

San Francisco Regional Office

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Clayton
ENVIRONMENTAL
CONSULTANTS

July 10, 1996

Mr. Jeff Shapiro
AXT
6780 Sierra Court
Suite I
Dublin, CA 94568

Client Ref.: NONE
Clayton Project No.: 96070.34

Dear Mr. Shapiro:

Attached is our analytical laboratory report for the samples received on July 2, 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 August 9, 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/tjb

Attachments

Analytical Results
for
AXT

Clayton Project No. 96070.34

Sample Identification: See Below	Date Received: 07/02/96
Lab Number: 9607034	Date Digested: 07/08/96
Sample Matrix/Media: WATER	Date Analyzed: 07/09/96
Digestion Method: EPA 200.7A	
Method Reference: EPA 200.7	

Lab Number	Sample Identification	Date Sampled	Lead (mg/L)	Method Detection Limit (mg/L)
-04	SITE #1	07/02/96	<0.02	0.02
-05	SITE #2	07/02/96	<0.02	0.02
-07	METHOD BLANK	--	<0.02	0.02

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

Analytical Results
 for
 AXT

Clayton Project No. 96070.34

Sample Identification: See Below	Date Received: 07/02/96
Lab Number: 9607034	Date Digested: 07/10/96
Sample Matrix/Media: SOLID	Date Prepared: 07/08/96
Digestion Method: EPA 3010A	Date Analyzed: 07/10/96
Preparation Method: EPA 1311	
Method Reference: EPA 6010A	

Lab Number	Sample Identification	Date Sampled	TCLP Arsenic (mg/L)	Method Detection Limit (mg/L)
-01	SHEET ROCK-R	07/02/96	<0.3	0.3
-02	SHEET ROCK-RM	07/02/96	<0.3	0.3
-03	SHEET ROCK-LM	07/02/96	<0.3	0.3
-06	METHOD BLANK	--	<0.3	0.3

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

REQUEST FOR LABORATORY ANALYTICAL SERVICES

For Clayton Use Only Page 1 of 1 ch

Project No. _____

Batch No. 9607034

Ind. Code _____ W.P. _____

Date Logged In 7/2 By ch

REPORT RESULTS TO	Name <u>JEFF SHAPIRO</u>	Title <u>SAFETY MANAGER</u>	Purchase Order No. _____	Client Job No. _____											
	Company <u>AXT</u>	Dept. _____	Name _____	Company _____											
	Mailing Address <u>6780 Sierra Dr</u>	City, State, Zip <u>Madison, MA 02148</u>	Address _____	City, State, Zip _____											
	Telephone No. <u>510.833-0553</u>	Telefax No. <u>510.833-2667</u>													
Date Results Req.: <u>5 DAY THRU</u>	Rush Charges Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone / Fax Results <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Fax	Samples are: (check if applicable)												
Special Instructions: <u>10K per Vendor</u> (method, limit of detection, etc.)		<input checked="" type="checkbox"/> Drinking Water (2)		ANALYSIS REQUESTED (Enter an 'X' in the box below to indicate request; Enter a 'P' if Preservative added. *)											
* Explanation of Preservative: <u>HNO3</u>		<input type="checkbox"/> Collected in the State of New York													
CLIENT SAMPLE IDENTIFICATION		DATE SAMPLED	MATRIX/MEDIA	AIR VOLUME (specify units)	Number of Containers	FOR LAB USE ONLY									
<u>SHEET ROCK - M</u>		<u>7/2/96</u>	<u>solid</u>		<u>1</u>	<div style="text-align: center;"> <p>TEL P-1311, ALBANY</p> <p>A.A. FOR LEAD</p> </div>									
<u>SHEET ROCK - R</u>		<u>7/2/96</u>	<u>solid</u>	<u>pl baggie</u>	<u>1</u>										
<u>SHEET ROCK - RM</u>		<u>"</u>	<u>"</u>	<u>↓</u>	<u>1</u>										
<u>SHEET ROCK - LM</u>		<u>"</u>	<u>"</u>	<u>↓</u>	<u>1</u>										
<u>SITE #1* (HNO3)</u>		<u>"</u>	<u>H2O</u>	<u>pl 250ml</u>	<u>1</u>										
<u>SITE #2* (HNO3)</u>		<u>"</u>	<u>H2O</u>	<u>↓</u>	<u>1</u>										
CHAIN OF CUSTODY	Collected by: <u>JEFF SHAPIRO</u>	(print)	Collector's Signature: <u>[Signature]</u>												
	Relinquished by: <u>[Signature]</u>	Date/Time: <u>7/2/96 4:26 P.M.</u>	Received by: _____	Date/Time: _____											
	Relinquished by: _____	Date/Time: _____	Received at Lab by: <u>Carol Hemmerberg</u>	Date/Time: <u>7/2/96 4:26 P.M.</u>											
	Method of Shipment: _____			Sample Condition Upon Receipt: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Other (explain)											
Authorized by: _____		Date: _____	(Client Signature Must 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 (313) 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:

- WHITE - Clayton Laboratory
- YELLOW - Clayton Accounting
- PINK - Client Retains