

Appendix C:

Associated Laboratories Water Quality Monitoring Data
Sheets, Chain of Custody Forms, and Calibration Records

Pages 1-796



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7232012-JS-FORDEC-12-407

Lab Request: 307563
Report Date: 07/30/2012
Date Received: 07/23/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307563-001	72312-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

The reports of the Associated Laboratories are confidential property of our clients and may not be reproduced or used for publication in part or in full without our written permission. This is for the mutual protection of the public, our clients, and ourselves.

TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012 12:40	Site:
Sample #: 307563-001	Client Sample #: 72312-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	9000	1			MPN/100ml	07/23/12	RG	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	500	1			MPN/100ml	07/23/12	RG	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	430	1			cfu/100ml	07/23/12	RG	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





First Sample

CHAIN OF CUSTODY RECORD

Date 7-23-2012 Page 1 of 1

307563

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>					Samples Intact Yes ☐ No ☐		
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>					County Seals Intact Yes ☐ No ☐		
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>					Sample Ambient ☐ Cooled ☒ Frozen ☐		
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>							Same Day ☐ 24 Hr. ☒		
							Regular ☐ 48 Hr. ☐		
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72312-INF-ML1	Malibu Lagoon - Influent Source	7/23/12	1240	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature)			Date/Time <u>7/23/12</u>		I hereby authorize the performance of the above indicated work.		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>			Date/Time <u>7/23/12 1647</u>				
Special Instructions: PO #: 7232012-JS-FORDEC-12-407					<u>7/23/12 4:50</u>				
<u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: <u>07-23-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: <u>X</u> Ice <u> </u> Ice Packs <u> </u> Bubble Wrap <u> </u> Styrofoam <u> </u> Paper <u> </u> None <u> </u> Other <u> </u>
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?	X		X
Were the containers labeled with correct preservatives?	X		
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eubank</u> Date: <u>07/23/12</u>
Log-in Reviewed by: <u> </u> Date: <u> </u>



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7232012-JS-FORDEC-12-407

Lab Request: 307561
Report Date: 07/30/2012
Date Received: 07/23/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307561-001	72312-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012 14:13	Site:
Sample #: 307561-001	Client Sample #: 72312-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	5000	1			MPN/100ml	07/23/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	300	1			MPN/100ml	07/23/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	141	1			cfu/100ml	07/23/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 307561 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 7-23-2012 Page 1 of 1

307561

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED		
				WATER	AIR	SOLID					
72312-INF-ML2	Malibu Lagoon - Influent Source	7/23/12	2:13	x			3		Enterococcus		
									Fecal Coliform		
									Total Coliform		
									Total Residual Chlorine		
									Need to know if Coliform is		
									present in the sample ASAP		
									All to MDL/PQL		
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>7/23/12</u>		I hereby authorize the performance of the above indicated work. <u>647</u> <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier				
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature) <u>phong Tran</u>			Date/Time <u>7/23/12</u>						
Special Instructions: PO #: 7232012-JS-FORDEC-12-407 <u>[Signature]</u> <u>7-23-12 4:50</u>											

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>07-23-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: <u>X</u> Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?	<u>X</u>		<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eubank</u> Date: <u>07/23/12</u>
Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7232012-JS-FORDEC-12-408

Lab Request: 307564
Report Date: 07/25/2012
Date Received: 07/23/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307564-001	72312-INF-ML
307564-002	72312-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012 12:40	Site:
Sample #: <u>307564-001</u>	Client Sample #: 72312-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID:		
Total Suspended Solids	26	1	2.7	5	mg/L	07/24/12	ame	

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012	Site:
Sample #: <u>307564-002</u>	Client Sample #: 72312-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID:		
Total Suspended Solids	ND	1	2.7	5	mg/L	07/24/12	ame	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307564 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: 07-23-12	Sampler's Name: Yes No
Sample(s) received in cooler: Yes	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 6.0C
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. Guebert Date: 07/23/12
Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7232012-JS-FORDEC-12-407

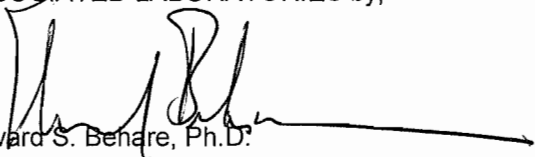
Lab Request: 307562
Report Date: 07/30/2012
Date Received: 07/23/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307562-001	72312-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Benare, Ph.D.
Lab Director

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012 12:43	Site:
Sample #: <u>307562-001</u>	Client Sample #: 72312-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	30	1			MPN/100ml	07/23/12	RG	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/23/12	RG	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	2	1			cfu/100ml	07/23/12	RG	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307562 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

307562

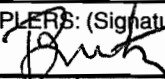
CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive
Fullerton, CA 92832

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

PROJECT MANAGER
Jeff Sherod / Mike Slaby

PHONE NUMBER
(714) 639-7873

SAMPLERS: (Signature)


Samples Intact Yes ☐ No ☐

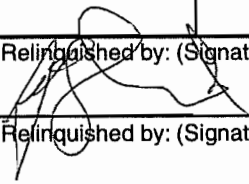
County Seals Intact Yes ☐ No ☐

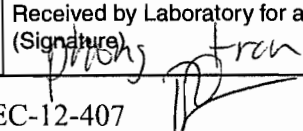
Sample Ambient ☐ Cooled ☒ Frozen ☐

Same Day ☐ 24 Hr. ☒

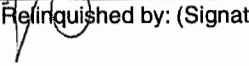
Regular ☐ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CONTNRS.	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72312-EFF-ML1	Malibu Lagoon - Treated Effluent	7/23/12	1243	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)


Received by: (Signature)


Date/Time
7/23/12

Relinquished by: (Signature)


Received by Laboratory for analysis: (Signature)

Date/Time
7/23/12

Special Instructions: PO #: 7232012-JS-FORDEC-12-407

7-23-12

I hereby authorize the performance of the above indicated work.

647


DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: 07-23-12	Sampler's Name: Yes No
Sample(s) received in cooler: Yes	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 6.0C
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. Guebert Date: 07/23/12
Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7232012-JS-FORDEC-12-407

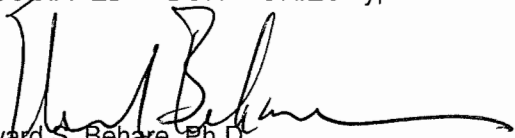
Lab Request: 307560
Report Date: 07/30/2012
Date Received: 07/23/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307560-001	72312-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012 14:15	Site:
Sample #: <u>307560-001</u>	Client Sample #: 72312-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	140	1			MPN/100ml	07/23/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	2	1			MPN/100ml	07/23/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	07/23/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307560 Page 2 of 2



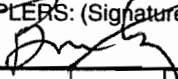
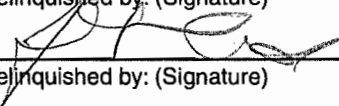


Second Sample

CHAIN OF CUSTODY RECORD

Date 7-23-2012 Page 1 of 1

307560

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		307560					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72312-EFF-ML2	Malibu Lagoon - Treated Effluent	7/23/12	215	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature)		Date/Time 7/23/12		I hereby authorize the performance of the above indicated work.			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Phong Tran</u>		Date/Time 7/17/12 1647					
Special Instructions: PO #: 7232012-JS-FORDEC-12-407									
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: 07-23-12	Sampler's Name: Yes No
Sample(s) received in cooler: Yes	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 6.0C
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. Eubank Date: 07/23/12
Log-in Reviewed by: Date:



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7242012-JS-FORDEC-12-407

Lab Request: 307593
Report Date: 07/31/2012
Date Received: 07/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307593-001	72412-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 08:15	Site:
Sample #: <u>307593-001</u>	Client Sample #: 72412-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	7000	1			MPN/100ml	07/24/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	140	1			MPN/100ml	07/24/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	246	1			cfu/100ml	07/24/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307593 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

307593

CHAIN OF CUSTODY RECORDDate 7-24-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Enrique Romero</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72412-INF-ML1	Malibu Lagoon - Influent Source	7/24/12	08:15	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Enrique Romero</u>		Received by: (Signature) <u>Jeff Sherod</u>			Date/Time <u>12:15</u> <u>7/24/12</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: <u>PO #: 7242012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 7/24/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)**Section 2**Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7° C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JawadDate: 7/24/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7242012-JS-FORDEC-12-407

Lab Request: 307594
Report Date: 07/30/2012
Date Received: 07/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307594-001	72412-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 09:45	Site:
Sample #: 307594-001	Client Sample #: 72412-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	5000	1			MPN/100ml	07/24/12	RG	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	220	1			MPN/100ml	07/24/12	RG	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	267	1			cfu/100ml	07/24/12	RG	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307594 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

307594

CHAIN OF CUSTODY RECORDDate 7-24-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐				
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Enrique Romeo</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72412-INF-ML2	Malibu Lagoon - Influent Source	7/24/12	0945	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Enrique Romeo</u>		Received by: (Signature) <u>Jeff Sherod</u>			Date/Time <u>7/24/12 12:45</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: <u>PO #: 7242012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 7/24/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7.5

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☒	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☒	☐	☐
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/24/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7242012-JS-Fordec-12-408

Lab Request: 307592
Report Date: 07/25/2012
Date Received: 07/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307592-001	72412-INF-ML
307592-002	72412-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 08:15	Site:
Sample #: <u>307592-001</u>	Client Sample #: 72412-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID:		
Total Suspended Solids	16	1	2.7	5	mg/L	07/24/12	ame	

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 08:15	Site:
Sample #: <u>307592-002</u>	Client Sample #: 72412-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID:		
Total Suspended Solids	ND	1	2.7	5	mg/L	07/24/12	ame	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307592 Page 2 of 2



LR# 307592



ASSOCIATED LABORATORIES

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CHAIN OF CUSTODY RECORD

Date 7-24-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Enrique Romo</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72412-INF-ML	Malibu Lagoon - Influent Source	7/24/12	0815	x			1		Total Suspended Solids
72412-EFF-ML	Malibu Lagoon - Treated Effluent	7/24/12	0815	x			1		Total Suspended Solids
All to MDL/PQL									
Relinquished by: (Signature) <u>Enrique Romo</u>		Received by: (Signature) <u>Jeff Sherod</u>			Date/Time <u>12:15</u> <u>7/24/12</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: PO #: 7242012-JS-FORDEC-12-408									

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/24/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7.5

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/24/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7242012-JS-FORDEC-12-407

Lab Request: 307595
Report Date: 07/30/2012
Date Received: 07/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307595-001	72412-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 08:15	Site:
Sample #: <u>307595-001</u>	Client Sample #: 72412-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	220	1			MPN/100ml	07/24/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	4	1			MPN/100ml	07/24/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	5	1			cfu/100ml	07/24/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 307595 Page 2 of 2



307595


ASSOCIATED LABORATORIES

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First Sample

CHAIN OF CUSTODY RECORD

 Date 7-24-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Emiguel Romo</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72412-EFF-ML1	Malibu Lagoon - Treated Effluent	7/24/12	0815	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emiguel Romo</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>7/24/12 12:15</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	

Special Instructions: PO #: 7242012-JS-FORDEC-12-407

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/24/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7.5

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

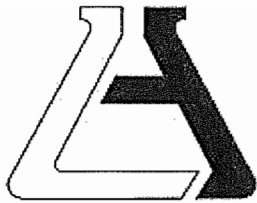
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/24/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7242012-JS-FORDEC-12-407

Lab Request: 307591
Report Date: 07/31/2012
Date Received: 07/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307591-001	72412-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 09:45	Site:
Sample #: 307591-001	Client Sample #: 72412-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128116
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	220	1			MPN/100ml	07/24/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/24/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	3	1			cfu/100ml	07/24/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

307591

CHAIN OF CUSTODY RECORDDate 7-24-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Enrique Roman</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72412-EFF-ML2	Malibu Lagoon - Treated Effluent	7/24/12	0945	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Enrique Roman</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>7/24/12 12:15</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 7242012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 7/24/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7°

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/24/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-412

Lab Request: 307660
Report Date: 08/01/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307660-001	72512-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 08:30	Site:
Sample #: <u>307660-001</u>	Client Sample #: 72512-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128241
Copper	0.013	1	0.001	0.01	mg/L	07/27/12	nina	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	20.7	1	0.1	0.1	NTU	07/25/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	8.60	1				07/27/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	8.02	1			pH Units	07/25/12	rvenal	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	7.01	1			mg/L	07/25/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307660 Page 2 of 2





307660

Date 7-25-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/25/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-407

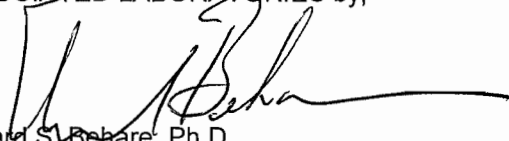
Lab Request: 307665
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307665-001	72512-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 08:30	Site:
Sample #: 307665-001	Client Sample #: 72512-INF-ML1
	Collector: Client

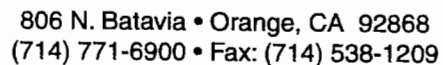
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128247
Chlorine, Total Residual	0.13	1	0.02	0.1	mg/L	07/25/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	1700	1			MPN/100ml	07/25/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	50	1			MPN/100ml	07/25/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	2600	1			cfu/100ml	07/25/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307665 Page 2 of 2





307665

Date 7-25-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐					
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐					
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☒ 48 Hr. ☐					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72512-INF-ML1	Malibu Lagoon - Influent Source	7/25/12	9:30 pm	x			4		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									421001X100
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>7/25/12 12:03</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time					
Special Instructions: <u>PO #: 7252012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 7/25/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 7/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-407

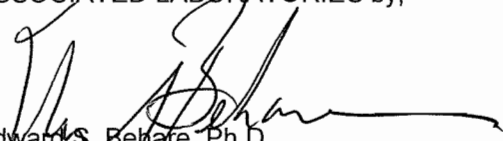
Lab Request: 307663
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307663-001	72512-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 10:00	Site:
Sample #: 307663-001	Client Sample #: 72512-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128247
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	3000	1			MPN/100ml	07/25/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	300	1			MPN/100ml	07/25/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	2730	1			cfu/100ml	07/25/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307663 Page 2 of 2





Second Sample

CHAIN OF CUSTODY RECORD

Date 7-25-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 7/25/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ✓ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 7/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-408

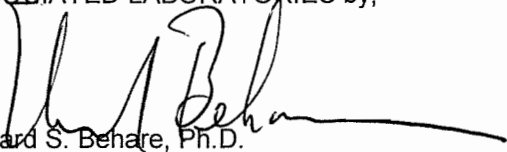
Lab Request: 307662
Report Date: 07/30/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307662-001	72512-INF-ML
307662-002	72512-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 08:30	Site:
Sample #: 307662-001	Client Sample #: 72512-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID: QC1128237		
Total Suspended Solids	21	1	2.7	5	mg/L	07/25/12	ame	

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 08:30	Site:
Sample #: 307662-002	Client Sample #: 72512-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID: QC1128237		
Total Suspended Solids	ND	1	2.7	5	mg/L	07/25/12	ame	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307662 Page 2 of 2





307662

Date 7-25-2012 Page 1 of 1

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/25/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-412

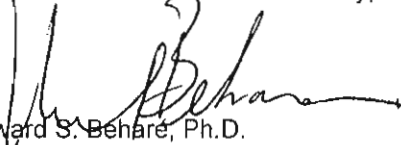
Lab Request: 307661
Report Date: 07/30/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307661-001	72512-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water
Sampled: 07/25/2012 08:30
Sample #: 307661-001

Client: Pure Effect, Inc.
Site:
Client Sample #: 72512-EFF-ML

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128241
Copper	ND	1	0.001	0.01	mg/L	07/27/12	nina	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	1.41	1	0.1	0.1	NTU	07/25/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	8.30	1				07/27/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.96	1			pH Units	07/25/12	rvenal	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	4.23	1			mg/L	07/25/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307661 Page 2 of 2





30766

Date 7-25-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/25/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact? ☒			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-407

Lab Request: 307664
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307664-001	72512-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Belare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 08:30	Site:
Sample #: <u>307664-001</u>	Client Sample #: 72512-EFF-ML1
	Collector: Client

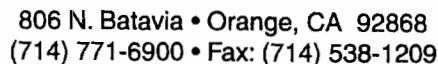
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128247
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/25/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	30	1			MPN/100ml	07/25/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/25/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	07/25/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307664 Page 2 of 2





307664

Date 7-25-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/25/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/25/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-407

Lab Request: 307666
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307666-001	72512-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 10:00	Site:
Sample #: 307666-001	Client Sample #: 72512-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128247
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/25/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	22	1			MPN/100ml	07/25/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	2	1			MPN/100ml	07/25/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	07/25/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307666 Page 2 of 2





Second Sample

Date 7-25-2012 Page 1 of 1

Jeff Sherod
DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect
Date Received: 7/25/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 7/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7262012-JS-FORDEC-12-407

Lab Request: 307831
Report Date: 08/01/2012
Date Received: 07/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307831-001	72612-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/26/2012 09:00	Site:
Sample #: 307831-001	Client Sample #: 72612-INF-ML1
	Collector: Client

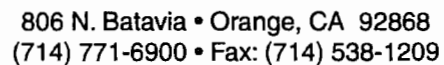
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128278
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2200	1			MPN/100ml	07/27/12	RG	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	500	1			MPN/100ml	07/27/12	RG	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	503	1			cfu/100ml	07/27/12	RG	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307831 Page 2 of 2





