboratory.

State Of Origin: MI

Workorder: 4611871 Workorder Name: City of Plainwell - Dioxin Owner Received Date: 5/7/2018 Results Requested By: 5/21/2018

Item	Sample ID	Sample Type	Collect Date/Time	Lab ID	Matrix	Unpreserved	Preserved Containers	Requested Analysis	LAB USE ONLY
1	PW-5	PS	5/7/2018 13:48	4611871001	Drinking	1		X	001
2	PW-4	PS	5/7/2018 13:20	4611871002	Drinking	1		X	002
3	PW-7	PS	5/7/2018 13:35	4611871003	Drinking	1		X	003
4									
5									

Transfers	Released By,	Date/Time	Received By	Date/Time	Comments
1	<i>[Signature]</i>	5/8/18 17:00	<i>[Signature]</i>	5.9.18 9:30	
2					
3					

Cooler Temperature on Receipt 4.2 °C Custody Seal Y or N Received on Ice Y or N Samples Intact Y or N

***In order to maintain client confidentiality, location/name of the sampling site, sampler's name and signature may not be provided on this COC document. This chain of custody is considered complete as is since this information is available in the owner laboratory.

Report No.: 10430526_1613DW_DFR

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Sample Condition Upon Receipt

Client Name: PACE MI Project #: _____

WO#: 10430526
 PM: SCU Due Date: 05/16/18
 CLIENT: PASI-MI

Courier: Fed Ex UPS USPS Client
 Commercial Pace Speedee Other:
 Tracking Number: 4372 1887 5977

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 Used: G87A9170600254 G87A9155100842 Type of Ice: Wet Blue None Dry Melted HS 5.9.18

Cooler Temp Read (°C): 4.2 Cooler Temp Corrected (°C): 4.2 Biological Tissue Frozen? Yes No N/A
 Temp should be above freezing to 6°C Correction Factor: None Date and Initials of Person Examining Contents: HS 5.9.18

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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Yes <input 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
Is sufficient information available to reconcile the samples to the COC? Matrix: <u>COT</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
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 ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH Positive for Res. Chlorine? Y N
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , <2pH, NaOH >9 Sulfide, NaOH >12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC Oil and Grease, DRO/8015 (water) and Dioxin/PFAS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sample # Initial when completed: _____ Lot # of added preservative: _____
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Person Contacted: _____ Date/Time: _____ Field Data Required? Yes No
 Comments/Resolution: _____

Project Manager Review: Kristen Hooper Date: 5/10/2018

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).



CHAIN-OF-CUSTODY / Analytical Request Document
 The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: 2189426 of

Section A Required Client Information: Company: <u>Ples & Vander Brink</u> Address: <u>2960 Lucerne Dr. SE</u> Email To: <u>bwalpoet@fmg.com</u> Phone: <u>202-34-1656</u> Fax: _____ Requested Due Date/TAT: <u>Standard</u>		Section B Required Project Information: Report To: <u>Brian Roe (brian.roe@fmg.com)</u> Copy To: _____ Purchase Order No.: _____ Project Name: <u>City of Plamell</u> Project Number: _____		Section C Invoice Information: Attention: <u>Anne Hayden</u> Company Name: <u>Ples & Vander Brink</u> Address: _____ Pace Quote Reference: _____ Pace Project Manager: _____ Pace Facility #: _____		REGULATORY AGENCY: <input type="checkbox"/> NPDES <input type="checkbox"/> GROUND WATER <input checked="" type="checkbox"/> DRINKING WATER <input type="checkbox"/> UST <input type="checkbox"/> RCRA <input type="checkbox"/> OTHER _____ Site Location STATE: <u>MI</u>
--	--	--	--	---	--	--

ITEM #	SAMPLE ID (A-Z, 0-9 / -) Sample IDs MUST BE UNIQUE	Matrix Codes MATRIX / CODE Drinking Water DW Water WT Waste Water WW Product P Soil/Solid SL Oil OL Wipe WP Air AR Tissue TS Other OT	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (GGRAS C-COMP)	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives						Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)		
					COMPOSITE START		COMPOSITE END/GRAB				Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₈			Methanol	Other
					DATE	TIME	DATE	TIME												
1	PW-5		DW	G			5/7/18	13:14	2	X										
2	PW-4		DW	G			5/7/18	13:20	2	X										
3	PW-7		DW	G			5/7/18	13:35	2	X										
WO#: 4611871 4611871																				

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
	<u>[Signature]</u> / PBU	5/7/18	14:36	<u>[Signature]</u>	5/7/18	14:36	

ORIGINAL

SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: <u>Barnett Walpoet</u> SIGNATURE OF SAMPLER: <u>[Signature]</u>		DATE Signed (MM/DD/YY): <u>5/7/18</u>	Temp in °C Relinquished on Ice (Y/N) Clarity Sample Cooler (Y/N) Samples intact (Y/N)
---	--	---------------------------------------	--

*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.

