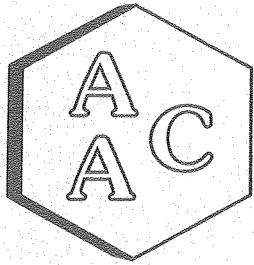




**CHAIN OF CUSTODY / ANALYSIS REQUEST FORM**

Client Name <b>MO DNR</b>		Project Name <b>Bridgeton LE</b>		Analysis Requested		Send report:	
Project Mgr. (Print Name) <b>Michael Parris</b>		Project Number		D-5504		Attn: _____	
Sampler's Name (Print Name) <b>Teresa Revany</b>		Sampler's Signature <i>Teresa Revany</i>		Type/No. of Containers <b>-30 -5</b>		Phone#: _____ Fax#: _____	
AAC Sample No.	Date Sampled	Time Sampled	Sample Type	Client Sample ID/Description		Send Invoice to:	
Can # 696	11/10/15	1129-	Summa-Timed	DI (154215)	X	P.O. # <b>3ESP160398</b>	
Can # 705	11/10/15	1139-1223	Summa-Timed	V1 (153329)	X	Turnaround Time 24 - 48 Hr _____ 72 Hr _____	
						5 Day <input checked="" type="checkbox"/> Normal _____	
						Special Instructions/remarks: Shipped via UPS Tracking # 1ZRCYAW60277935181	
Relinquished by (Signature): <i>Teresa Revany</i>		Print Name: <b>Teresa Revany</b>		Date/Time <b>11/10/15 1440</b>		Received by (signature): _____ Print Name	
Relinquished by (Signature): <i>[Signature]</i>		Print Name:		Date/Time		Received by (signature): _____ Print Name	



# Atmospheric Analysis & Consulting, Inc.

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CLIENT : Eurofins Air Toxics, Inc.  
PROJECT NAME : MO DNR – Bridgeton LF  
AAC PROJECT NO. : 151538  
REPORT DATE : 11/13/2015

On November 12, 2015, Atmospheric Analysis & Consulting, Inc. received two (2) Six-Liter Silonite Canisters for TRS analysis by ASTM D-5504. Upon receipt, each sample was assigned a unique Laboratory ID number as follows:


Client ID	Lab No.	Initial Pressure (mmHg)
D1 (154215)	151538-84487	683.7
U1 (153329)	151538-84488	675.2

ASTM D-5504 Analysis - Up to a 1 mL aliquot of sample is injected into the GC/SCD for analysis following ASTM D-5504 as specified in the SOW.

No problems were encountered during receiving, preparation and/or analysis of these samples. The test results included in this report meet all requirements of the NELAC Standards and/or AAC SOP# AACI-ASTM D-5504.

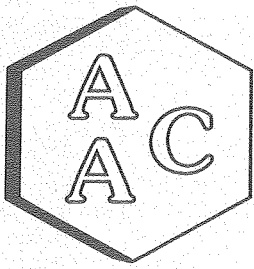
I certify that this data is technically accurate, complete and in compliance with the terms and conditions of the contract. The Laboratory Director or his designee, as verified by the following signature, has authorized release of the data contained in this hardcopy data package.

If you have any questions or require further explanation of data results, please contact the undersigned.

  
\_\_\_\_\_  
Marcus Hueppe  
Laboratory Director

This report consists of 4 pages.





# Atmospheric Analysis & Consulting, Inc.

## LABORATORY ANALYSIS REPORT


CLIENT : Eurofins Air Toxics, Inc.  
PROJECT NO. : 151538  
MATRIX : AIR  
UNITS : ppmV

SAMPLING DATE : 11/10/2015  
RECEIVING DATE : 11/12/2015  
ANALYSIS DATE : 11/13/2015  
REPORT DATE : 11/13/2015

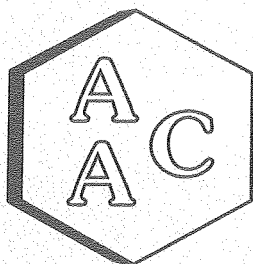
### Total Reduced Sulfur Compounds Analysis by ASTM D-5504