307831

Date 7-26-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐				
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>			County Seals Intact Yes ☐ No ☐				
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>			Sample Ambient ☐ Cooled ☒ Frozen ☐				
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>					Sample Day <u>24 Hr.</u> Regular ☒ 8 Hr. ☐				
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72612-INF-ML1	Malibu Lagoon - Influent Source	7/26/12	0700	x			(4)		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>7/27/12 09:48</u>		I hereby authorize the performance of the above indicated work.			
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>7-27-12 jwo</u>		Jeff Sherod			
Special Instructions: PO #: 7262012-JS-FORDEC-12-407									
DISTRIBUTION: White with report. Yellow to AL, Pink to Courier									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	
Date Received:	07-27-12
Sample(s) received in cooler:	Yes
Shipping Information:	
Project:	
Sampler's Name:	Yes No
No (Skip Section 2)	

Section 2
Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 5.0C
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?	X		
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. Elbert Date: 07/27/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7262012-JS-FORDEC-12-407

Lab Request: 307833
Report Date: 08/01/2012
Date Received: 07/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307833-001	72612-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/26/2012 10:30	Site:
Sample #: 307833-001	Client Sample #: 72612-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128278
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	1700	1			MPN/100ml	07/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	500	1			MPN/100ml	07/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1272	1			cfu/100ml	07/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307833 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

307833

CHAIN OF CUSTODY RECORDDate 7-26-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u> SAMPLERS: (Signature) <u><i>[Signature]</i></u>				Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <u>X</u> Frozen _____ Same Day _____ 24 Hr. _____ Regular <u>X</u> 48 Hr. _____	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>									

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72612-INF-ML2	Malibu Lagoon - Influent Source	7/26/12	1030	x			14		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u><i>[Signature]</i></u>	Received by: (Signature) <u><i>[Signature]</i></u>	Date/Time <u>7/27/12 09:48</u>	I hereby authorize the performance of the above indicated work. <u><i>Jeff Sherod</i></u>
Relinquished by: (Signature) <u><i>[Signature]</i></u>	Received by Laboratory for analysis: (Signature) <u><i>Nevine M. Khalil</i></u>	Date/Time <u>7-27-12 11:16</u>	

Special Instructions: PO #: 7262012-JS-FORDEC-12-407

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: <u>07-27-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: <u>Ice</u> ☒ Ice Packs <u>Bubble Wrap</u> ☐ Styrofoam
<u>Paper</u> ☐ None <u>Other</u> ☐
Cooler or box temperature: <u>5.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. [Signature]</u> Date: <u>07/27/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7262012-JS-FORDEC-12-408

Lab Request: 307829
Report Date: 07/31/2012
Date Received: 07/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

307829-001	72612-INF-ML
307829-002	72612-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/26/2012 09:00	Site:
Sample #: <u>307829-001</u>	Client Sample #: 72612-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D							QCBatchID: QC1128321
Total Suspended Solids	46	1	2.7	5	mg/L	07/27/12	ame	

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/26/2012 09:15	Site:
Sample #: <u>307829-002</u>	Client Sample #: 72612-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D							QCBatchID: QC1128321
Total Suspended Solids	ND	1	2.7	5	mg/L	07/27/12	ame	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

CHAIN OF CUSTODY RECORD

Date 7-26-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 07-27-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice X Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 5.0C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. [Signature]Date: 07/27/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7262012-JS-FORDEC-12-407

Lab Request: 307830
Report Date: 08/01/2012
Date Received: 07/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307830-001	72612-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/26/2012 09:15	Site:
Sample #: 307830-001	Client Sample #: 72612-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128278
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	07/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	07/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307830 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

307830

CHAIN OF CUSTODY RECORDDate 7-26-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832

PROJECT NAME

Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Sample Day 24 Hr
Regular 48 Hr

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72612-EFF-ML1	Malibu Lagoon - Treated Effluent	7/26/12	0915	x			(4)		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

7/27/12 09:48

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions:

PO #: 7262012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

JRO 7/27/12 1114 am

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: <u>07-27-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: <u>Ice</u> ☒ Ice Packs <u>Bubble Wrap</u> ☐ Styrofoam
<u>Paper</u> ☐ None <u>Other</u> ☐
Cooler or box temperature: <u>5.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Elbert</u> Date: <u>07/27/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7262012-JS-FORDEC-12-407

Lab Request: 307832
Report Date: 08/01/2012
Date Received: 07/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307832-001	72612-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/26/2012 10:45	Site:
Sample #: 307832-001	Client Sample #: 72612-EFF-ML2
	Collector: Client

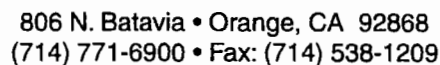
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128278
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	11	1			MPN/100ml	07/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	07/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307832 Page 2 of 2





307832

Date 7-26-2012 Page 1 of 1

Time 7/27/12 11:10 am.

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 07-27-12Sample(s) received in cooler: Yes

Shipping Information:

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice X Ice Packs Bubble Wrap StyrofoamPaper None OtherCooler or box temperature: 5.0C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. ElbertDate: 07/27/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7302012-JS-FORDEC-12-407

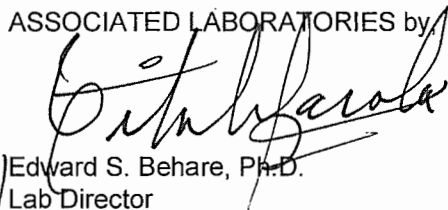
Lab Request: 307944
Report Date: 08/03/2012
Date Received: 07/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307944-001	73012-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/30/2012 10:50	Site:
Sample #: 307944-001	Client Sample #: 73012-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128323
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	07/30/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	1700	1			MPN/100ml	07/30/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	27	1			MPN/100ml	07/30/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	710	1			cfu/100ml	07/30/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307944 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 7-30-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive

Fullerton, CA 92832

PROJECT NAME

Ford E.C. - Malibu Lagoon Project - Malibu, CA

PROJECT MANAGER

Jeff Sherod / Mike Slaby

PHONE NUMBER

(714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____

County Seals Intact Yes _____ No _____

Sample Ambient ☐ Cooled ☒ Frozen ☐

Same Day _____ 24 Hr. X

Regular 48 Hr.
$$442105 \times 100$$

All to MDL/POL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time 7/30/12 1447

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) _____

Date/Time 4-3-12 3:50

Special Instructions: PO #: 7302012-JS-FORDEC-12-407

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 7/30/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 10°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JeniferDate: 7/30/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7302012-JS-FORDEC-12-407

Lab Request: 307947
Report Date: 08/06/2012
Date Received: 07/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307947-001	73012-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/30/2012 12:25	Site:
Sample #: <u>307947-001</u>	Client Sample #: 73012-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128323
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	07/30/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	1300	1			MPN/100ml	07/30/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	50	1			MPN/100ml	07/30/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	635	1			cfu/100ml	07/30/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307947 Page 2 of 2



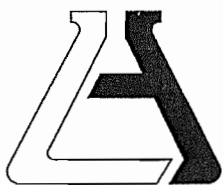


Second Sample

CHAIN OF CUSTODY RECORD

Date 7-30-2012 Page 1 of 1

CLIENT Pure Effect, Inc.													
ADDRESS 601 West Valencia Drive Fullerton, CA 92832						PROJECT MANAGER Jeff Sherod / Mike Slaby				SAMPLES Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient Cooled ☒ Frozen _____ Same Day _____ 24 Hr. ☒ Regular _____ 48 Hr. _____			
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA						PHONE NUMBER (714) 639-7873				SAMPLERS: (Signature) 			
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED				
				WATER	AIR	SOLID							
73012-INF-ML2	Malibu Lagoon - Influent Source	7/30/12	1235	x			3		Enterococcus				
									Fecal Coliform				
									Total Coliform				
									Total Residual Chlorine				
									Need to know if Coliform is present in the sample ASAP				
									442105 x 100				
									All to MDL/PQL				
Relinquished by: (Signature)		Received by: (Signature)				Date/Time		I hereby authorize the performance of the above indicated work.					
(Signature)		(Signature)				7/30/12 1447							
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)				Date/Time							
(Signature)		Newline Michael				3:50 7-30-12							
Special Instructions: PO #: 7302012-JS-FORDEC-12-407													
Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier													



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Date Received: 7/30/12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam

Paper None Other

Cooler or box temperature: 10°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

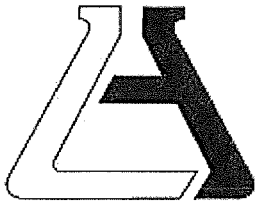
Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: J. [Signature]

Date: 7/30/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7302012-JS-FORDEC-12-407

Lab Request: 307945
Report Date: 08/06/2012
Date Received: 07/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307945-001	73012-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/30/2012 10:50	Site:
Sample #: 307945-001	Client Sample #: 73012-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128323
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/30/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	23	1			MPN/100ml	07/30/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	2	1			MPN/100ml	07/30/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	3	1			cfu/100ml	07/30/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307945 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

307945

CHAIN OF CUSTODY RECORDDate 7-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☒	
				Regular ☐ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73012-EFF-ML1	Malibu Lagoon - Treated Effluent	7/30/12	10 ³⁰ A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									442105
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>7/30/12 14:47</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>7-30-12 3:50</u>	
Special Instructions: <u>PO #: 7302012-JS-FORDEC-12-407</u>			

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 7/30/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam

Paper None Other

Cooler or box temperature: 10°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Jenifer

Date: 7/30/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7302012-JS-FORDEC-12-407

Lab Request: 307943
Report Date: 08/06/2012
Date Received: 07/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307943-001	73012-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behar, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/30/2012 12:25	Site:
Sample #: <u>307943-001</u>	Client Sample #: 73012-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128323
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/30/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	30	1			MPN/100ml	07/30/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/30/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	07/30/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307943 Page 2 of 2





307943

Date 7-30-2012 Page 1 of 1

CLIENT Pure Effect, Inc.				PROJECT MANAGER Jeff Sherod / Mike Slaby				Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. ☒ Regular _____ 48 Hr. _____			
ADDRESS 601 West Valencia Drive Fullerton, CA 92832				PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA				SAMPLERS: (Signature) <i>[Signature]</i>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED		
				WATER	AIR	SOLID					
73012-EFF-ML2	Malibu Lagoon - Treated Effluent	7/30/12	12:25 P	x			3		Enterococcus		
									Fecal Coliform		
									Total Coliform		
									Total Residual Chlorine		
									Need to know if Coliform is present in the sample ASAP		
									442105 X100		
									All to MDL/PQL		
Relinquished by: (Signature) <i>[Signature]</i>		Received by: (Signature) <i>[Signature]</i>		Date/Time 7/30/12 14:47		I hereby authorize the performance of the above indicated work.					
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>[Signature]</i>		Date/Time 7-30-12 3:50							
Special Instructions: PO #: 7302012-JS-FORDEC-12-407											
									Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 7/30/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 10°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7/30/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7312012-JS-FORDEC-12-412

Lab Request: 307992
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307992-001	73112-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/31/2012 08:00	Site:
Sample #: 307992-001	Client Sample #: 73112-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128363
Copper	ND	1	0.001	0.01	mg/L	08/01/12	nina	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	41.1	1	0.1	0.1	NTU	07/31/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	22.4	1				07/31/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.39	1			pH Units	07/31/12	rvenal	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	7.57	1			mg/L	07/31/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307992 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
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62 307902

CHAIN OF CUSTODY RECORDDate 7-31-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)						

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73112-INF-ML	Malibu Lagoon - Influent	7/31/12	8AM	x					Dissolved Oxygen
	(Red Testing - Calendar)								Copper
									Turbidity
									pH
									Salinity
									<u>446901</u> All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>7/31/12</u> <u>1305</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 7312012-JS-FORDEC-12-412</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 7-31-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		-	<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7-31-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7312012-JS-FORDEC-12-407

Lab Request: 307989
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307989-001	73112-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/31/2012 08:00	Site:
Sample #: 307989-001	Client Sample #: 73112-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128397
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	07/31/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	5000	1			MPN/100ml	07/31/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	170	1			MPN/100ml	07/31/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	280	1			cfu/100ml	07/31/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307989 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 7-31-2012 Page 1 of 1

307989

CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☒
Regular ☐ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73112-INF-ML1	Malibu Lagoon - Influent Source	7/31/12	8 AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									444901 X100
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

7/31/12

I hereby authorize the performance of the above indicated work.

1309

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions:

PO #: 7312012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
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**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 7-31-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		-	<u>X</u>
If Yes – were they intact?	<u>X</u>		<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7-31-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7312012-JS-FORDEC-12-407

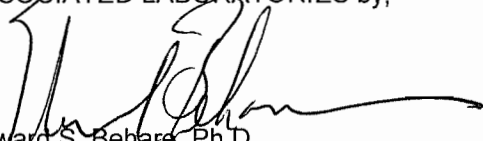
Lab Request: 307987
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307987-001	73112-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/31/2012 09:50	Site:
Sample #: 307987-001	Client Sample #: 73112-INF-ML2
	Collector: Client

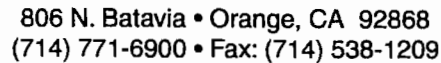
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128397
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/31/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	9000	1			MPN/100ml	07/31/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	300	1			MPN/100ml	07/31/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	300	1			cfu/100ml	07/31/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307987 Page 2 of 2





307987

Date 7-31-2012 Page 1 of 1

Date 7-31-2012 Page 1 of 1

I hereby authorize the performance of the above indicated work.

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 7-31-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>-</u>	<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7-31-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7312012-JS-FORDEC-12-412

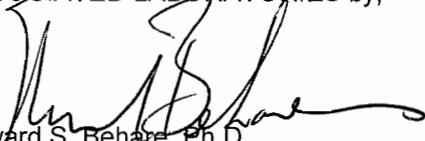
Lab Request: 307988
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307988-001	73112-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/31/2012 08:00	Site:
Sample #: <u>307988-001</u>	Client Sample #: 73112-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128363
Copper	ND	1	0.001	0.01	mg/L	08/01/12	nina	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	0.52	1	0.1	0.1	NTU	07/31/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	22.1	1				07/31/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.57	1			pH Units	07/31/12	rvenal	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	5.35	1			mg/L	07/31/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307988 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**CHAIN OF CUSTODY RECORD**Date 7-31-2012 Page 1 of 1

307988

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>			SAMPLES: (Signature) <u>[Signature]</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>									
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73112-EFF-ML	Malibu Lagoon - Treated Effluent	7/31/12	8AM	x					Dissolved Oxygen
	(Red Testing - Calendar)								Copper
									Turbidity
									pH
									Salinity
									446901X100
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>7/31/12</u>		I hereby authorize the performance of the above indicated work. <u>1309</u> <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: <u>PO #: 7312012-JS-FORDEC-12-412</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 7-31-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	☒
If Yes – were they intact?	☒		☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 7-31-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7312012-JS-FORDEC-12-407

Lab Request: 307990
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307990-001	73112-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

The reports of the Associated Laboratories are confidential property of our clients and may not be reproduced or used for publication in part or in full without our written permission. This is for the mutual protection of the public, our clients, and ourselves.