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client: <u>FV - City of Plainville</u>	Work Order #: <u>4011871</u>
Receipt Record Page/Line #: <u>(45-13)</u>	

Recorded by (initials/date): <u>AW 05/07/18</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received: <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> IR Gun (#402)
---	--	------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>Pace 468</u>	<u>1608</u>							
Custody Seals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Type: <input type="checkbox"/> Loose Ice <input checked="" type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		Coolant Type: <input type="checkbox"/> Loose Ice <input type="checkbox"/> Bagged Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None		
Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		Coolant Location: Dispersed / Top / Middle / Bottom Temp Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No If Present, Temperature Blank Location is: <input type="checkbox"/> Representative <input type="checkbox"/> Not Representative		
Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	Actual °C	Observed °C	Correction Factor °C	Actual °C
Temp Blank: <u>0</u>	<u>0</u>	<u>0</u>	Temp Blank:			Temp Blank:		
Sample 1: <u>12.9</u>	<u>0</u>	<u>12.9</u>	Sample 1:			Sample 1:		
Sample 2: <u>13.9</u>	<u>0</u>	<u>13.9</u>	Sample 2:			Sample 2:		
Sample 3: <u>14.2</u>	<u>0</u>	<u>14.2</u>	Sample 3:			Sample 3:		
When above 6 °C take a 3 Sample Average °C: <u>13.6</u>			When above 6 °C take a 3 Sample Average °C:			When above 6 °C take a 3 Sample Average °C:		
<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance

Paperwork Received

Yes No

Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time?

USDA Soil Documents?

Sampling / Field Forms?

Other _____

COC Information

Pace COC Other _____

COC ID Numbers: 2189426

Check COC for Accuracy

Yes No

Analysis Requested?

Sample ID matches COC?

Sample Date and Time matches COC?

All containers indicated are received?

Sample Condition Summary

N/A Yes No

Broken containers/lids?

Missing or incomplete labels?

Illegible information on labels?

Low volume received?

Inappropriate, or non-Pace containers received?

VOC vials have headspace?

Extra sample locations?

Containers not listed on COC?

Check Sample Preservation

N/A Yes No

Temperature Blank OR average sample temperature, ≥6° C?

If "Yes" was thermal preservation required?

If "Yes" were ALL samples collected the same day as receipt?

Completed Sample Preservation Verification Form?

Samples chemically preserved correctly?

If "No", add wire tag and fill out Non-Conformance Form?

Received unpreserved Terracore kit?

If "Yes" unpreserved vials must be frozen

Work Order Not Logged In with Short Hold / Rush

Copies of COC To Lab Areas

Notes

Yes No

Were all samples logged into Eplc?

Were all samples labelled?

Were samples placed on scan locations?

Initial / Date: AW 5/8/18



Drinking Water Analysis Results
2,3,7,8-TCDD -- USEPA Method 1613B

Tel12-607-1700
Fax612-607-6444

Sample ID.....PW-5
Client..... Pace Analytical Grand Rapids
Lab Sample ID..... 4611871001

Date Collected.....05/07/2018
Date Received.....05/09/2018
Date Extracted.....05/14/2018

	Sample PW-5	Method Blank	Lab Spike	Lab Spike Dup
[2,3,7,8-TCDD]	ND	ND	--	--
LOQ	5.0 pg/L	5.0 pg/L	--	--
2,3,7,8-TCDD Recovery	--	--	100%	94%
Spike Recovery Limit	--	--	73-146%	73-146%
RPD				5.3%
IS Recovery	68%	78%	71%	71%
IS Recovery Limits	31-137%	31-137%	25-141%	25-141%
CS Recovery	71%	82%	76%	74%
CS Recovery Limits	42-164%	42-164%	37-158%	37-158%
Filename	F180517A_06	F180516B_05	F180516B_03	F180516B_04
Analysis Date	05/17/2018	05/16/2018	05/16/2018	05/16/2018
Analysis Time	07:28	18:38	17:33	18:05
Analyst	SMT	SMT	SMT	SMT
Volume	1.014L	1.007L	1.042L	1.000L
Dilution	NA	NA	NA	NA
ICAL Date	04/26/2018	04/26/2018	04/26/2018	04/26/2018
CCAL Filename	F180517A_02	F180516B_02	F180516B_02	F180516B_02