Client ID	D1 (154215)	U1 (153329)
AAC ID	151538-84487	151538-84488
Canister Dil. Fac.	1.3	1.3
Analyte	Result	Result
Hydrogen Sulfide	< 0.013	< 0.013
Carbonyl Sulfide	< 0.013	< 0.013
Sulfur Dioxide	< 0.013	< 0.013
Methyl Mercaptan	< 0.013	< 0.013
Ethyl Mercaptan	< 0.013	< 0.013
Dimethyl Sulfide	< 0.013	< 0.013
Carbon Disulfide	< 0.013	< 0.013
Isopropyl Mercaptan	< 0.013	< 0.013
tert-Butyl Mercaptan	< 0.013	< 0.013
n-Propyl Mercaptan	< 0.013	< 0.013
Methylethylsulfide	< 0.013	< 0.013
sec-Butyl Mercaptan	< 0.013	< 0.013
Thiophene	< 0.013	< 0.013
iso-Butyl Mercaptan	< 0.013	< 0.013
Diethyl Sulfide	< 0.013	< 0.013
n-Butyl Mercaptan	< 0.013	< 0.013
Dimethyl Disulfide	< 0.013	< 0.013
2-Methylthiophene	< 0.013	< 0.013
3-Methylthiophene	< 0.013	< 0.013
Tetrahydrothiophene	< 0.013	< 0.013
Bromothiophene	< 0.013	< 0.013
Thiophenol	< 0.013	< 0.013
Diethyl disulfide	< 0.013	< 0.013
Total Unidentified Sulfur	< 0.013	< 0.013
Total Reduced Sulfurs as H <sub>2</sub> S	< 0.013	< 0.013

All compound's concentrations expressed in terms of H<sub>2</sub>S (TRS does not include COS and SO<sub>2</sub>)  
Sample Reporting Limit (SRL) is equal to Reporting Limit x Canister Dil. Fac. x Analysis Dil. Fac.

  
Marcus Hueppe  
Laboratory Director





# Atmospheric Analysis & Consulting, Inc.

## Quality Control/Quality Assurance Report ASTM D-5504

Date Analyzed: 11/13/2015  
Analyst: ZB

Instrument ID: SCD#10  
Calb. Date: 5/4/2015

### Opening Calibration Verification Standard

	Resp. (area)	Result (ppbV)	% Rec *	% RPD ****
Initial	4388	488	97.5	NA
Duplicate	4496	500	99.9	2.4
Triplicate	4476	497	99.5	2.0

### Method Blank

Analyte	Result
H2S	ND

### Duplicate Analysis

Sample ID 151538-84487 x1

Analyte	Sample Result	Duplicate Result	Mean	% RPD ***
H2S	0.0	0.0	0.0	0.0

### Matrix Spike & Duplicate

Sample ID 151538-84487 x2

Analyte	Sample Conc.	Spike Added	MS Result	MSD Result	MS % Rec **	MSD % Rec **	% RPD ***
H2S	0.0	250.0	247.1	244.7	98.8	97.9	1.0

### Closing Calibration Verification Standard

Analyte	Std. Conc.	Result (ppbV)	% Rec **
H2S	500.0	482.5	96.5

\* Must be 95-105%

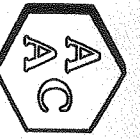
\*\* Must be 90-110%

\*\*\* Must be < 10%

\*\*\*\* Must be < 5% RPD from Initial result.

  
Marcus Hueppe  
Laboratory Director





ATMOSPHERIC ANALYSIS & CONSULTING, INC.  
 1534 Eastman Avenue, Suite A  
 Ventura, California 93003  
 Phone (805) 650-1642 Fax (805) 650-1644  
 E-mail: info@aacalab.com

AAC Project No. 151538

Page 1 of 1

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

Client Name <b>NO DNR</b>		Project Name <b>Ridgdon LF</b>		Analysis Requested		Send report:	
Project Mgr (Print Name) <b>Michael Parris</b>		Project Number				Attn: _____	
Sampler's Name (Print Name) <b>Teresa Harvey</b>		Sampler's Signature <i>Teresa Harvey</i>		Client Sample ID/Description <b>VI (158329)</b>		Send invoice to: _____	
AAC Sample No.	Date Sampled	Time Sampled	Sample Type	Type/No.-of Containers	Analysis Requested	Received by (signature):	Print Name
Can # 696	11/10/15	1129-1215	Summer-Timed	-30-5	X	<i>[Signature]</i>	84487
Can # 705	11/10/15	1139-1223	Summer-Timed	-30-5	X	<i>[Signature]</i>	84488
Relinquished by (Signature): <i>[Signature]</i>		Print Name: <b>Teresa Harvey</b>		Date/Time <b>11/10/15 1440</b>		Received by (signature): _____	
Relinquished by (Signature): _____		Print Name:		Date/Time <b>11/21/15 1330</b>		Received by (signature): <i>[Signature]</i>	

Attn: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 Send invoice to: \_\_\_\_\_

Attn: \_\_\_\_\_  
 P.O. # 3E5P160398

Turnaround Time  
 24 - 48 Hr \_\_\_\_\_ 72 Hr \_\_\_\_\_  
 5 Day \_\_\_\_\_ Normal \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_  
 Special Instructions/remarks:  
 Shipped via UPS  
 Tracking #  
 1ZKPDW60217938181

Print Name  
*John Sachman*