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/31/2012 08:00	Site:
Sample #: 307990-001	Client Sample #: 73112-EFF-ML1
	Collector: Client

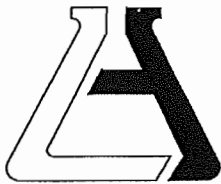
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128397
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/31/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	11	1			MPN/100ml	07/31/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/31/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	07/31/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307990 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure effect
Date Received: 7-31-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>-</u>	<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 7-31-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7312012-JS-FORDEC-12-407

Lab Request: 307986
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307986-001	73112-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behere, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/31/2012 09:50	Site:
Sample #: 307986-001	Client Sample #: 73112-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128397
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/31/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	6	1			MPN/100ml	07/31/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	07/31/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	07/31/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 307986 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 7-31-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	☒
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 7-31-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8012012-JS-FORDEC-12-407

Lab Request: 308065
Report Date: 08/06/2012
Date Received: 08/01/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308065-001	80112-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/01/2012 07:30	Site:
Sample #: 308065-001	Client Sample #: 80112-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128405
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/01/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	1100	1			MPN/100ml	08/01/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	240	1			MPN/100ml	08/01/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	550	1			cfu/100ml	08/01/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308065 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

308065

CHAIN OF CUSTODY RECORDDate 8-01-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <i>Enrique Romo</i>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80112-INF-ML2	Malibu Lagoon - Influent Source	8/01/12	7:30 AM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <i>Enrique Romo</i>	Received by: (Signature) <i>Jeff Sherod</i>	Date/Time 8/1/12 11:41	I hereby authorize the performance of the above indicated work. <i>Jeff Sherod</i>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: PO #: 8012012-JS-FORDEC-12-407			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/1/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		☒ 02
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel eee Date: 8/1/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8012012-JS-FORDEC-12-407

Lab Request: 308064
Report Date: 08/06/2012
Date Received: 08/01/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308064-001	80112-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Benare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/01/2012 09:00	Site:
Sample #: 308064-001	Client Sample #: 80112-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128405
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/01/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	500	1			MPN/100ml	08/01/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	30	1			MPN/100ml	08/01/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	50	1			cfu/100ml	08/01/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308064 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

308064

CHAIN OF CUSTODY RECORDDate 8-01-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☒
Regular ☐ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Emigene Roman

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80112-INF-ML1	Malibu Lagoon - Influent Source	8/01/12	9:00 AM	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Emigene Roman

Received by: (Signature)

Jeff Sherod

Date/Time

8/1/12 11:41

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions: PO #: 8012012-JS-FORDEC-12-407Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/1/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		☒ 02
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/1/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8012012-JS-FORDEC-12-407

Lab Request: 308066
Report Date: 08/06/2012
Date Received: 08/01/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308066-001	80112-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behate, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/01/2012 07:30	Site:
Sample #: <u>308066-001</u>	Client Sample #: 80112-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128405
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/01/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	4	1			MPN/100ml	08/01/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/01/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/01/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308066 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

308066

CHAIN OF CUSTODY RECORDDate 8-01-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Enrique Romo</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80112-EFF-ML1	Malibu Lagoon - Treated Effluent	8/01/12	7:30 17 W	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Enrique Romo</u>		Received by: (Signature) <u>David Lee</u>			Date/Time <u>8/1/12 11:41</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: <u>PO #: 8012012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/1/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?	☒		☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		☒ DL
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/1/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8012012-JS-FORDEC-12-407

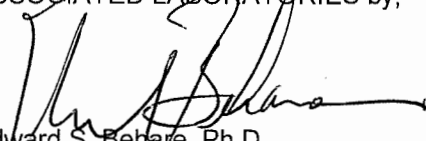
Lab Request: 308067
Report Date: 08/06/2012
Date Received: 08/01/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308067-001	80112-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behar, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/01/2012 09:00	Site:
Sample #: <u>308067-001</u>	Client Sample #: 80112-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128405
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/01/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	4	1			MPN/100ml	08/01/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/01/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/01/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308067 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

308067

CHAIN OF CUSTODY RECORDDate 8-01-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☒ Regular ☐ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Enrique Rana</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80112-EFF-ML2	Malibu Lagoon - Treated Effluent	8/01/12	9:00 <i>4 m</i>	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Enrique Rana</u>	Received by: (Signature) <u>David Lee</u>	Date/Time <u>8/1/12 1147</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 8012012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/1/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 2°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		☒ 02
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/1/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8022012-JS-FORDEC-12-407

Lab Request: 308168
Report Date: 08/06/2012
Date Received: 08/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308168-001	80212-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/02/2012 07:45	Site:
Sample #: 308168-001	Client Sample #: 80212-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128446
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/02/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2400	1			MPN/100ml	08/02/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	13	1			MPN/100ml	08/02/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	80	1			cfu/100ml	08/02/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308168 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

308/68

CHAIN OF CUSTODY RECORDDate 8-02-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ 48 Hr. ☒	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>				SAMPLERS: (Signature) <u>[Signature]</u>	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>									

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80212-INF-ML1	Malibu Lagoon - Influent Source	8/02/12	7:45 A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									745100 X100
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>Phong</u>	Date/Time <u>8/2/12</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>14:00</u>	
Special Instructions: <u>PO #: 8022012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: p-eDate Received: 8-2-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ✓ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 30C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?			<u>✓</u>
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?	<u>✓</u>		<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8-2-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8022012-JS-FORDEC-12-407

Lab Request: 308170
Report Date: 08/06/2012
Date Received: 08/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308170-001	80212-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/02/2012 12:30	Site:
Sample #: <u>308170-001</u>	Client Sample #: 80212-INF-ML2
	Collector: Client

Analyte	Result	DF	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method						QCBatchID: QC1128446
Chlorine, Total Residual	ND	1	0.1	mg/L	08/02/12	dung	
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID:
Coliform, Total	1100	1		MPN/100ml	08/02/12	roxane	
Method: SM 9221-E	Prep Method: Method						QCBatchID:
Coliform, Fecal	50	1		MPN/100ml	08/02/12	roxane	
Method: SM 9230-B	Prep Method: Method						QCBatchID:
Enterococcus	90	1		cfu/100ml	08/02/12	roxane	

ND = Not Detected or < RDL

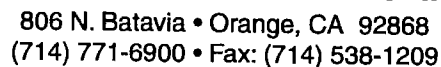
RDL = Reporting Detection Limit

DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308170 Page 2 of 2

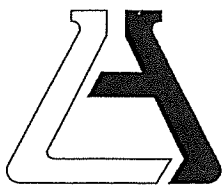




308170

Date 8-02-2012 Page 1 of 1

CLIENT Pure Effect, Inc.										
ADDRESS 601 West Valencia Drive Fullerton, CA 92832			PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled X Frozen _____ Same Day _____ <u>Regular</u> 48 Hr. _____	
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA			PHONE NUMBER (714) 639-7873							
			SAMPLERS: (Signature) [Signature]							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED	
				WATER	AIR	SOLID				
80212-INF-ML2	Malibu Lagoon - Influent Source	8/02/12	12:30	X					Enterococcus	
									Fecal Coliform	
									Total Coliform	
									Total Residual Chlorine	
									Need to know if Coliform is present in the sample ASAP	
									45842(x100)	
									All to MDL/PQL	
Relinquished by: (Signature) [Signature]		Received by: (Signature) Phong Tran		Date/Time 8/2/12		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to [unclear] Blue to [unclear]				
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) Raguera		Date/Time 8/2/12 14:00						
Special Instructions: PO #: 8022012-JS-FORDEC-12-407										



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: plve affect

Project: _____

Date Received: 8-2-12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 3°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>-</u>	<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]

Date: 8-2-12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8022012-JS-FORDEC-12-422

Lab Request: 308173
Report Date: 08/08/2012
Date Received: 08/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308173-001	80212-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

for Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/02/2012 07:45	Site:
Sample #: <u>308173-001</u>	Client Sample #: 80212-INF-ML
	Collector: Client

Analyte	Result	DF	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A						QCBatchID: QC1128463
Copper	ND	1	0.01	mg/L	08/06/12	nina	
Method: SM 2540-D	Prep Method: SM 2540-D						QCBatchID: QC1128580
Total Suspended Solids	22	1	5	mg/L	08/06/12	ame	

ND = Not Detected or < RDL

RDL = Reporting Detection Limit

DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308173 Page 2 of 2



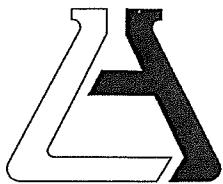


308173

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

[illegible]



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: pure effect

Project: _____

Date Received: 8-2-12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: 3°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8-2-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8022012-JS-FORDEC-12-422

Lab Request: 308165
Report Date: 08/13/2012
Date Received: 08/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308165-001	80212-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water

Client: Pure Effect, Inc.

Sampled: 08/02/2012 07:45

Site:

Sample #: 308165-001

Client Sample #: 80212-EFF-ML

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 1664A	Prep Method: Method-SGT							QCBatchID: QC1128568
Total Oil and Grease	ND	1	1.7	5	mg/L	08/06/12	cathy	
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128456
Copper	0.002 J	1	0.001	0.01	mg/L	08/06/12	nina	
Method: EPA 420.1	Prep Method: Method							QCBatchID: QC1128668
Total Phenolics	ND	1	0.004	0.005	mg/L	08/09/12	hanhkhong	
Method: SM 2540-D	Prep Method: SM 2540-D							QCBatchID: QC1128580
Total Suspended Solids	ND	1	2.7	5	mg/L	08/06/12	ame	
Method: SM 4500-S-D	Prep Method: Method							QCBatchID: QC1128513
Total Sulfide	ND	1	0.1	0.1	mg/L	08/02/12	hanhkhong	
Method: SM 5210-B	Prep Method: Method							QCBatchID: QC1128560
BOD	ND	1	1.5	3	mg/L	08/02/12	nassim	
Method: SM 5540-C	Prep Method: Method							QCBatchID: QC1128440
MBAS	ND	1	0.02	0.04	mg/L	08/02/12	nassim	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIESAnalytical Results Report
Lab Request 308165 Page 2 of 2



First Sample

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

308165

CLIENT Pure Effect, Inc.									
ADDRESS 601 West Valencia Drive		PROJECT MANAGER Jeff Sherod / Mike Slaby							
Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature)							
		Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
80212-EFF-ML	Malibu Lagoon - Treated Effluent	8/02/12	7:45 A	x			7		BOD
	(Yellow)								Oil & Grease
									Sulfide
									Phenol
									MBAS
									Copper
									Total Suspended Solids
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)				Date/Time		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Bridgette Garrison	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)				Date/Time			
Special Instructions:		PO #: 8022012-JS-FORDEC-12-422							



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure effect
Date Received: 8-2-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8-2-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8022012-JS-FORDEC-12-407

Lab Request: 308167
Report Date: 08/06/2012
Date Received: 08/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308167-001	80212-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/02/2012 07:45	Site:
Sample #: <u>308167-001</u>	Client Sample #: 80212-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128446
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/02/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	8	1			MPN/100ml	08/02/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/02/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	08/02/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308167 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes No County Seals Intact Yes No Sample Ambient Cooled X Frozen Regular Same Day 24 Hr. Regular 8 Hr.	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
80212-EFF-ML1	Malibu Lagoon - Treated Effluent	8/02/12	745 ⁴	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)				Date/Time		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)				Date/Time			
Special Instructions:									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 8-1-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 30C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8-2-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8022012-JS-FORDEC-12-407

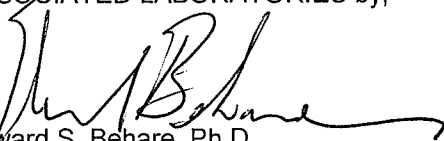
Lab Request: 308171
Report Date: 08/06/2012
Date Received: 08/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308171-001	80212-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/02/2012 12:30	Site:
Sample #: <u>308171-001</u>	Client Sample #: 80212-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128446
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/02/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	4	1			MPN/100ml	08/02/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	2	1			MPN/100ml	08/02/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/02/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308171 Page 2 of 2





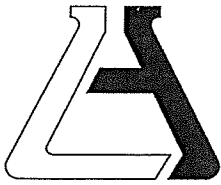
Second Sample

308171

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

CLIENT Pure Effect, Inc.									
ADDRESS 601 West Valencia Drive Fullerton, CA 92832									
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA									
PROJECT MANAGER Jeff Sherod / Mike Slaby									
PHONE NUMBER (714) 639-7873									
SAMPLERS (Signature)									
Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient Cooled X Frozen ____ <u>Same Day</u> 24 Hr. _____ Regular x 48 Hr. _____									
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
80212-EFF-ML2	Malibu Lagoon - Treated Effluent	8/02/12	12P	X					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)			Date/Time		I hereby authorize the performance of the above indicated work. Jeff Sherod		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: PO #: 8022012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 8-2-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 3°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>-</u>	<u>X</u>
If Yes – were they intact?	<u>X</u>		<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8-2-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8062012-JS-FORDEC-12-407

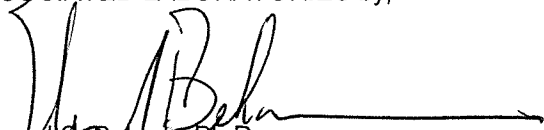
Lab Request: 308367
Report Date: 08/13/2012
Date Received: 08/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308367-001	80612-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/06/2012 08:45	Site:
Sample #: 308367-001	Client Sample #: 80612-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128547
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/06/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	600	1			MPN/100ml	08/06/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	80	1			MPN/100ml	08/06/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	180	1			cfu/100ml	08/06/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308367 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-06-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0°C</u>
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Schest Date: 08/06/12
Log-in Reviewed by: _____ Date: _____



First Sample

CHAIN OF CUSTODY RECORD

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8062012-JS-FORDEC-12-407

Lab Request: 308366
Report Date: 08/13/2012
Date Received: 08/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308366-001	80612-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/06/2012 12:05	Site:
Sample #: <u>308366-001</u>	Client Sample #: 80612-INF-ML2
	Collector: Client

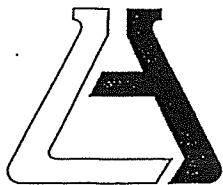
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128547
Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	08/06/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	700	1			MPN/100ml	08/06/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	80	1			MPN/100ml	08/06/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	200	1			cfu/100ml	08/06/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308366 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-06-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0°C</u>
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

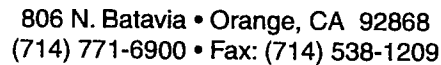
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. Hest Date: 08/06/12

Log-in Reviewed by: _____ Date: _____



308366

Date 8-06-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐				
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>								PHONE NUMBER <u>(714) 639-7873</u>	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>[Signature]</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
80612-INF-ML2	Malibu Lagoon - Influent Source	8/06/12	12 ⁰⁵ P	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									475382 K106
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>08/06/12</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, <u>[Signature]</u>		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time <u>13:21</u>				
Special Instructions: PO #: 8062012-JS-FORDEC-12-407									



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8062012-JS-FORDEC-12-407

Lab Request: 308370
Report Date: 08/13/2012
Date Received: 08/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308370-001	80612-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behrre, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/06/2012 08:45	Site:
Sample #: <u>308370-001</u>	Client Sample #: 80612-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128547
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/06/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2	1			MPN/100ml	08/06/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/06/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/06/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308370 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 08-06-12Sample(s) received in cooler: (Yes)

Shipping Information: _____

Project: _____

Sampler's Name: (Yes) No

No (Skip Section 2)

Section 2Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 6.0°C

(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. SchestDate: 08/06/12

Log-in Reviewed by: _____

Date: _____



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8062012-JS-FORDEC-12-407

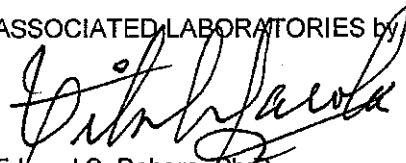
Lab Request: 308368
Report Date: 08/13/2012
Date Received: 08/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308368-001	80612-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by

for 
Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/06/2012 12:05	Site:
Sample #: 308368-001	Client Sample #: 80612-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method		QCBatchID: QC1128547					
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/06/12	dung	
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	22	1			MPN/100ml	08/06/12	roxane	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	2	1			MPN/100ml	08/06/12	roxane	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	<1	1			cfu/100ml	08/06/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 308368 Page 2 of 2



806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

Second Sample

308368

CHAIN OF CUSTODY RECORD

Date 8-06-2012 Page 1 of 1

[illegible]



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-06-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0°C</u>
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. Hest</u> Date: <u>08/06/12</u>
Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8072012-JS-FORDEC-12-407

Lab Request: 308412
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

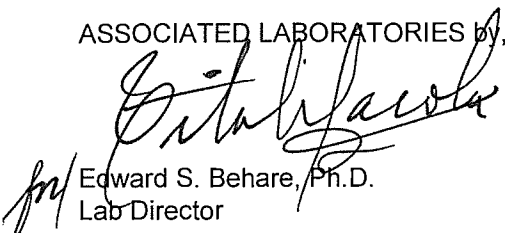
This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

308412-001	80712-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/07/2012 08:55	Site:
Sample #: <u>308412-001</u>	Client Sample #: 80712-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128583
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/07/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	300	1			MPN/100ml	08/07/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	80	1			MPN/100ml	08/07/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	430	1			cfu/100ml	08/07/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308412 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 8-07-2012 Page 1 of 1**308412**CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80712-INF-ML1	Malibu Lagoon - Influent Source	8/07/12	8:55	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

8/7/12 12:45

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

8/7/12 1:09

Special Instructions:

PO #: 8072012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PC

Project: _____

Date Received: 8/7

Sampler's Name: Yes No

Sample(s) received in cooler: (Yes)

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice / Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 20

(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>/</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>/</u>		
Were custody seals present?		<u>/</u>	
If Yes – were they intact?			<u>/</u>
Were all samples sealed in plastic bags?	<u>/</u>		
Did all samples arrive intact? If no, indicate below.	<u>/</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>/</u>		
Were correct containers used for the tests required?	<u>/</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>/</u>		
Was there headspace in VOA vials?			<u>/</u>
Were the containers labeled with correct preservatives?	<u>/</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>/</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N (N/A)Completed By: [Signature] Date: 8/7

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8072012-JS-FORDEC-12-407

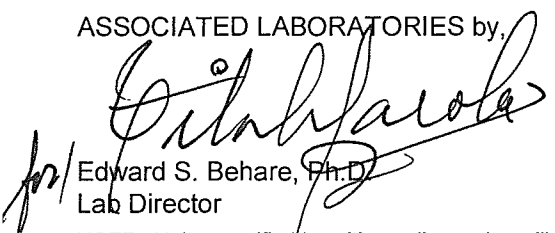
Lab Request: 308414
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308414-001	80712-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/07/2012 10:34	Site:
Sample #: 308414-001	Client Sample #: 80712-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method		QCBatchID: QC1128583					
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/07/12	dung	
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	300	1			MPN/100ml	08/07/12	roxane	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	50	1			MPN/100ml	08/07/12	roxane	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	270	1			cfu/100ml	08/07/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 8-07-2012 Page 1 of 1308414CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80712-INF-ML2	Malibu Lagoon - Influent Source	8/07/12	AM 10:34	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Beverly Sherod

Received by: (Signature)

Jeff Sherod

Date/Time

8/7 12:45

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Jeff SherodReceived by Laboratory for analysis:
(Signature)Jeff Sherod

Date/Time

8/7/12 1:30 P

Special Instructions:

