

1252 Quarry Lane
P.O. Box 9019
Pleasanton, CA 94566
(510) 426-2600
Fax (510) 426-0106

Clayton
ENVIRONMENTAL
CONSULTANTS

September 10, 1996

Mr. Jeff Shapiro
AMERICAN XTAL TECHNOLOGY
4311 Solar Way
Fremont, CA 94538

Client Ref.: NONE
Clayton Project No.: 96090.91

Dear Mr. Shapiro:

Attached is our analytical laboratory report for the samples received on September 6, 1996. Also enclosed is a copy of the Chain-of-Custody record acknowledging receipt of these samples.

Please note that any unused portion of the samples will be discarded after October 10, 1996, unless you have requested otherwise.

We appreciate the opportunity to assist you. If you have any questions concerning this report, please contact Suzanne Haus, Client Services Supervisor, at (510) 426-2657.

Sincerely,



Harriotte A. Hurley, CIH
Director, Laboratory Services
San Francisco Regional Office

HAH/las

Attachments

Analytical Results
 for
 American Xtal Technology

Clayton Project No. 96090.91

Sample Identification:	See Below	Date Received:	09/06/96
Lab Number:	9609091	Date Digested:	09/09/96
Sample Matrix/Media:	WIPE	Date Prepared:	09/06/96
Digestion Method:	EPA 3050A	Date Analyzed:	09/10/96
Preparation Method:	CAM WET		
Method Reference:	EPA 6010A		

Lab Number	Sample Identification	Date Sampled	STLC Arsenic (mg/L)	Method Detection Limit (mg/L)
-01	6785-01	09/06/96	<0.3	0.3
-02	6785-02	09/06/96	<0.3	0.3
-03	6785-03	09/06/96	<0.3	0.3
-04	6785-04	09/06/96	<0.3	0.3
-05	METHOD BLANK	--	<0.3	0.3

ND: Not detected at or above limit of detection
 --: Information not available or not applicable

Clayton

ENVIRONMENTAL
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REQUEST FOR LABORATORY ANALYTICAL SERVICES

For Clayton Use Only Page 1 of 1

Project No. _____

Batch No. **9609091**

Ind. Code _____ W.P. _____

Date Logged In _____ By _____

Jeff Shapiro

REPORT RESULTS TO	Name <u>American XTAL</u>	Title _____	Purchase Order No. _____	Client Job No. _____																																																								
	Company <u>American XTAL TEST</u>	Dept. _____	Name _____	Company _____ Dept. _____																																																								
	Mailing Address <u>4311 Solar Way</u>	City, State, Zip <u>Fremont, CA 94538</u>	Address _____	City, State, Zip _____																																																								
	Telephone No. <u>510.683-5900</u>	Telefax No. <u>510.683-5901</u>																																																										
Date Results Req.: <u>9/10/96</u>	Rush Charges Authorized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Phone / Fax Results <input type="checkbox"/> <input checked="" type="checkbox"/>	ANALYSIS REQUESTED (Enter an 'X' in the box below to indicate request; Enter a 'P' if Preservative added. *)																																																									
Special Instructions: (method, limit of detection, etc.)		Samples are: (check if applicable)	<table border="1"> <tr> <td rowspan="4">Number of Containers</td> <td colspan="10">/</td> <td>FOR LAB USE ONLY</td> </tr> <tr> <td>1</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>01A</td> </tr> <tr> <td>1</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-02</td> </tr> <tr> <td>1</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-03</td> </tr> <tr> <td>1</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-04</td> </tr> </table>		Number of Containers	/										FOR LAB USE ONLY	1	X									01A	1	X									-02	1	X									-03	1	X									-04
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1	X									-04																																																		
* Explanation of Preservative:		<input type="checkbox"/> Drinking Water <input type="checkbox"/> Collected in the State of New York																																																										
CLIENT SAMPLE IDENTIFICATION		DATE SAMPLED	MATRIX/MEDIA	AIR VOLUME (specify units)																																																								
<u>6785-01</u>	<u>(W/DFH₂O) (S)</u>	<u>9/6/96</u>	<u>Water</u>																																																									
<u>" -02</u>	<u>(W/DFH₂O) (S)</u>	<u>"</u>	<u>"</u>																																																									
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<u>" -04</u>	<u>(DFH₂O)</u>	<u>"</u>	<u>"</u>																																																									
CHAIN OF CUSTODY	Collected by: <u>Jeff Shapiro</u> (print)	Collector's Signature: <u>Jeff Shapiro</u>																																																										
	Relinquished by: <u>Jeff Shapiro</u>	Date/Time: <u>9/6/96 2:38 PM</u>	Received by: _____	Date/Time: _____																																																								
	Relinquished by: _____	Date/Time: _____	Received at Lab by: <u>Donna Hammerberg</u>	Date/Time: <u>9/6/96 2:38 PM</u>																																																								
	Method of Shipment: _____	Sample Condition Upon Receipt: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Other (explain)																																																										
Authorized by: _____ Date _____		(Client Signature <u>Must</u> Accompany Request)																																																										

Please return completed form and samples to one of the Clayton Environmental Consultants, Inc. labs listed below:

22345 Roethel Drive Novi, MI 48375 (810) 344-1770	Raritan Center 160 Fieldcrest Ave. Edison, NJ 08837 (908) 225-6040	400 Chastain Center Blvd., N.W. Suite 490 Kennesaw, GA 30144 (404) 499-7500	1252 Quarry Lane Pleasanton, CA 94566 (510) 426-2657
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DISTRIBUTION:

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