- ! = Outside the Control Limits
- ND = Not Detected
- LOQ = Limit of Quantitation
- Limits = Control Limits from Method 1613 (10/94 Revision), Tables 6A and 7A
- RPD = Relative Percent Difference of Lab Spike Recoveries
- IS = Internal Standard [2,3,7,8-TCDD-¹³C₁₂]
- CS = Cleanup Standard [2,3,7,8-TCDD-³⁷Cl₄]

Analyst: 

Project No.....10430526



Drinking Water Analysis Results
2,3,7,8-TCDD -- USEPA Method 1613B

Tel12-607-1700
Fax612-607-6444

Sample ID.....PW-4
Client..... Pace Analytical Grand Rapids
Lab Sample ID..... 4611871002

Date Collected.....05/07/2018
Date Received.....05/09/2018
Date Extracted.....05/14/2018

	Sample PW-4	Method Blank	Lab Spike	Lab Spike Dup
[2,3,7,8-TCDD]	ND	ND	--	--
LOQ	5.0 pg/L	5.0 pg/L	--	--
2,3,7,8-TCDD Recovery	--	--	100%	94%
Spike Recovery Limit	--	--	73-146%	73-146%
RPD				5.3%
IS Recovery	79%	78%	71%	71%
IS Recovery Limits	31-137%	31-137%	25-141%	25-141%
CS Recovery	86%	82%	76%	74%
CS Recovery Limits	42-164%	42-164%	37-158%	37-158%
Filename	F180517A_07	F180516B_05	F180516B_03	F180516B_04
Analysis Date	05/17/2018	05/16/2018	05/16/2018	05/16/2018
Analysis Time	08:00	18:38	17:33	18:05
Analyst	SMT	SMT	SMT	SMT
Volume	1.117L	1.007L	1.042L	1.000L
Dilution	NA	NA	NA	NA
ICAL Date	04/26/2018	04/26/2018	04/26/2018	04/26/2018
CCAL Filename	F180517A_02	F180516B_02	F180516B_02	F180516B_02

- ! = Outside the Control Limits
- ND = Not Detected
- LOQ = Limit of Quantitation
- Limits = Control Limits from Method 1613 (10/94 Revision), Tables 6A and 7A
- RPD = Relative Percent Difference of Lab Spike Recoveries
- IS = Internal Standard [2,3,7,8-TCDD- ¹³C₁₂]
- CS = Cleanup Standard [2,3,7,8-TCDD- ³⁷Cl₄]

Analyst: 



Drinking Water Analysis Results
2,3,7,8-TCDD -- USEPA Method 1613B

Tel 12-607-1700
Fax 612-607-6444

Sample ID.....PW-7
Client..... Pace Analytical Grand Rapids
Lab Sample ID..... 4611871003

Date Collected.....05/07/2018
Date Received.....05/09/2018
Date Extracted.....05/14/2018

	Sample PW-7	Method Blank	Lab Spike	Lab Spike Dup
[2,3,7,8-TCDD]	ND	ND	--	--
LOQ	5.0 pg/L	5.0 pg/L	--	--
2,3,7,8-TCDD Recovery	--	--	100%	94%
Spike Recovery Limit	--	--	73-146%	73-146%
RPD				5.3%
IS Recovery	68%	78%	71%	71%
IS Recovery Limits	31-137%	31-137%	25-141%	25-141%
CS Recovery	73%	82%	76%	74%
CS Recovery Limits	42-164%	42-164%	37-158%	37-158%
Filename	F180517A_08	F180516B_05	F180516B_03	F180516B_04
Analysis Date	05/17/2018	05/16/2018	05/16/2018	05/16/2018
Analysis Time	08:32	18:38	17:33	18:05
Analyst	SMT	SMT	SMT	SMT
Volume	1.006L	1.007L	1.042L	1.000L
Dilution	NA	NA	NA	NA
ICAL Date	04/26/2018	04/26/2018	04/26/2018	04/26/2018
CCAL Filename	F180517A_02	F180516B_02	F180516B_02	F180516B_02

- ! = Outside the Control Limits
- ND = Not Detected
- LOQ = Limit of Quantitation
- Limits = Control Limits from Method 1613 (10/94 Revision), Tables 6A and 7A
- RPD = Relative Percent Difference of Lab Spike Recoveries
- IS = Internal Standard [2,3,7,8-TCDD-¹³C₁₂]
- CS = Cleanup Standard [2,3,7,8-TCDD-³⁷Cl₄]

Analyst: 