PO #: 8072012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>PC</u>	Project: _____
Date Received: <u>8/7</u>	Sampler's Name: Yes No
Sample(s) received in cooler: <u>(Yes)</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: <u>Ice</u> <u>/</u> Ice Packs <u> </u> Bubble Wrap <u> </u> Styrofoam	
<u> </u> Paper <u> </u> None <u> </u> Other _____	
Cooler or box temperature: <u>20</u>	
(Acceptance range is 2 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u> </u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u> </u>		
Were custody seals present?		<u> </u>	
If Yes – were they intact?			<u> </u>
Were all samples sealed in plastic bags?	<u> </u>		
Did all samples arrive intact? If no, indicate below.	<u> </u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u> </u>		
Were correct containers used for the tests required?	<u> </u>		
Was a sufficient amount of sample sent for tests indicated?	<u> </u>		
Was there headspace in VOA vials?			<u> </u>
Were the containers labeled with correct preservatives?	<u> </u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u> </u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N <u>(N/A)</u>

Completed By: [Signature] Date: 8/7

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8072012-JS-FORDEC-12-407

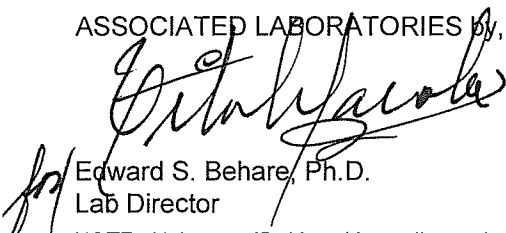
Lab Request: 308413
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308413-001	80712-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/07/2012 09:10	Site:
Sample #: 308413-001	Client Sample #: 80712-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128583
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/07/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/07/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/07/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/07/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308413 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 8-07-2012 Page 1 of 1

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled X Frozen _____
Same Day _____ 24 Hr. _____
Regular X 48 Hr. _____

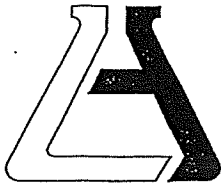
[illegible]

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8072012-JS-FORDEC-12-407

Jeff Sherrod

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>PE</u>	Project: _____
Date Received: <u>8/7</u>	Sampler's Name: Yes No
Sample(s) received in cooler: <u>(Yes)</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: <u>Ice</u> <u>/</u> Ice Packs Bubble Wrap Styrofoam	
Paper None Other _____	
Cooler or box temperature: <u>20</u>	
(Acceptance range is 2 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u>/</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>/</u>		
Were custody seals present?		<u>/</u>	
If Yes – were they intact?			<u>/</u>
Were all samples sealed in plastic bags?	<u>/</u>		
Did all samples arrive intact? If no, indicate below.	<u>/</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>/</u>		
Were correct containers used for the tests required?	<u>/</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>/</u>		
Was there headspace in VOA vials?			<u>/</u>
Were the containers labeled with correct preservatives?	<u>/</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>/</u>

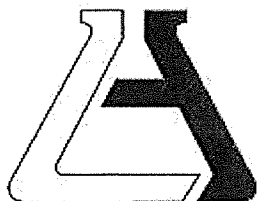
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N <u>(N/A)</u>

Completed By: [Signature] Date: 8/7

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8072012-JS-FORDEC-12-407

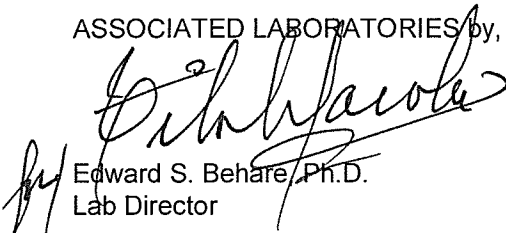
Lab Request: 308415
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308415-001	80712-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/07/2012 10:39	Site:
Sample #: <u>308415-001</u>	Client Sample #: 80712-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128583
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/07/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/07/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/07/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/07/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 308415 Page 2 of 2



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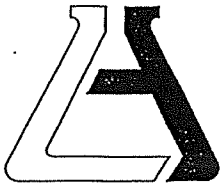
Second Sample

CHAIN OF CUSTODY RECORD

Date 8-07-2012 Page 1 of 1

308415

CLIENT Pure Effect, Inc.									
ADDRESS 601 West Valencia Drive		PROJECT MANAGER Jeff Sherod / Mike Slaby							
Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature)							
		Samples Intact Yes No County Seals Intact Yes No Sample Ambient Cooled X Frozen Same Day 24 Hr. Regular x 48 Hr.							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80712-EFF-ML2	Malibu Lagoon - Treated Effluent	8/07/12	P.M. 10:39	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									48 10 26 x 100
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)			Date/Time		I hereby authorize the performance of the above indicated work.		
Ben [Signature]		[Signature]			8/7 1245				
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time		7		
		[Signature]			8/7/12 13:00				
Special Instructions:		Jeff Sherod							
PO #: 8072012-JS-FORDEC-12-407		DISTRIBUTION: White with report. Yellow to AL,							



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>PC</u>	Project: _____
Date Received: <u>8/7</u>	Sampler's Name: Yes No
Sample(s) received in cooler: <u>(Yes)</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: <u> </u> Ice <u> / </u> Ice Packs <u> </u> Bubble Wrap <u> </u> Styrofoam	
<u> </u> Paper <u> </u> None <u> </u> Other _____	
Cooler or box temperature: <u>20</u>	
(Acceptance range is 2 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u> / </u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u> / </u>		
Were custody seals present?		<u> / </u>	
If Yes – were they intact?			<u> / </u>
Were all samples sealed in plastic bags?	<u> / </u>		
Did all samples arrive intact? If no, indicate below.	<u> / </u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u> / </u>		
Were correct containers used for the tests required?	<u> / </u>		
Was a sufficient amount of sample sent for tests indicated?	<u> / </u>		
Was there headspace in VOA vials?			<u> / </u>
Were the containers labeled with correct preservatives?	<u> / </u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u> / </u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N <u>(N/A)</u>

Completed By: [Signature] Date: 8/7

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 308526
Report Date: 08/13/2012
Date Received: 08/08/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8082012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308526-001	80812-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/08/2012 08:30	Site:
Sample #: 308526-001	Client Sample #: 80812-INF-ML1
	Collector: Client

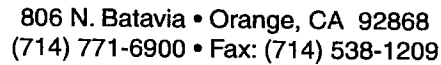
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl <i>NELAC</i>	Prep Method: Method					QCBatchID: QC1128638		
Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	08/08/12	dung	
Method: SM 9221-B <i>NELAC</i>	Prep Method: Method					QCBatchID:		
Coliform, Total	50	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9221-E <i>NELAC</i>	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9230-B <i>NELAC</i>	Prep Method: Method					QCBatchID:		
Enterococcus	40	1			cfu/100ml	08/08/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

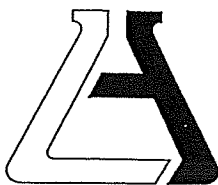
Analytical Results Report
Lab Request 308526 Page 2 of 2





Date 8-08-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		308 526		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>			SAMPLERS: (Signature) _____					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>										
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED	
80812-INF-ML1	Malibu Lagoon - Influent Source	8/08/12	8:30	x			3		Enterococcus	
									Fecal Coliform	
									Total Coliform	
									Total Residual Chlorine	
									Need to know if Coliform is	
									present in the sample ASAP	
									All to MDL/PQL	
Relinquished by: (Signature) <i>[Signature]</i>		Received by: (Signature) <i>[Signature]</i> 8/8			Date/Time 1500		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL,			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>Nevine Mikhael</i>			Date/Time 8-8-12 2:20					
Special Instructions: PO #: 8082012-JS-FORDEC-12-407										

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PE

Project: _____

Date Received: 8/18

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: Client**Section 2**Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper None _____ Other _____Cooler or box temperature: 26

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date, and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: [Signature] Date: 8/18

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 308530
Report Date: 08/13/2012
Date Received: 08/08/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. # 8082012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308530-001	80812-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/08/2012 12:01	Site:
Sample #: 308530-001	Client Sample #: 80812-INF-ML2
	Collector: Client

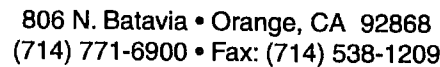
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl <i>NELAC</i>	Prep Method: Method							QCBatchID: QC1128638
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/08/12	dung	
Method: SM 9221-B <i>NELAC</i>	Prep Method: Mehtod							QCBatchID:
Coliform, Total	14	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9221-E <i>NELAC</i>	Prep Method: Method							QCBatchID:
Coliform, Fecal	2	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9230-B <i>NELAC</i>	Prep Method: Method							QCBatchID:
Enterococcus	30	1			cfu/100ml	08/08/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

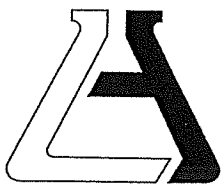
Analytical Results Report
Lab Request 308530 Page 2 of 2





Date 8-08-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
80812-INF-ML2	Malibu Lagoon - Influent Source	8/08/12	(2.0)	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									486818 x 100
									All to MDL/PQL
Relinquished by: (Signature) <i>Born...</i>		Received by: (Signature) <i>[Signature]</i>				Date/Time 8/8/12 5:00		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL,	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>Nevine Hillman</i>				Date/Time 8-8-12 3:20			
Special Instructions: PO #: 8082012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PEDate Received: 8/18Sample(s) received in cooler: YesShipping Information: Client

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam

Cooler or box temperature: _____ Paper None _____ Other _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

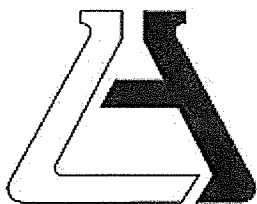
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: [Signature] Date: 8/18

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 308529
Report Date: 08/13/2012
Date Received: 08/08/2012
Client ID: 10043

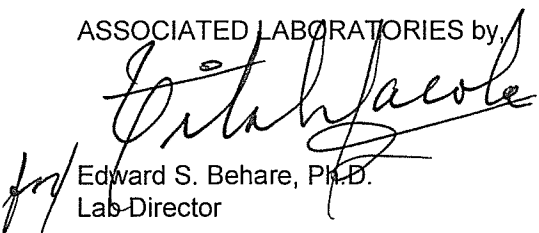
Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8082012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308529-001	80812-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/08/2012 08:35	Site:
Sample #: <u>308529-001</u>	Client Sample #: 80812-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl <i>NELAC</i>	Prep Method: Method							QCBatchID: QC1128638
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/08/12	dung	
Method: SM 9221-B <i>NELAC</i>	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9221-E <i>NELAC</i>	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9230-B <i>NELAC</i>	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/08/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

First Sample

CHAIN OF CUSTODY RECORD

Date 8-08-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		<u>308529</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐			
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>			County Seals Intact Yes ☐ No ☐			Sample Ambient ☐ Cooled ☒ Frozen ☐		
Fullerton, CA 92832		SAMPLERS: (Signature) _____			Same Day ☐ 24 Hr. ☐			Regular ☒ 48 Hr. ☐		
PROJECT NAME										
Ford E.C. - Malibu Lagoon Project - Malibu, CA										
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED	
				WATER	AIR	SOLID				
80812-EFF-ML1	Malibu Lagoon - Treated Effluent	8/08/12	8.35	x			3		Enterococcus	
									Fecal Coliform	
									Total Coliform	
									Total Residual Chlorine	
									Need to know if Coliform is	
									present in the sample ASAP	
									All to MDL/PQL	
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>8/8/12 500</u>			I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Nevine Michael</u>			Date/Time <u>8-8-12 3:20</u>					
Special Instructions: PO #: 8082012-JS-FORDEC-12-407										



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: PE

Project: _____

Date Received: 8/18

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: Client

Section 2

Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper None _____ Other _____

Cooler or box temperature: 26

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/18

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 308523
Report Date: 08/13/2012
Date Received: 08/08/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8082012-JS-FORDEC-12-407

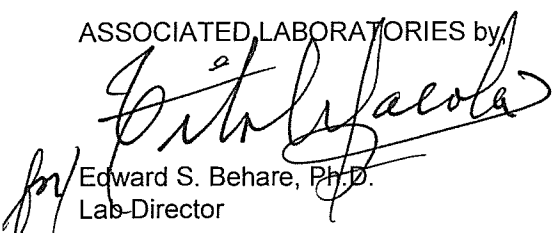
This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

308523-001	80812-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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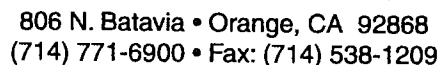
TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/08/2012 12:06	Site:
Sample #: <u>308523-001</u>	Client Sample #: 80812-EFF-ML2
	Collector: Associated Labs

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl <i>NELAC</i>	Prep Method: Method							QCBatchID: QC1128638
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/08/12	dung	
Method: SM 9221-B <i>NELAC</i>	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9221-E <i>NELAC</i>	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/08/12	nmikhael	
Method: SM 9230-B <i>NELAC</i>	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	08/08/12	nmikhael	

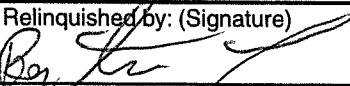
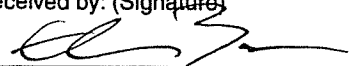
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

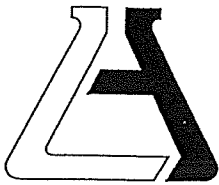




CHAIN OF CUSTODY RECORD

Date 8-08-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		<u>3 08523</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>			SAMPLERS: (Signature)					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>										
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED	
80812-EFF-ML2	Malibu Lagoon - Treated Effluent	8/08/12	12:26	x			3		Enterococcus	
									Fecal Coliform	
									Total Coliform	
									Total Residual Chlorine	
									Need to know if Coliform is	
									present in the sample ASAP	
									All to MDL/PQL	
Relinquished by: (Signature) 		Received by: (Signature)  8/8			Date/Time 1500		I hereby authorize the performance of the above indicated work.  DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)  Nevin McKeel			Date/Time 8-8-12 2:20					
Special Instructions: PO #: 8082012-JS-FORDEC-12-407										



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: PE

Date Received: 8/18

Sample(s) received in cooler: Yes

Shipping Information: Client

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other

Cooler or box temperature: 26

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

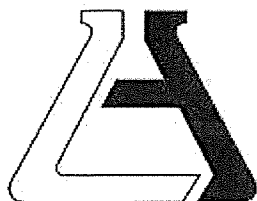
Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/18

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #2092012-JS-FORDEC-12-407

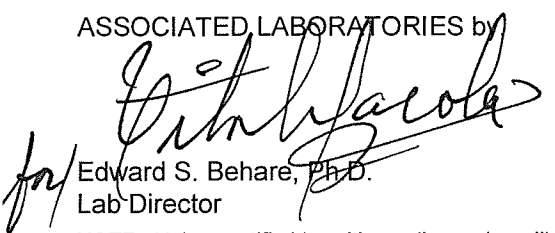
Lab Request: 308604
Report Date: 08/13/2012
Date Received: 08/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308604-001	80912-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

The reports of the Associated Laboratories are confidential property of our clients and may not be reproduced or used for publication in part or in full without our written permission. This is for the mutual protection of the public, our clients, and ourselves.

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/09/2012 08:00	Site:
Sample #: 308604-001	Client Sample #: 80912-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128667
Chlorine, Total Residual	0.07 J	1	0.02	0.1	mg/L	08/09/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	70	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	70	1			cfu/100ml	08/09/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308604 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

First Sample

308604

CHAIN OF CUSTODY RECORD

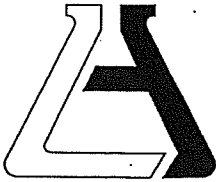
Date 8-09-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80912-INF-ML1	Malibu Lagoon - Influent Source	8/09/12	8AM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									491652 X100
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>				Received by: (Signature) <u>[Signature]</u>				Date/Time <u>8/9/12 1:30</u>	
Relinquished by: (Signature)				Received by Laboratory for analysis: (Signature)				Date/Time	
Special Instructions: <u>PO #: 8092012-JS-FORDEC-12-407</u>									

I hereby authorize the performance of the above indicated work.

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/9/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)**Section 2**Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 60.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/9/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #2092012-JS-FORDEC-12-407

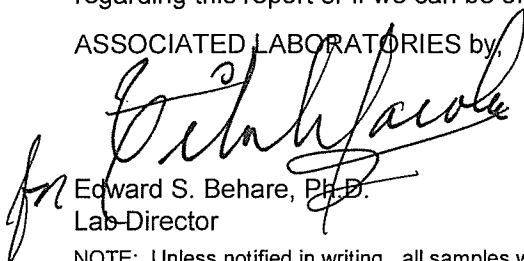
Lab Request: 308603
Report Date: 08/13/2012
Date Received: 08/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308603-001	80912-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


for Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/09/2012 10:30	Site:
Sample #: 308603-001	Client Sample #: 80912-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl <i>NELAC</i>	Prep Method: Method		QCBatchID: QC1128667					
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/09/12	dung	
Method: SM 9221-B <i>NELAC</i>	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	170	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9221-E <i>NELAC</i>	Prep Method: Method		QCBatchID:					
Coliform, Fecal	30	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9230-B <i>NELAC</i>	Prep Method: Method		QCBatchID:					
Enterococcus	130	1			cfu/100ml	08/09/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 308603 Page 2 of 2





Second Sample

308603

Date 8-09-2012 Page 1 of 1

CLIENT Pure Effect, Inc.									
ADDRESS 601 West Valencia Drive									
Fullerton, CA 92832									
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA									
PROJECT MANAGER Jeff Sherod / Mike Slaby									
PHONE NUMBER (714) 639-7873									
SAMPLES: (Signature)									
Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled X Frozen _____ Same Day _____ 24 Hr. _____ Regular X 48 Hr. _____									
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
80912-INF-ML2	Malibu Lagoon - Influent Source	8/09/12	10:30 A	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									492123x100
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)			Date/Time		I hereby authorize the performance of the above indicated work.		
					8/9/12 13:50				
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: PO #: 8092012-JS-FORDEC-12-407									
Jeff Sherod									
DISTRIBUTION: White with report. Yellow to AL, Fish & Wildlife Division.									



