

San Francisco Regional Office

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

Clayton
ENVIRONMENTAL
CONSULTANTS

October 9, 1996

Mr. Peter Schaefer
CLAYTON ENVIRONMENTAL CONS.
1252 Quarry Lane
Pleasanton, CA 94566

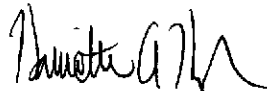
ADDITIONAL REPORT
Client Ref.: Pending
Clayton Project No.: 96094.03

Dear Mr. Schaefer:

Attached is our additional analytical laboratory report for the samples received on September 27, 1996 and originally reported on October 3, 1996. Sulfur results are provided by GTF Labs.

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



October 9, 1996

Clayton Environmental Services
P.O. Box 9019
Pleasanton, CA 94566

ATTN: Suzanne Haus

REPORT OF ANALYSIS: Sample ID; P.O. # 45211, Job # 9609403

RESULTS:

Sample	mg/Kg Sulfur	Sample	mg/Kg Sulfur
CW-1-6.5	<70	CW-3-6	<70
CW-1-8.0	760	CW-3-9	<70
CW-1-9.0	<70	CW-3-11	<70
CW-1-11	550	CW-4-5.5	<70
CW-2 3.5	1680	CW-4-7.5	880
CW-2-5.0	2770	CW-4-11.5	14,400
CW-2-7.5	<70	CW-4-12.5	11,900
CW-2-9.5	450	CW-5-7.5	30,300
CW-3-3.5	<70	CW-5-11	1050

Method: AOAC 15th Ed. Method # 980.02, Total Sulfur in Fertilizers.

Spike Recovery: Sample CW-3-6 was spiked with 44 mg Sulfur, 87% Recovered.

John L. Peterson
Chemist/Lab Manager

REQUEST FOR LABORATORY ANALYTICAL SERVICES

For Clayton Use Only Page 1 of 2

Project No. _____
 Batch No. _____
 Ind. Code _____ W.P. _____
 Date Logged In _____ By _____

REPORT RESULTS TO

Name Suzanne Haus Title _____
 Company Clayton Environmental Dept. _____
 Mailing Address 1252 Quarry Lane
 City, State, Zip Pleasanton, CA 94566
 Telephone No. (510) 426-2657 Telefax No. (510) 426-0172

Purchase Order No. 45211 Client Job No. 9609403

SEND INVOICE TO

Name _____
 Company _____ Dept. _____
 Address _____
 City, State, Zip _____

Date Results Req. 10/18/96 Rush Charges Authorized? Yes No Phone / Fax Results Phone Fax

Special Instructions: (method, limit of detection, etc.)
\$80. per sample includes surcharge

* Explanation of Preservative: _____

Samples are: (check if applicable)
 Drinking Water
 Collected in the State of New York

ANALYSIS REQUESTED
 (Enter an 'X' in the box below to indicate request; Enter a 'P' if Preservative added.)

CLIENT SAMPLE IDENTIFICATION	DATE SAMPLED	MATRIX/MEDIA	AIR VOLUME (specify units)	Number of Containers	ANALYSIS REQUESTED										FOR LAB USE ONLY		
CW-1-6.5'	9/26	Soil	20mlp	1	X												
CW-1-8'				1	X												
CW-1-9.0'				1	X												
CW-1-11'				1	X												
CW-2-3.5 +Brind #				1	X												
CW-2-5.0				1	X												
CW-2-7.5				1	X												
CW-2-9.5				1	X												
CW-3-3.5				1	X												
CW-3-6				1	X												

CHAIN OF CUSTODY

Collected by: _____ (print) Collector's Signature: _____
 Relinquished by: [Signature] Date/Time: 10/21/96 8:00
 Relinquished by: _____ Date/Time: _____
 Method of Shipment: _____

Authorized by: _____ Date: _____
 (Client Signature Must Accompany Request)

Received by: [Signature] Date/Time: 10-3-96 0900
 Received at Lab by: John L. Peterson Date/Time: 10-3-96 0900
 Sample Condition Upon Receipt: Acceptable Other (explain)

P. 1/3
 2689869
 10:14AM MONTEREY WAREHOUSE
 OCT 09 '96

Clayton

ENVIRONMENTAL
CONSULTANTS

REQUEST FOR LABORATORY ANALYTICAL SERVICES

For Clayton Use Only Page 2 of 2

Project No. _____
Batch No. _____
Ind. Code _____ W.P. _____
Date Logged In _____ By _____

P. 2/3

2689869

10:15AM MONTEREY WAREHOUSE

OCT 09 '96

REPORT RESULTS TO	Name Suzanne Haus		Title _____		Purchase Order No. 45211		Client Job No. 9609403					
	Company Clayton Environmental				Dept. _____		Name _____					
	Mailing Address 1252 Quarry Lane				Address _____		Dept. _____					
	City, State, Zip Pleasanton, CA 94566				City, State, Zip _____		City, State, Zip _____					
Telephone No. (510) 426-2657		Telefax No. (510) 426-0172		SEND INVOICE TO		Date Logged In _____		By _____				
Date Results Req.: 10/8/96		Rush Charges Authorized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone / Fax Results <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Fax		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.) \$80. includes surcharges				Samples are: (check if applicable) <input type="checkbox"/> Drinking Water <input type="checkbox"/> Collected in the State of New York		Number of Containers		FOR LAB USE ONLY				
Explanation of Preservative: _____				Total / Subject								
CLIENT SAMPLE IDENTIFICATION		DATE SAMPLED	MATRIX/MEDIA	AIR VOLUME (specify units)								
CW-3-9		9/26	Soil	20ml	1					X		
CW-3-11		↓	↓	↓	1					X		
CW-4-5.5		9/27	↓	↓	1					X		
CW-4-7.5		↓	↓	↓	1					X		
CW-4-11.5		↓	↓	↓	1	X						
CW-4-12.5		↓	↓	↓	1	X						
CW-5-7.5		↓	↓	↓	1	X						
CW-5-11		↓	↓	↓	1	X						
CHAIN OF CUSTODY		Collected by: _____ (print)			Collector's Signature: _____							
		Relinquished by: <i>[Signature]</i>			Date/Time: 10/8/96 5:30			Received by: <i>[Signature]</i>				
		Relinquished by: _____			Date/Time: _____			Received at Lab by: <i>John L. Peters</i>				
		Method of Shipment: _____			Sample Condition Upon Receipt: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Other (explain)			Date/Time: 10-3-96 0900				
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 |
|---|---|--|--|

DISTRIBUTION:
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YELLOW - Clayton Accounting
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