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/9/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam

☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 60°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

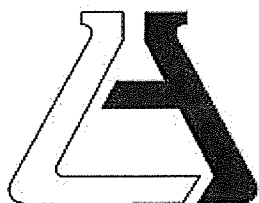
Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]

Date: 8/9/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8092012-JS-FORDEC-12-412

Lab Request: 308599
Report Date: 08/15/2012
Date Received: 08/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308599-001	80912-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/09/2012 08:00	Site:
Sample #: <u>308599-001</u>	Client Sample #: 80912-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128664
Copper	0.002 J	1	0.001	0.01	mg/L	08/10/12	nina	J
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	6.61	1	0.1	0.1	NTU	08/10/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	18.7	1				08/10/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	8.08	1			pH Units	08/09/12	rvenal	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	12.6	1			mg/L	08/09/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308599 Page 2 of 2





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CHAIN OF CUSTODY RECORD

Date 8-09-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 8/9/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____
Cooler or box temperature: 10°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/9/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8092012-JS-FORDEC-12-407

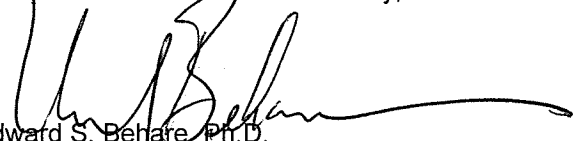
Lab Request: 308602
Report Date: 08/16/2012
Date Received: 08/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308602-001	80912-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/09/2012 10:30	Site:
Sample #: <u>308602-001</u>	Client Sample #: 80912-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128667
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/09/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/09/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8092012-JS-FORDEC-12-407

Lab Request: 308605
Report Date: 08/16/2012
Date Received: 08/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308605-001	80912-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Benare, Ph.D.
Lab Director

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Method: SM 4500-Cl	Client: [REDACTED]
Prep Method: Method	QC Batch ID: QC1128667
Result: ND	DF: 1
MDL: 0.02	RDL: 0.1
Units: mg/L	Analyzed: 08/09/12
By: dung	Notes:

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QC Batch ID: QC1128667
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/09/12	dung	
Method: SM 9221-B	Prep Method: Method							QC Batch ID:
Coliform, Total	4	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QC Batch ID:
Coliform, Fecal	<2	1			MPN/100ml	08/09/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QC Batch ID:
Enterococcus	<1	1			cfu/100ml	08/09/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 308605 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

308605

CHAIN OF CUSTODY RECORDDate 8-09-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive
Fullerton, CA 92832

PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

Samples Intact Yes ☐ No ☐
 County Seals Intact Yes ☐ No ☐
 Sample Ambient ☐ Cooled ☒ Frozen ☐
 Same Day ☐ 24 Hr. ☐
 Regular ☒ 48 Hr. ☐

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CASAMPLERS: (Signature)

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80912-EFF-ML1	Malibu Lagoon - Treated Effluent	8/09/12	8A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									491052x100
									All to MDL/PQL

Relinquished by: (Signature)
Received by: (Signature)
Date/Time 8/9/12 3:50

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions: PO #: 8092012-JS-FORDEC-12-407**Jeff Sherod**DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/9/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 60.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes - were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☒	☐	☒
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/9/12



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Client: Western Environmental Testing Lab.
Address: 475 E. Greg St
Suite 119
Sparks, NV 89431
Attn: Scott Thompson

Lab Request: 307443
Report Date: 08/14/2012
Date Received: 07/20/2012

Client ID: 10124

Comments: Job #1207398

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
307443-001	OMS #3

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Second Sample

308602

CHAIN OF CUSTODY RECORD

Date 8-09-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80912-EFF-ML2	Malibu Lagoon - Treated Effluent	8/09/12	10 ³⁰ A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									492123 X100
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>8/9/12 1:50</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: PO #: 8092012-JS-FORDEC-12-407			

Jeff Sherod
DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/9/12Sample(s) received in cooler: ☒ Yes

Shipping Information: _____

Project: _____

Sampler's Name: ☒ Yes No
No (Skip Section 2)**Section 2**Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 6.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/9/12



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8092012-JS-FORDEC-12-412

Lab Request: 308597
Report Date: 08/15/2012
Date Received: 08/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308597-001	80912-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

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TESTING & CONSULTING
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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/09/2012 08:00	Site:
Sample #: 308597-001	Client Sample #: 80912-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1128664
Copper	0.002 J	1	0.001	0.01	mg/L	08/10/12	nina	J
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	0.66	1	0.1	0.1	NTU	08/10/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	18.9	1				08/10/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.74	1			pH Units	08/09/12	rvenal	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	3.46	1			mg/L	08/09/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 308597 Page 2 of 2





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CHAIN OF CUSTODY RECORD

Date 8-09-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive
Fullerton, CA 92832

PROJECT MANAGER Jeff Sherod / Mike Slaby

PHONE NUMBER (714) 639-7873

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled X Frozen _____
Same Day _____ 24 Hr. _____
Regular X 48 Hr. _____

$$491652 \times 100$$

I hereby authorize the performance of the above indicated work.

Date/Time

Special Instructions: PO #: 8092012-JS-FORDEC-12-412

Jeff Sherrod

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Pink to Courier



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8132012-JS-FORDEC-12-407

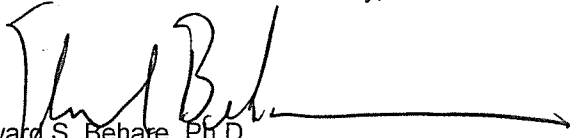
Lab Request: 308753
Report Date: 08/17/2012
Date Received: 08/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308753-001	81312-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

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TESTING & CONSULTING
Chemical
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Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/13/2012 07:20	Site:
Sample #: <u>308753-001</u>	Client Sample #: 81312-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128755
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/13/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	900	1			MPN/100ml	08/13/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	110	1			MPN/100ml	08/13/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	2880	1			cfu/100ml	08/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308753 Page 2 of 2



First Sample

308753

CHAIN OF CUSTODY RECORD

Date 8-13-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>				County Seals Intact Yes ☐ No ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____				Sample Ambient ☐ Cooled ☒ Frozen ☐	
Same Day ☐ 24 Hr. ☐				Regular ☒ 48 Hr. ☐					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81312-INF-ML1	Malibu Lagoon - Influent Source	8/13/12	AM 7:20	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u><i>Ben L...</i></u>	Received by: (Signature) <u><i>Jeff Sherod</i></u>	Date/Time <u>8/13/12 13:27</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) _____	Date/Time <u>8/13/12 11:40</u>	
Special Instructions: <u>PO #: 8132012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/13/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. Malibu LagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 6

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: _____ Date: _____



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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8132012-JS-FORDEC-12-407

Lab Request: 308754
Report Date: 08/17/2012
Date Received: 08/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308754-001	81312-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/13/2012 10:47	Site:
Sample #: 308754-001	Client Sample #: 81312-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128755
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/13/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	900	1			MPN/100ml	08/13/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	22	1			MPN/100ml	08/13/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	686	1			cfu/100ml	08/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308754 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

308754

CHAIN OF CUSTODY RECORDDate 8-13-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81312-INF-ML2	Malibu Lagoon - Influent Source	8/13/12	<u>Am</u> <u>10:47</u>	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>8/13/12</u> <u>13:27</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>8/13/12</u> <u>1:40</u>
Special Instructions: <u>PO #: 8132012-JS-FORDEC-12-407</u>		

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

I hereby authorize the performance of the above indicated work.

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 8/13/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: Ford F.C. Malibu Lagoon
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None Other _____
Cooler or box temperature: 6.2

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/13/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 308756
Report Date: 08/17/2012
Date Received: 08/13/2012
Client ID: 10043

Comments: Ford E.C. Malibu Lagoon Project- Malibu, CA
PO #8132012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308756-001	81312-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Benate, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/13/2012 07:30	Site:
Sample #: 308756-001	Client Sample #: 81312-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128755
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/13/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/13/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/13/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	5	1			cfu/100ml	08/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308756 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 8-13-2012 Page 1 of 1

ADDRESS 601 West Valencia Drive
Fullerton, CA 92832

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

PROJECT MANAGER Jeff Sherod / Mike Slaby

PHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled X Frozen _____
Same Day _____ 24 Hr. _____
Regular X 48 Hr. _____

[illegible]

I hereby authorize the performance of the above indicated work.

Date/Time

Special Instructions: PO #: 8132012-JS-FORDEC-12-407

Jeff Sherod
DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Date Received: 8/13/12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. Malibu Lagoon

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 6

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: _____ Date: _____



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 308759
Report Date: 08/17/2012
Date Received: 08/13/2012
Client ID: 10043

Comments: Ford E.C.- Malibu Lagoon Project- Malibu, CA
PO #8132012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308759-001	81312-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Bebare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/13/2012 10:56	Site:
Sample #: <u>308759-001</u>	Client Sample #: 81312-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128755
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/13/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	23	1			MPN/100ml	08/13/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/13/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	27	1			cfu/100ml	08/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308759 Page 2 of 2





CHAIN OF CUSTODY RECORD

308759

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes No County Seals Intact Yes No Sample Ambient Cooled X Frozen Same Day 24 Hr. Regular X 48 Hr.	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
81312-EFF-ML2	Malibu Lagoon - Treated Effluent	8/13/12	Air 1056	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									51497-2 X100
									All to MDL/PQL
Relinquished by: (Signature) <i>Borja Torres</i>		Received by: (Signature) <i>[Signature]</i>				Date/Time 8/13/12 12:27		I hereby authorize the performance of the above indicated work. <i>Jeff Sherod</i> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>[Signature]</i>				Date/Time 8/13/12 1:40			
Special Instructions: PO #: 8132012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/13/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. Malibu LagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None Other _____Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JennyDate: 8/13/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8142012-JS-FORDEC-12-407

Lab Request: 308819
Report Date: 08/21/2012
Date Received: 08/14/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

308819-001	81412-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/14/2012 10:30	Site:
Sample #: <u>308819-001</u>	Client Sample #: 81412-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128789
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/14/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	300	1			MPN/100ml	08/14/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	30	1			MPN/100ml	08/14/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	1877	1			cfu/100ml	08/14/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308819 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 8-14-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				<u>UR# 308819</u>				Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <u>X</u> Frozen _____ Same Day _____ 24 Hr. _____ Regular <u>X</u> 48 Hr. _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				PHONE NUMBER <u>(714) 639-7873</u>					
				SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81412-INF-ML1	Malibu Lagoon - Influent Source	8/14/12	10 ³⁰ A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									23.7°C
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>8/14/12 1:30</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>8-14-12 3:40</u>	
Special Instructions: <u>PO #: 8142012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/14/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E-G Malibu LagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?	☒		☒
Were the containers labeled with correct preservatives?	☒		☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/14/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8142012-JS-FORDEC-12-407

Lab Request: 308821
Report Date: 08/24/2012
Date Received: 08/14/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308821-001	81412-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/14/2012 13:45	Site:
Sample #: <u>308821-001</u>	Client Sample #: 81412-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128789
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/14/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	110	1			MPN/100ml	08/14/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	23	1			MPN/100ml	08/14/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	2448	1			cfu/100ml	08/14/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308821 Page 2 of 2





Second Sample

CHAIN OF CUSTODY RECORD

Date 8-14-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			PHONE NUMBER <u>(714) 639-7873</u>			SAMPLERS: (Signature) <u>[Signature]</u>			Samples Intact Yes <u> </u> No <u> </u>		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>											County Seals Intact Yes <u> </u> No <u> </u>		
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>								Sample Ambient <u> </u> Cooled <u>X</u> Frozen <u> </u>			Same Day <u> </u> 24 Hr. <u> </u>		
								Regular <u>X</u> 48 Hr. <u> </u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED				
81412-INF-ML2	Malibu Lagoon - Influent Source	8/14/12	145	x			3		Enterococcus				
									Fecal Coliform				
									Total Coliform				
									Total Residual Chlorine				
									Need to know if Coliform is				
									present in the sample ASAP				
									24.3°C				
									All to MDL/PQL				
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>8/14/12 5:30</u>			I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier					
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>			Date/Time <u>8/14/12 3:50</u>								
Special Instructions: PO #: 8142012-JS-FORDEC-12-407													

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/14/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. Meribu LagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: _____ Ice ✓ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/14/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8142012-JS-FORDEC-12-407

Lab Request: 308817
Report Date: 08/20/2012
Date Received: 08/14/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308817-001	81412-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Blue Bird, Inc.
Sample: 081412-01	Prep: 081412-01
Sample: 081412-02	Prep: 081412-02
Sample: 081412-03	Prep: 081412-03

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128789
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/14/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/14/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/14/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	24	1			cfu/100ml	08/14/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308817 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/14/12Sample(s) received in cooler: Yes

Shipping Information:

Project: Ford F.C. Malibu LagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 6.0 C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes - were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JewellDate: 8/14/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8142012-JS-FORDEC-12-407

Lab Request: 308820
Report Date: 08/20/2012
Date Received: 08/14/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308820-001	81412-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Client: [REDACTED]	Client: [REDACTED]
Sample: [REDACTED]	Sample: [REDACTED]
Sample: [REDACTED]	Sample: [REDACTED]

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128789
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/14/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	11	1			MPN/100ml	08/14/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/14/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	9	1			cfu/100ml	08/14/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308820 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/14/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. Malibu lagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: _____ Ice ✓ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		<u>✓</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

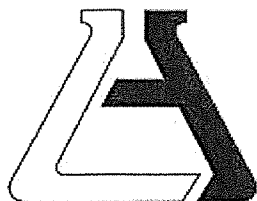
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JenniferDate: 8/14/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8152012-JS-FORDEC-12-407

Lab Request: 308935
Report Date: 08/21/2012
Date Received: 08/15/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308935-001	81512-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/15/2012 08:30	Site:
Sample #: 308935-001	Client Sample #: 81512-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128845
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/16/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	80	1			MPN/100ml	08/15/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	17	1			MPN/100ml	08/15/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1270	1			cfu/100ml	08/15/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308935 Page 2 of 2





ASSOCIATED LABORATORIES

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First Sample

308935

CHAIN OF CUSTODY RECORD

Date 8-15-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81512-INF-ML1	Malibu Lagoon - Influent Source	8/15/12	<u>AM</u> <u>8:30</u>	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u></u>	Received by: (Signature) <u></u>	Date/Time <u>8/15/12</u> <u>16:25</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u></u>	Date/Time <u>8-15-12</u> <u>4:15</u>	
Special Instructions: <u>PO #: 8152012-JS-FORDEC-12-407</u>			



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/15/12

Sampler's Name: Yes ☒ No ☐

Sample(s) received in cooler: ☒ Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?		☒	
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Jewell

Date: 8/15/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8152012-JS-FORDEC-12-407

Lab Request: 308926
Report Date: 08/21/2012
Date Received: 08/15/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308926-001	81512-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/15/2012 14:00	Site:
Sample #: 308926-001	Client Sample #: 81512-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128845
Chlorine, Total Residual	0.10	1	0.02	0.1	mg/L	08/16/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	50	1			MPN/100ml	08/15/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	23	1			MPN/100ml	08/15/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1550	1			cfu/100ml	08/15/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308926 Page 2 of 2





Second Sample

308926

CHAIN OF CUSTODY RECORD

Date 8-15-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		PHONE NUMBER <u>(714) 639-7873</u>		SAMPLERS: (Signature) _____		Samples Intact Yes _____ No _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>								County Seals Intact Yes _____ No _____	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>								Sample Ambient _____ Cooled <u>X</u> Frozen _____	
								Same Day _____ 24 Hr. _____	
								Regular <u>X</u> 48 Hr. _____	
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
81512-INF-ML2	Malibu Lagoon - Influent Source	8/15/12	2:00 PM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <i>[Signature]</i>		Received by: (Signature) <i>[Signature]</i>			Date/Time 8/15/12 16:25		I hereby authorize the performance of the above indicated work. <i>Jeff Sherod</i> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>[Signature]</i>			Date/Time 8-15-12 4:50				
Special Instructions: PO #: 8152012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/15/12Sampler's Name: Yes ☒ No ☐Sample(s) received in cooler: ☒ Yes ☐ No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?		☒	
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/15/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8152012-JS-FORDEC-12-407

Lab Request: 308934
Report Date: 08/21/2012
Date Received: 08/15/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308934-001	81512-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: [REDACTED]
Equipment: [REDACTED]	Site: [REDACTED]
Sample #: [REDACTED]	Client Sample #: [REDACTED]
	Collection Date: [REDACTED]

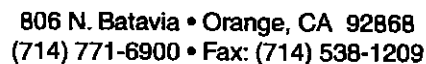
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128845
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/16/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	13	1			MPN/100ml	08/15/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/15/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/15/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308934 Page 2 of 2





508934

Date 8-15-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) _____		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81512-EFF-ML1	Malibu Lagoon - Treated Effluent	8/15/12	8:40	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonnie Long</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>8/15/12 16:25</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>	Date/Time <u>8-15-12 4:50</u>

Special Instructions: PO #: 8152012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/15/12Sampler's Name: Yes ☒ No ☐Sample(s) received in cooler: ☒ Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?		☒	
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JennyDate: 8/15/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8152012-JS-FORDEC-12-407

Lab Request: 308929
Report Date: 08/21/2012
Date Received: 08/15/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods indicated on the attached report and all NELAC criteria. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
308929-001	81512-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/15/2012 14:04	Site:
Sample #: <u>308929-001</u>	Client Sample #: 81512-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128845
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/16/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2	1			MPN/100ml	08/15/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/15/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/15/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 308929 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

508929.

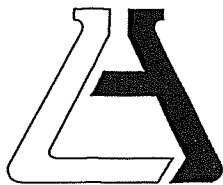
CHAIN OF CUSTODY RECORDDate 8-15-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81512-EFF-ML2	Malibu Lagoon - Treated Effluent	8/15/12	5:04 PM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>8/15/12 16:25</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>8-15-12 4:00</u>	
Special Instructions: <u>PO #: 8152012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/15/12

Sampler's Name: Yes ☒ No ☐

Sample(s) received in cooler: ☒ Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?		☒	
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Jewell

Date: 8/15/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8162012-JS-FORDEC-12-407

Lab Request: 309114
Report Date: 08/21/2012
Date Received: 08/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309114-001	81612-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/16/2012 07:00	Site:
Sample #: <u>309114-001</u>	Client Sample #: 81612-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128884
Chlorine, Total Residual	0.06 J	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	50	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	2	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	1450	1			cfu/100ml	08/17/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309114 Page 2 of 2



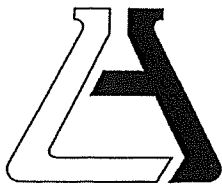


First Sample

CHAIN OF CUSTODY RECORD

Date 8-16-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature) 							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
81612-INF-ML1	Malibu Lagoon - Influent Source	8/16/12	7A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									525x5x100
									24.7%
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 				Date/Time 8/17/12 859		I hereby authorize the performance of the above indicated work. DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)				Date/Time			
Special Instructions: PO #: 8162012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/17/12Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/17/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8162012-JS-FORDEC-12-407

Lab Request: 309113
Report Date: 08/21/2012
Date Received: 08/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309113-001	81612-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/16/2012 14:00	Site:
Sample #: <u>309113-001</u>	Client Sample #: 81612-INF-ML2
	Collector: Client

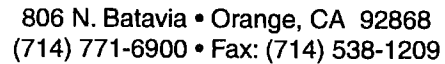
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128884
Chlorine, Total Residual	0.06 J	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	90	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	4	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	800	1			cfu/100ml	08/17/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309113 Page 2 of 2





309113

Date 8-16-2012 Page 1 of 1

CLIENT Pure Effect, Inc.									
ADDRESS 601 West Valencia Drive		PROJECT MANAGER Jeff Sherod / Mike Slaby							
Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature) [Signature]							
		Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
81612-INF-ML2	Malibu Lagoon - Influent Source	8/16/12	2p	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									526292
									25.3°C
									All to MDL/PQL
Relinquished by: (Signature) [Signature]		Received by: (Signature) [Signature]			Date/Time 8/17/12 859		I hereby authorize the performance of the above indicated work.		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time				
Special Instructions: PO #: 8162012-JS-FORDEC-12-407									
Jeff Sherod									
DISTRIBUTION: White with report. Yellow to AL, Pink to Georgia									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/17/12Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/17/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8162012-JS-FORDEC-12-412

Lab Request: 309112
Report Date: 08/23/2012
Date Received: 08/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309112-001	81612-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/16/2012 07:00	Site:
Sample #: <u>309112-001</u>	Client Sample #: 81612-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID	QC1128914
Copper	0.004 J	1	0.001	0.01	mg/L	08/20/12	nina
Method: SM 2130-B	Prep Method: Method					QCBatchID	
Turbidity	14.8	1	0.1	0.1	NTU	08/17/12	ame
Method: SM 2520-B	Prep Method: Method					QCBatchID	
Salinity	18.5	1				08/22/12	soheir
Method: SM 4500-H+B	Prep Method: Method					QCBatchID	
pH	7.72	1			pH Units	08/17/12	robert
Method: SM 4500-O-G	Prep Method: Method					QCBatchID	
Dissolved Oxygen	8.52	1			mg/L	08/17/12	rvenal

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309112 Page 2 of 2





309112

CHAIN OF CUSTODY RECORD

Date 8-16-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/17/12Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: David Lee Date: 8/17/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8162012-JS-FORDEC-12-407

Lab Request: 309116
Report Date: 08/21/2012
Date Received: 08/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAP are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309116-001	81612-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water
Sampled: 08/16/2012 07:00
Sample #: 309116-001

Client: Pure Effect, Inc.
Site:
Client Sample #: 81612-EFF-ML1

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128884
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	2	1			cfu/100ml	08/17/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309116 Page 2 of 2





309116

Date 8-16-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/17/12Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: David Lee Date: 8/17/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8162012-JS-FORDEC-12-407

Lab Request: 309115
Report Date: 08/21/2012
Date Received: 08/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309115-001	81612-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/16/2012 14:00	Site:
Sample #: 309115-001	Client Sample #: 81612-EFF-ML2
	Collector: Client

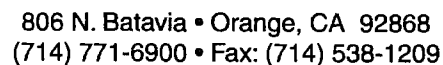
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1128884
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	1	1			cfu/100ml	08/17/12	roxane

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309115 Page 2 of 2

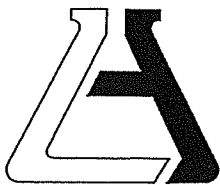




309115

Date 8-16-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature) 							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
81612-EFF-ML2	Malibu Lagoon - Treated Effluent	8/16/12	2P	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 				Date/Time 8/17/12 559		I hereby authorize the performance of the above indicated work. DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)				Date/Time			
Special Instructions: PO #: 8162012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/17/12Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/17/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8162012-JS-FORDEC-12-412

Lab Request: 309111
Report Date: 08/23/2012
Date Received: 08/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAP are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309111-001	81612-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/16/2012 07:00	Site:
Sample #: 309111-001	Client Sample #: 81612-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID	QC1128914
Copper	ND	1	0.001	0.01	mg/L	08/20/12	nina
Method: SM 2130-B	Prep Method: Method					QCBatchID	
Turbidity	1.80	1	0.1	0.1	NTU	08/17/12	ame
Method: SM 2520-B	Prep Method: Method					QCBatchID	
Salinity	18.5	1				08/22/12	soheir
Method: SM 4500-H+B	Prep Method: Method					QCBatchID	
pH	7.64	1			pH Units	08/17/12	robert
Method: SM 4500-O-G	Prep Method: Method					QCBatchID	
Dissolved Oxygen	1.45	1			mg/L	08/17/12	rvenal

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309111 Page 2 of 2





CHAIN OF CUSTODY RECORD

309111

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		PHONE NUMBER <u>(714) 639-7873</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Samples Intact Yes ☐ No ☐		County Seals Intact Yes ☐ No ☐		Sample Ambient ☐ Cooled ☒ Frozen ☐		Same Day ☐ 24 Hr. ☐		Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>																	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>																	
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED								
				WATER	AIR	SOLID											
81612-EFF-ML	Malibu Lagoon - Treated Effluent	8/16/12	7A	x			4		Dissolved Oxygen								
	(Red Testing - Calendar)																
									Copper								
									Turbidity								
									pH								
									Salinity								
									525105X100 24.78								
									All to MDL/PQL								
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>				Date/Time 8/17/12 839		I hereby authorize the performance of the above indicated work.									
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature)				Date/Time											
Special Instructions: PO #: 8162012-JS-FORDEC-12-412										<u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.							

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/17/12Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: David Lee Date: 8/17/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
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www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8202012-JS-FORDEC-12-407

Lab Request: 309163
Report Date: 08/27/2012
Date Received: 08/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309163-001	82012-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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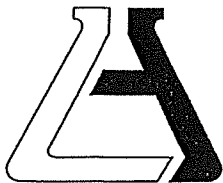
TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/20/2012 08:00	Site:
Sample #: <u>309163-001</u>	Client Sample #: 82012-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128972
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/20/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	50	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	17	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	230	1			cfu/100ml	08/20/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-20-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>22.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. [Signature]</u> Date: <u>08/20/12</u>



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8202012-JS-FORDEC-12-407

Lab Request: 309165
Report Date: 08/27/2012
Date Received: 08/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309165-001	82012-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/20/2012 09:20	Site:
Sample #: 309165-001	Client Sample #: 82012-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method					QCBatchID: QC1128972		
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/20/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	170	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	17	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	190	1			cfu/100ml	08/20/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





Second Sample

CHAIN OF CUSTODY RECORD

Date 8-20-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

PROJECT MANAGER Jeff Sherod / Mike Slaby

PHONE NUMBER (714) 639-7873

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled X Frozen _____
Same Day _____ 24 Hr. _____
Regular X 48 Hr. _____

[illegible]

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) *T. J. [illegible]*

[illegible]

Special Instructions: PO #: 8202012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff Sherrod

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	
Date Received:	08-20-12
Sample(s) received in cooler:	Yes
Shipping Information:	
Project:	
Sampler's Name:	Yes No
No (Skip Section 2)	

Section 2
Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 22.0C
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. Ebert Date: 08/20/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8202012-JS-FORDEC-12-407

Lab Request: 309164
Report Date: 08/27/2012
Date Received: 08/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309164-001	82012-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/20/2012 08:10	Site:
Sample #: 309164-001	Client Sample #: 82012-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128972
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/20/12	hanhkhong	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	2	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	3	1			cfu/100ml	08/20/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





ASSOCIATED LABORATORIES

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-20-2012 Page 1 of 1

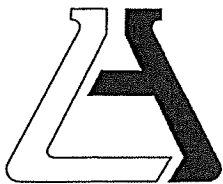
309164

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		SAMPLES Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature)		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82012-EFF-ML1	Malibu Lagoon - Treated Effluent	8/20/12	8:10 PM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									542252 x100
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>08/20/12 1:30 PM</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u>
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>8/20/12 1:30 PM</u>	
Special Instructions: <u>PO #: 8202012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: <u>08-20-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

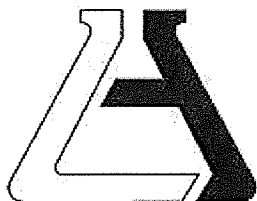
Section 2
Was the cooler packed with: <u>Ice</u> <u>X</u> Ice Packs <u> </u> Bubble Wrap <u> </u> Styrofoam
<u> </u> Paper <u> </u> None <u> </u> Other _____
Cooler or box temperature: <u>22.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>08/20/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 309166
Report Date: 08/28/2012
Date Received: 08/20/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8202012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309166-001	82012-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/20/2012 09:30	Site:
Sample #: 309166-001	Client Sample #: 82012-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128972
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/20/12	hanhkhong	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	1	1			cfu/100ml	08/20/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



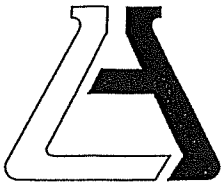
**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 8-20-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			309166 Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82012-EFF-ML2	Malibu Lagoon - Treated Effluent	8/20/12	9:30 AM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>08/20/12 13:05</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>8/20/12 130pm</u>	
Special Instructions: <u>PO #: 8202012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-20-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: <u>Ice</u> ☒ Ice Packs <u>None</u> ☐ Bubble Wrap <u>Styrofoam</u> ☐	
Cooler or box temperature: <u>22.0C</u> ☐ Paper ☐ Other _____	
(Acceptance range is 0 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☐	☐	☒
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5	
Was Project Manager notified of discrepancies: Y / N N/A	
Completed By: <u>M. Ebert</u>	Date: <u>08/20/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8212012-JS-FORDEC-12-407

Lab Request: 309223
Report Date: 08/27/2012
Date Received: 08/21/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309223-001	82112-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/21/2012 07:30	Site:
Sample #: <u>309223-001</u>	Client Sample #: 82112-INF-ML1
	Collector: Client

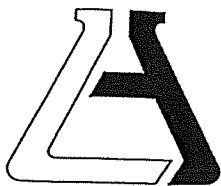
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method		QCBatchID: QC1128994					
Chlorine, Total Residual	0.07 J	1	0.02	0.1	mg/L	08/21/12	dung	
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	70	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	7	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	40	1			cfu/100ml	08/21/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309223 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/21/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes NoNo (Skip Section 2)**Section 2**Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/21/12



Associated Laboratories

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www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8212012-JS-FORDEC-12-407

Lab Request: 309224
Report Date: 08/27/2012
Date Received: 08/21/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309224-001	82112-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/21/2012 10:30	Site:
Sample #: 309224-001	Client Sample #: 82112-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128994
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/21/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	50	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	4	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	400	1			cfu/100ml	08/21/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





Second Sample

CHAIN OF CUSTODY RECORD

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐					
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐					
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐					
				Regular ☒ 48 Hr. ☐					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82112-INF-ML2	Malibu Lagoon - Influent Source	8/21/12	1030	x				3	Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>8/21/12 1238</u>		I hereby authorize the performance of the above indicated work.			
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>12:55</u>					
Special Instructions: <u>PO #: 8212012-JS-FORDEC-12-407</u>						<u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Fish Lab.			



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/21/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Date: 8/21/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8212012-JS-FORDEC-12-407

Lab Request: 309225
Report Date: 08/27/2012
Date Received: 08/21/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309225-001	82112-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

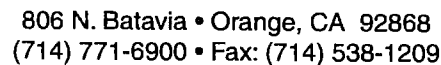
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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/21/2012 07:30	Site:
Sample #: <u>309225-001</u>	Client Sample #: 82112-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128994
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/21/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	9	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	4	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	12	1			cfu/100ml	08/21/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

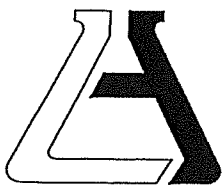




309225

Date 8-21-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/21/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes NoNo (Skip Section 2)**Section 2**Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

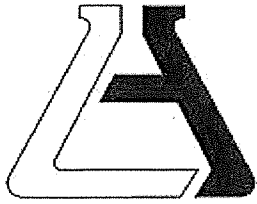
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel LeeDate: 8/21/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8212012-JS-FORDEC-12-407

Lab Request: 309226
Report Date: 08/27/2012
Date Received: 08/21/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309226-001	82112-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/21/2012 10:30	Site:
Sample #: 309226-001	Client Sample #: 82112-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1128994
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/21/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/21/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/21/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

309226

CHAIN OF CUSTODY RECORDDate 8-21-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82112-EFF-ML2	Malibu Lagoon - Treated Effluent	8/21/12	1030	x				3	Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 			Date/Time <u>8/21/12 1235</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: <u>8-21-12</u> (Signature) <u>Nevine Hivharel</u> <u>12:55</u>			Date/Time				
Special Instructions: <u>PO #: 8212012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/21/12Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Farid ee Date: 8/21/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8222012-JS-FORDEC-12-407

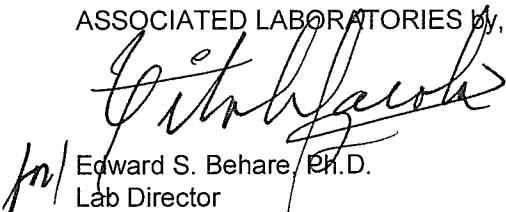
Lab Request: 309300
Report Date: 08/28/2012
Date Received: 08/22/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309300-001	82212-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/22/2012 08:30	Site:
Sample #: 309300-001	Client Sample #: 82212-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129023
Chlorine, Total Residual	0.22	1	0.02	0.1	mg/L	08/22/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	500	1			MPN/100ml	08/22/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	4	1			MPN/100ml	08/22/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	140	1			cfu/100ml	08/22/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 8-22-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>			309300 Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82212-INF-ML1	Malibu Lagoon - Influent Source	8/22/12	8:30 AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									550649 x100
									22.7 °C
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>08/22/12 12:42</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Michael 8-22-12</u>	Date/Time <u>1:05</u>	
Special Instructions: <u>PO #: 8222012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-22-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>08/22/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8222012-JS-FORDEC-12-407

Lab Request: 309302
Report Date: 08/28/2012
Date Received: 08/22/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309302-001	82212-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/22/2012 10:05	Site:
Sample #: 309302-001	Client Sample #: 82212-INF-ML2
	Collector: Client

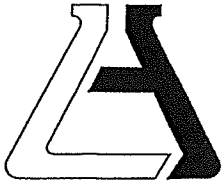
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129023
Chlorine, Total Residual	0.27	1	0.02	0.1	mg/L	08/22/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	500	1			MPN/100ml	08/22/12	nmikhael	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	4	1			MPN/100ml	08/22/12	nmikhael	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	800	1			cfu/100ml	08/22/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309302 Page 2 of 2





ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect
Date Received: 08-22-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: 6.0 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. Ebert Date: 08/22/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8222012-JS-FORDEC-12-407

Lab Request: 309299
Report Date: 08/27/2012
Date Received: 08/22/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309299-001	82212-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/22/2012 08:30	Site:
Sample #: 309299-001	Client Sample #: 82212-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method						QCBatchID: QC1129023	
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/22/12	dung	
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID:	
Coliform, Total	4	1			MPN/100ml	08/22/12	nmikhael	
Method: SM 9221-E	Prep Method: Method						QCBatchID:	
Coliform, Fecal	<2	1			MPN/100ml	08/22/12	nmikhael	
Method: SM 9230-B	Prep Method: Method						QCBatchID:	
Enterococcus	26	1			cfu/100ml	08/22/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309299 Page 2 of 2





ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

First Sample

CHAIN OF CUSTODY RECORD

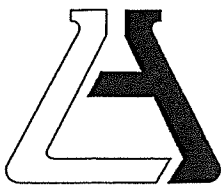
Date 8-22-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>											
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82212-EFF-ML1	Malibu Lagoon - Treated Effluent	8/22/12	8:30 A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									550649 X100
									22-7°C
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>08/22/12 12:42</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Mikhael</u>	Date/Time <u>8-22-12</u>	
Special Instructions: <u>PO #: 8222012-JS-FORDEC-12-407</u>			

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 08-22-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: 6 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. EbertDate: 08/22/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8222012-JS-FORDEC-12-407

Lab Request: 309301
Report Date: 08/27/2012
Date Received: 08/22/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309301-001	82212-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/22/2012 10:05	Site:
Sample #: 309301-001	Client Sample #: 82212-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method						QCBatchID: QC1129023	
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/22/12	dung	
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID:	
Coliform, Total	2	1			MPN/100ml	08/22/12	nmikhael	
Method: SM 9221-E	Prep Method: Method						QCBatchID:	
Coliform, Fecal	<2	1			MPN/100ml	08/22/12	nmikhael	
Method: SM 9230-B	Prep Method: Method						QCBatchID:	
Enterococcus	16	1			cfu/100ml	08/22/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309301 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 8-22-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u> SAMPLERS: (Signature) <u>[Signature]</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>								
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>								

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82212-EFF-ML2	Malibu Lagoon - Treated Effluent	8/22/12	10 ⁰⁵ a	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>08/22/12</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Neville Michael</u>	Date/Time <u>12:42</u>	
Special Instructions: <u>PO #: 8222012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-22-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam	
_____ Paper _____ None _____ Other _____	
Cooler or box temperature: <u>6.0</u> °C	
(Acceptance range is 0 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>08/22/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8232012-JS-FORDEC-12-407

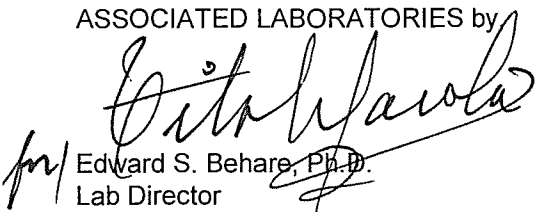
Lab Request: 309454
Report Date: 08/28/2012
Date Received: 08/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309454-001	82312-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/23/2012 07:15	Site:
Sample #: 309454-001	Client Sample #: 82312-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129113
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/24/12		dung
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	500	1			MPN/100ml	08/24/12		yl
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	23	1			MPN/100ml	08/24/12		yl
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	30	1			cfu/100ml	08/24/12		yl

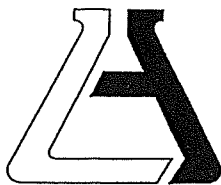
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309454 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 8-24-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phong h Date: 8-29-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8232012-JS-FORDEC-12-407

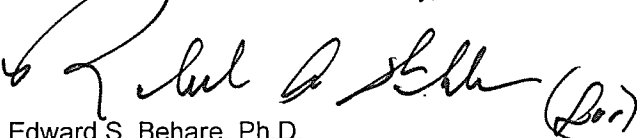
Lab Request: 309455
Report Date: 08/29/2012
Date Received: 08/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309455-001	82312-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/23/2012 15:15	Site:
Sample #: <u>309455-001</u>	Client Sample #: 82312-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129113
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/24/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	220	1			MPN/100ml	08/24/12	yl
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	30	1			MPN/100ml	08/24/12	yl
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	20	1			cfu/100ml	08/24/12	yl

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309455 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

Second Sample

309455

CHAIN OF CUSTODY RECORD

Date 8-23-2012 Page 1 of 1

CLIENT Pure Effect, Inc.
ADDRESS 601 West Valencia Drive
Fullerton, CA 92832

PROJECT MANAGER Jeff Sherod / Mike Slaby
PHONE NUMBER (714) 639-7873

Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)
[Signature]

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CONTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82312-INF-ML2	Malibu Lagoon - Influent Source	8/23/12	3:5 PM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									24.3°C ✓
									All to MDL/PQL

Relinquished by: (Signature)
[Signature]

Received by: (Signature)

Date/Time

8/24/12

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) *[Signature]*

Date/Time

8/24/12 10:57

Special Instructions: PO #: 8232012-JS-FORDEC-12-407

[Handwritten notes] 8-24-12 11:21

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: pure effect
Date Received: 8-24-12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phong h Date: 8-29-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8232012-JS-FORDEC-12-412

Lab Request: 309453
Report Date: 08/29/2012
Date Received: 08/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309453-001	82312-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/23/2012 15:15	Site:
Sample #: <u>309453-001</u>	Client Sample #: 82312-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID	QC1129126
Copper	0.018 J	5	0.005	0.05	mg/L	08/27/12	kedy
Method: SM 2130-B	Prep Method: Method					QCBatchID	
Turbidity	23.8	1	0.1	0.1	NTU	08/24/12	ame
Method: SM 2520-B	Prep Method: Method					QCBatchID	
Salinity	18.8	1				08/24/12	soheir
Method: SM 4500-H+B	Prep Method: Method					QCBatchID	
pH	8.07	1			pH Units	08/24/12	robert
Method: SM 4500-O-G	Prep Method: Method					QCBatchID	
Dissolved Oxygen	8.72	1			mg/L	08/24/12	rvenal

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309453 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

309453

CHAIN OF CUSTODY RECORDDate 8-23-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82312-INF-ML	Malibu Lagoon - Influent	8/23/12	3:55 PM	x			(4)		Dissolved Oxygen
	(Red Testing - Calendar)								Copper
									Turbidity
									pH
									Salinity
									24.3°C
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)		Date/Time <u>8/24/12</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>phong</u>		Date/Time <u>8/24/12 1057</u>					
Special Instructions: <u>PO #: 8232012-JS-FORDEC-12-412</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 8-24-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phong h Date: 8-29-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8232012-JS-FORDEC-12-407

Lab Request: 309456
Report Date: 09/04/2012
Date Received: 08/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAP are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309456-001	82312-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING

Chemical

Microbiological

Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/23/2012 07:15	Site:
Sample #: 309456-001	Client Sample #: 82312-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129113
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/24/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	11	1			MPN/100ml	08/24/12	yl	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	2	1			MPN/100ml	08/24/12	yl	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	4	1			cfu/100ml	08/24/12	yl	

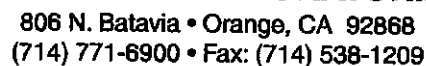
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309456 Page 2 of 2





309456

Date 8-23-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <u>X</u> Frozen _____ Same Day _____ 24 Hr. _____ Regular <u>X</u> 48 Hr. _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>[Signature]</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82312-EFF-ML1	Malibu Lagoon - Treated Effluent	8/23/12	7:15 AM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									23.7°
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>				Date/Time 8/24/12		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>				Date/Time 8/24/12 1057			
Special Instructions:		PO #: 8232012-JS-FORDEC-12-407							

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 8-24-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam

Cooler or box temperature: _____ Paper _____ None _____ Other _____

Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phong h Date: 8-29-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8232012-JS-FORDEC-12-407

Lab Request: 309451
Report Date: 08/29/2012
Date Received: 08/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309451-001	82312-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water
Sampled: 08/23/2012 15:15
Sample #: 309451-001

Client: Pure Effect, Inc.
Site:
Client Sample #: 82312-EFF-ML2

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl						QCBatchID	QC1129113
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/24/12	dung
Method: SM 9221-B						QCBatchID	
Coliform, Total	11	1			MPN/100ml	08/24/12	yl
Method: SM 9221-E						QCBatchID	
Coliform, Fecal	2	1			MPN/100ml	08/24/12	yl
Method: SM 9230-B						QCBatchID	
Enterococcus	6	1			cfu/100ml	08/24/12	yl

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309451 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 8-24-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam

_____ Paper _____ None _____ Other _____

Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes - were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phong h Date: 8-29-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8232012-JS-FORDEC-12-412

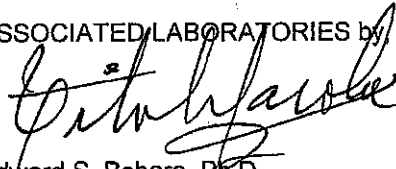
Lab Request: 309452
Report Date: 08/29/2012
Date Received: 08/24/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309452-001	82312-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by

for/ 
Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water
Sampled: 08/23/2012 15:15
Sample #: 309452-001

Client: Pure Effect, Inc.
Site:
Client Sample #: 82312-EFF-ML

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID	QC1129126
Copper	ND	5	0.005	0.05	mg/L	08/27/12	
Method: SM 2130-B	Prep Method: Method					QCBatchID	
Turbidity	15.1	1	0.1	0.1	NTU	08/24/12	ame
Method: SM 2520-B	Prep Method: Method					QCBatchID	
Salinity	18.6	1				08/24/12	soheir
Method: SM 4500-H+B	Prep Method: Method					QCBatchID	
pH	7.78	1			pH Units	08/24/12	robert
Method: SM 4500-O-G	Prep Method: Method					QCBatchID	
Dissolved Oxygen	0.92	1			mg/L	08/24/12	rvenal

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309452 Page 2 of 2





806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

CHAIN OF CUSTODY RECORD

Date 8-23-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive

Fullerton, CA 92832

PROJECT MANAGER Jeff Sherod / Mike Slaby

PHONE NUMBER (714) 639-7873

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled X Frozen _____
Same Day _____ 24 Hr. _____
Regular X 48 Hr. _____

Relinquished by: (Signature)

Received by: (Signature)

Date/Time	Location	Activity	Remarks
10/10/2023	...	...	...

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) _____

Date/Time

Special Instructions:

PO #: 8232012-JS-FORDEC-12-412

1057 Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 8-24-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: Ice X Ice Packs Bubble Wrap Styrofoam
Paper None Other _____Cooler or box temperature: 6°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phong h Date: 8-29-12

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/9/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 10.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/9/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8282012-JS-FORDEC-12-407

Lab Request: 309580
Report Date: 09/04/2012
Date Received: 08/28/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

309580-001	82812-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/28/2012 07:05	Site:
Sample #: 309580-001	Client Sample #: 82812-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129217
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/28/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	70	1			MPN/100ml	08/28/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	30	1			MPN/100ml	08/28/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	10	1			cfu/100ml	08/28/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309580 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 8-28-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		PHONE NUMBER <u>(714) 639-7873</u>		SAMPLERS: (Signature) _____		Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <u>X</u> Frozen _____ Same Day _____ 24 Hr. _____ Regular <u>X</u> 48 Hr. _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>									
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>									
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
82812-INF-ML1	Malibu Lagoon - Influent Source	8/28/12	Am 7:05	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>8/28/12 11:10</u>		I hereby authorize the performance of the above indicated work. <u>11:26</u> <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature) _____		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>			Date/Time <u>8-28-12</u>				
Special Instructions: <u>PO #: 8282012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectProject: Ford E.C. Malibu LagoonDate Received: 8/28/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 4°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☒	☐	☒
Were the containers labeled with correct preservatives?	☒	☐	☐
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/28/12



Associated Laboratories

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Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8282012-JS-FORDEC-12-407

Lab Request: 309582
Report Date: 09/04/2012
Date Received: 08/28/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309582-001	82812-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/28/2012 08:53	Site:
Sample #: 309582-001	Client Sample #: 82812-INF-ML2
	Collector: Client

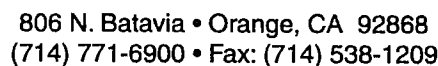
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129217
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/28/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	90	1			MPN/100ml	08/28/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	17	1			MPN/100ml	08/28/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	10	1			cfu/100ml	08/28/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309582 Page 2 of 2

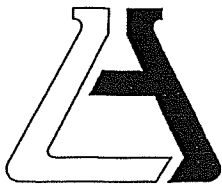




309582

Date 8-28-2012 Page 1 of 1

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: Ford E.C. Malibu Lagoon

Date Received: 8/28/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 4°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]

Date: 8/28/12



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8282012-JS-FORDEC-12-407

Lab Request: 309581
Report Date: 09/04/2012
Date Received: 08/28/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309581-001	82812-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/28/2012 07:10	Site:
Sample #: 309581-001	Client Sample #: 82812-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/28/12	dung	QCBatchID: QC1129217
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	8	1			MPN/100ml	08/28/12	roxane	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	<2	1			MPN/100ml	08/28/12	roxane	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	1	1			cfu/100ml	08/28/12	nmikhael	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



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(714) 771-6900 • Fax: (714) 538-1209**First Sample**

309581

CHAIN OF CUSTODY RECORDDate 8-28-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82812-EFF-ML1	Malibu Lagoon - Treated Effluent	8/28/12	<u>Am 7:10</u>	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonnie L. Brown</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>8/28/12 11:10</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>8-28-12 11:26</u>	
Special Instructions: <u>PO #: 8282012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectProject: Ford E.L. Malibu LagoonDate Received: 8/28/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 4°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/28/12



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8282012-JS-FORDEC-12-407

Lab Request: 309583
Report Date: 09/04/2012
Date Received: 08/28/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309583-001	82812-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/28/2012 09:02	Site:
Sample #: 309583-001	Client Sample #: 82812-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method		QCBatchID: QC1129217					
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/28/12	dung	
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	2	1			MPN/100ml	08/28/12	roxane	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	<2	1			MPN/100ml	08/28/12	roxane	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	1	1			cfu/100ml	08/28/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309583 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

309583

CHAIN OF CUSTODY RECORDDate 8-28-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832

PROJECT NAME

Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82812-EFF-ML2	Malibu Lagoon - Treated Effluent	8/28/12	9.02	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									574457
									X 100
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time 11:108/28/12

I hereby authorize the performance of the above indicated work.

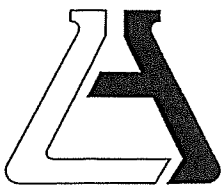
Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)Date/Time 11:268.28.12

Special Instructions:

PO #: 8282012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/28/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford F.C. Malibu LagoonSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 4°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 8/28/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8292012-JS-FORDEC-12-407

Lab Request: 309666
Report Date: 09/04/2012
Date Received: 08/29/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

309666-001	82912-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/29/2012 07:00	Site:
Sample #: <u>309666-001</u>	Client Sample #: 82912-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method					QCBatchID: QC1129254		
Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	08/29/12	dung	
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	80	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	50	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	08/29/12	Tnguyen	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

First Sample

309666

CHAIN OF CUSTODY RECORDDate 8-29-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Emiguel Romo

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82912-INF-ML1	Malibu Lagoon - Influent Source	8/29/12	7:00 34	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Emiguel Romo

Received by: (Signature)

M. Sherod

Date/Time

08/29/12 13:16

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

46 8/29/12 13:30

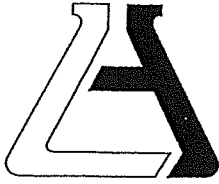
Received by Laboratory for analysis: (Signature)

Date/Time

Special Instructions:

PO #: 8292012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-29-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

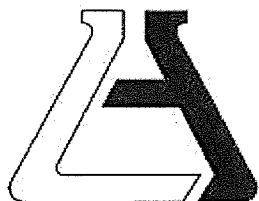
Section 2	
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam	_____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>12.0C</u>	
(Acceptance range is 2 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5	
Was Project Manager notified of discrepancies: Y / N N/A	
Completed By: <u>M. Ebert</u>	Date: <u>08/29/12</u>
Log-in Reviewed by: _____	Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: PO #8292012-JS-FORDEC-12-407

Lab Request: 309671
Report Date: 09/04/2012
Date Received: 08/29/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309671-001	82912-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/29/2012 08:30	Site:
Sample #: 309671-001	Client Sample #: 82912-INF-ML2
	Collector: Client

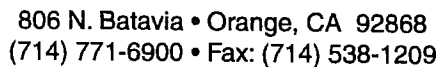
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129254
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/29/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	50	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	30	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	20	1			cfu/100ml	08/29/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309671 Page 2 of 2





309671

Date 8-29-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		PHONE NUMBER <u>(714) 639-7873</u>		SAMPLERS: (Signature) <u>Emiguel Romo</u>		Samples Intact Yes ☐ No ☐		County Seals Intact Yes ☐ No ☐		Sample Ambient ☐ Cooled ☒ Frozen ☐		Same Day ☐ 24 Hr. ☐		Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>																	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>																	
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED								
				WATER	AIR	SOLID											
82912-INF-ML2	Malibu Lagoon - Influent Source	8/29/12	8:30 AM	X			3		Enterococcus								
									Fecal Coliform								
									Total Coliform								
									Total Residual Chlorine								
									Need to know if Coliform is present in the sample ASAP								
									All to MDL/PQL								
Relinquished by: (Signature) <u>Emiguel Romo</u>		Received by: (Signature) <u>M. Sherod</u>		Date/Time <u>08/29/12 13:18</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier											
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>8/29/12 13:40</u>													
Special Instructions: PO #: 8292012-JS-FORDEC-12-407																	

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 08-29-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 12.0C

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. EbertDate: 08/29/12

Log-in Reviewed by: _____

Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8292012-JS-FORDEC-12-407

Lab Request: 309668
Report Date: 09/04/2012
Date Received: 08/29/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309668-001	82912-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/29/2012 07:00	Site:
Sample #: 309668-001	Client Sample #: 82912-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129254
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/29/12	dung	
Method: SM 9221-B	Prep Method: Method							QCBatchID:
Coliform, Total	8	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	8	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	3	1			cfu/100ml	08/29/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309668 Page 2 of 2



ASSOCIATED LABORATORIES

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First Sample

309668

CHAIN OF CUSTODY RECORD

Date 8-29-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>						PHONE NUMBER <u>(714) 639-7873</u>			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82912-EFF-ML1	Malibu Lagoon - Treated Effluent	8/29/12	7:00 A.M.	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Emilio Rondo</u>		Received by: (Signature) <u>M. E. Sherod</u>		Date/Time <u>08/29/12 13:16</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.			
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature)		Date/Time					
Special Instructions: PO #: 8292012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
	Date Received: <u>08-29-12</u>	Sampler's Name: <u>Yes</u> No
	Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____		

Section 2
Was the cooler packed with: <u>Ice</u> ☒ <u>Ice Packs</u> ☐ <u>Bubble Wrap</u> ☐ <u>Styrofoam</u>
<u>Paper</u> ☐ <u>None</u> ☐ <u>Other</u> _____
Cooler or box temperature: <u>12.9C</u>
(Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>08/29/12</u>
Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8292012-JS-FORDEC-12-407

Lab Request: 309672
Report Date: 09/04/2012
Date Received: 08/29/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309672-001	82912-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/29/2012 08:30	Site:
Sample #: <u>309672-001</u>	Client Sample #: 82912-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129254
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/29/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/29/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/29/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309672 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

309672

CHAIN OF CUSTODY RECORDDate 8-29-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Emiguel Ronda

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82912-EFF-ML2	Malibu Lagoon - Treated Effluent	8/29/12	8:30 4m	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Emiguel Ronda

Received by: (Signature)

M. Sherod

Date/Time

08/29/12 13:20

Relinquished by: (Signature)

VV BSAReceived by Laboratory for analysis:
(Signature)

Date/Time

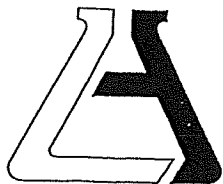
8/29/12

Special Instructions:

PO #: 8292012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>08-29-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with:	<u>Ice</u> ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
	☐ Paper ☐ None ☐ Other _____
Cooler or box temperature:	<u>12.0</u>
(Acceptance range is 2 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes - were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5	
Was Project Manager notified of discrepancies: Y / N N/A	
Completed By: <u>M. Ebert</u>	Date: <u>08/29/12</u>
Log-in Reviewed by: _____	Date: _____



Associated Laboratories

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Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8302012-JS-FORDEC-12-407

Lab Request: 309761
Report Date: 09/06/2012
Date Received: 08/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309761-001	83012-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/30/2012 07:30	Site:
Sample #: <u>309761-001</u>	Client Sample #: 83012-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129302
Chlorine, Total Residual	0.04	1			mg/L	08/30/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	110	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	20	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/30/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309761 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

309761

CHAIN OF CUSTODY RECORDDate 8-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Emiguel Romero</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
83012-INF-ML1	Malibu Lagoon - Influent Source	8/30/12	7:30	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Emiguel Romero</u>		Received by: (Signature) <u>David Lee</u>			Date/Time <u>8/30/12 1236</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>TRAN NGUYEN</u>			Date/Time <u>8/30/12 1:00 pm</u>				
Special Instructions: <u>PO #: 8302012-JS-FORDEC-12-407</u>									



ASSOCIATED LABORATORIES

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/30/12

Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other

Cooler or box temperature: _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes - were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/30/12

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8302012-JS-FORDEC-12-407

Lab Request: 309765
Report Date: 09/05/2012
Date Received: 08/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

309765-001	83012-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/30/2012 09:00	Site:
Sample #: <u>309765-001</u>	Client Sample #: 83012-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129302
Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/30/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	40	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	20	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	20	1			cfu/100ml	08/30/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309765 Page 2 of 2

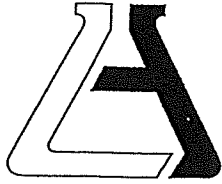


**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

309765

CHAIN OF CUSTODY RECORDDate 8-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Enrique Romo</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
83012-INF-ML2	Malibu Lagoon - Influent Source	8/30/12	9:00 4m	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Enrique Romo</u>		Received by: (Signature) <u>Jeff Sherod</u>			Date/Time <u>8/30/12 1236</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>TRAN Nguyen</u>			Date/Time <u>8/30/12 1:00 PM</u>				
Special Instructions: <u>PO #: 8302012-JS-FORDEC-12-407</u>									



ASSOCIATED LABORATORIES

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect
Date Received: 8/30/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: _____
Sampler's Name: (Yes) No
(No) (Skip Section 2)

Section 2

Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes - were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

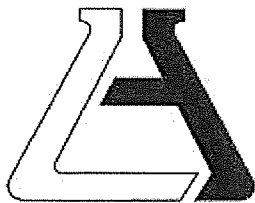
Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/30/12

Log-in Reviewed by: _____ Date: _____



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8302012-JS-FORDEC-12-412

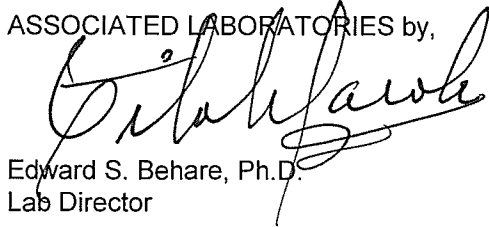
Lab Request: 309753
Report Date: 09/06/2012
Date Received: 08/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309753-001	83012-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,


for Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water

Client: Pure Effect, Inc.

Sampled: 08/30/2012 10:00

Site:

Sample #: 309753-001

Client Sample #: 83012-INF-ML

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1129285
Copper	0.030 J	10	0.01	0.1	mg/L	08/31/12	keddy	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	19.2	1	0.1	0.1	NTU	08/30/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	13.9	1				08/31/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.69	1			pH Units	08/31/12	soheir	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	6.54	1			mg/L	08/30/12	rvenal	

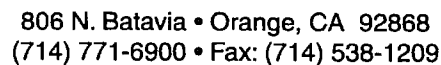
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309753 Page 2 of 2

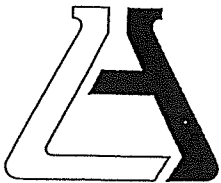




CHAIN OF CUSTODY RECORD

Date 8-30-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled X Frozen _____ Same Day _____ 24 Hr. _____ Regular X 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature) <i>Emiguel Romo</i>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
83012-INF-ML	Malibu Lagoon - Influent	8/30/12	10:00	X			4		Dissolved Oxygen
	(Red Testing - Calendar)		2:00						Copper
									Turbidity
									pH
									Salinity
									All to MDL/PQL
Relinquished by: (Signature) <i>Emiguel Romo</i>		Received by: (Signature) <i>Jeff Sherod</i>				Date/Time 8/30/12 1235		I hereby authorize the performance of the above indicated work. <i>Jeff Sherod</i> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)				Date/Time			
Special Instructions: PO #: 8302012-JS-FORDEC-12-412									



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/30/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/30/12

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8302012-JS-FORDEC-12-407

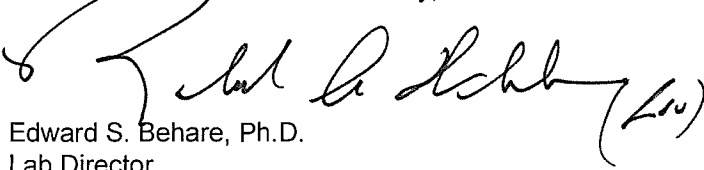
Lab Request: 309763
Report Date: 09/05/2012
Date Received: 08/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309763-001	83012-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/30/2012 09:00	Site:
Sample #: 309763-001	Client Sample #: 83012-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method							QCBatchID: QC1129302
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/30/12	dung	
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	08/30/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309763 Page 2 of 2





ASSOCIATED LABORATORIES

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First Sample

309763

CHAIN OF CUSTODY RECORD

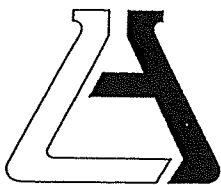
Date 8-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Emerigul Romo</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
83012-EFF-ML1	Malibu Lagoon - Treated Effluent	8/30/12	9:00 A.M.	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emerigul Romo</u>	Received by: (Signature) <u>David Lee</u>	Date/Time <u>8/30/12 1236</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Trang Nguyen</u>	Date/Time <u>8/30/12 1:40pm</u>	
Special Instructions: PO #: 8302012-JS-FORDEC-12407			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 8/30/12

Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____

Cooler or box temperature: _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 8/30/12

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8302012-JS-FORDEC-12-407

Lab Request: 309758
Report Date: 09/05/2012
Date Received: 08/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309758-001	83012-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/30/2012 07:30	Site:
Sample #: <u>309758-001</u>	Client Sample #: 83012-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl	Prep Method: Method						QCBatchID: QC1129302	
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/30/12	dung	
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID:	
Coliform, Total	17	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9221-E	Prep Method: Method						QCBatchID:	
Coliform, Fecal	<2	1			MPN/100ml	08/30/12	yiliu	
Method: SM 9230-B	Prep Method: Method						QCBatchID:	
Enterococcus	1	1			cfu/100ml	08/30/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309758 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

309758

CHAIN OF CUSTODY RECORDDate 8-30-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832

PROJECT NAME

Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Emiguel Romo

Samples Intact Yes ☐ No ☐
 County Seals Intact Yes ☐ No ☐
 Sample Ambient ☐ Cooled ☒ Frozen ☐
 Same Day ☐ 24 Hr. ☐
 Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
83012-EFF-ML2	Malibu Lagoon - Treated Effluent	8/30/12	7:30 7:44	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Emiguel Romo

Received by: (Signature)

David Lee

Date/Time

8/30/12 1236

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)TRAN Nguyen

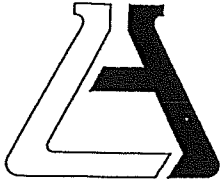
Date/Time

8/30/12 1:00 pm

Special Instructions:

PO #: 8302012-JS-FORDEC-12407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 8/30/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: (Yes) NoNo (Skip Section 2)**Section 2**Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other

Cooler or box temperature: _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: Daniel Lee Date: 8/30/12

Log-in Reviewed by: _____ Date: _____



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #8302012-JS-FORDEC-12-412

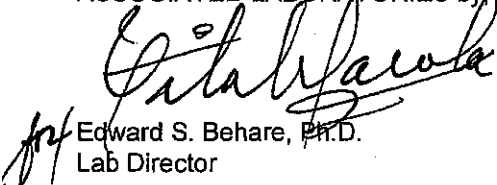
Lab Request: 309756
Report Date: 09/06/2012
Date Received: 08/30/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAP are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309756-001	83012-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by


Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water
Sampled: 08/30/2012 10:00
Sample #: 309756-001

Client: Pure Effect, Inc.
Site:
Client Sample #: 83012-EFF-ML

Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1129285
Copper	ND	10	0.01	0.1	mg/L	08/31/12	kedy	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	0.55	1	0.1	0.1	NTU	08/30/12	ame	
Method: SM 2520-B	Prep Method: Method							QCBatchID:
Salinity	14.0	1				08/31/12	soheir	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.59	1			pH Units	08/31/12	soheir	
Method: SM 4500-O-G	Prep Method: Method							QCBatchID:
Dissolved Oxygen	1.42	1			mg/L	08/30/12	rvenal	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309756 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 8/30/12Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other

Cooler or box temperature: _____

(Acceptance range is 2 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes - were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

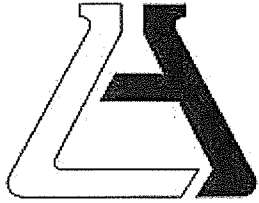
Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel LeeDate: 8/30/12

Log-in Reviewed by: _____

Date: _____



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9042012-JS-FORDEC-12-407

Lab Request: 309915
Report Date: 09/11/2012
Date Received: 09/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309915-001	90412-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/04/2012 07:40	Site:
Sample #: 309915-001	Client Sample #: 90412-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129392
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	300	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	300	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	40	1			cfu/100ml	09/04/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309915 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

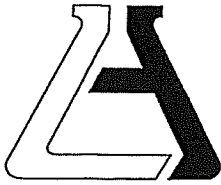
309915

CHAIN OF CUSTODY RECORDDate 9-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90412-INF-ML1	Malibu Lagoon - Influent Source	9/04/12	4:40 PM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/04/12 14:15</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis (Signature) <u>[Signature]</u>	Date/Time <u>9/4/12 14:40</u>	
Special Instructions: <u>PO #: 9042012-JS-FORDEC-12-407</u>			<u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-04-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: Yes	<u>No</u> (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: _____
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

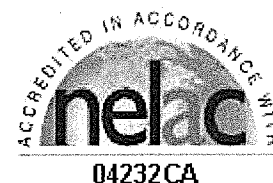
Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eubert</u> Date: <u>09/04/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 309913
Report Date: 09/11/2012
Date Received: 09/04/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #9042012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309913-001	90412-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/04/2012 11:10	Site:
Sample #: <u>309913-001</u>	Client Sample #: 90412-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129392
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	350	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	130	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	20	1			cfu/100ml	09/04/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309913 Page 2 of 2



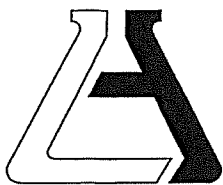
**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

309913

CHAIN OF CUSTODY RECORDDate 9-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u><i>[Signature]</i></u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90412-INF-ML2	Malibu Lagoon - Influent Source	9/04/12	<u>11:10</u>	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u><i>[Signature]</i></u>			Received by: (Signature) <u><i>[Signature]</i></u>			Date/Time <u>09/04/12 14:15</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod	
Relinquished by: (Signature) <u><i>[Signature]</i></u>			Received by Laboratory for analysis: (Signature) <u><i>[Signature]</i></u>			Date/Time <u>09/04/12 14:40</u>			
Special Instructions: <u>PO #: 9042012-JS-FORDEC-12-407</u>									

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-04-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: Yes	<u>No</u> (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: _____
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. Best</u> Date: <u>09/04/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9042012-JS-FORDEC-12-407

Lab Request: 309914
Report Date: 09/11/2012
Date Received: 09/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309914-001	90412-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/04/2012 07:30	Site:
Sample #: 309914-001	Client Sample #: 90412-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl						QCBatchID	QC1129392
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B						QCBatchID	
Coliform, Total	11	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E						QCBatchID	
Coliform, Fecal	<2	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B						QCBatchID	
Enterococcus	16	1			cfu/100ml	09/04/12	nmikhael

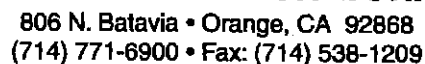
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 309914 Page 2 of 2





309914

Date 9-04-2012 Page 1 of 1

[illegible]

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 09-04-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes NoNo (Skip Section 2)**Section 2**Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☐	☐	☒
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. BestDate: 09/04/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9042012-JS-FORDEC-12-407

Lab Request: 309912
Report Date: 09/11/2012
Date Received: 09/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309912-001	90412-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/04/2012 10:00	Site:
Sample #: <u>309912-001</u>	Client Sample #: 90412-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129392
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	27	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	22	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	5	1			cfu/100ml	09/04/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309912 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

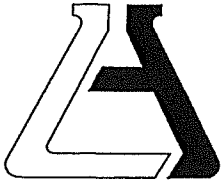
309912

CHAIN OF CUSTODY RECORDDate 9-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90412-EFF-ML2	Malibu Lagoon - Treated Effluent	9/04/12	1100	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/04/12 14:15</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>9/4/12 14:40</u>	
Special Instructions: <u>PO #: 9042012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 09-04-12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes NoNo (Skip Section 2)**Section 2**Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☐	☐	☒
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. BestDate: 09/04/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9052012-JS-FORDEC-12-407

Lab Request: 309983
Report Date: 09/11/2012
Date Received: 09/05/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309983-001	90512-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/05/2012 08:05	Site:
Sample #: <u>309983-001</u>	Client Sample #: 90512-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129413
Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	500	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	70	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	80	1			cfu/100ml	09/05/12	yiliu

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309983 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

309983

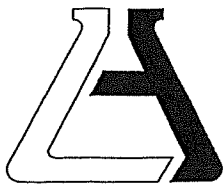
CHAIN OF CUSTODY RECORDDate 9-05-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90512-INF-ML1	Malibu Lagoon - Influent Source	9/05/12	805	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) <u>Chris Boyle</u>	Date/Time <u>9/5/12 11:30</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9/5/12 12:00</u>	
Special Instructions: <u>PO #: 9052012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PE

Project: _____

Date Received: _____

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice / Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 18

(Acceptance range is 0 to 6 Deg. C.)

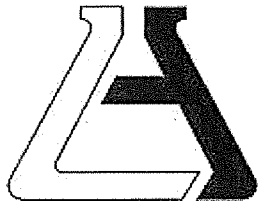
Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: Chris Zuyfe Date: 7/5



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9052012-JS-FORDEC-12-407

Lab Request: 309984
Report Date: 09/11/2012
Date Received: 09/05/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAP are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309984-001	90512-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water		Client: Pure Effect, Inc.						
Sampled: 09/05/2012 09:30		Site:						
Sample #: <u>309984-001</u>		Client Sample #: 90512-INF-ML2					Collector: Client	
Analyte		Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method						QCBatchID	QC1129413
Chlorine, Total Residual		0.04 J	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID	
Coliform, Total		300	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E	Prep Method: Method						QCBatchID	
Coliform, Fecal		110	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B	Prep Method: Method						QCBatchID	
Enterococcus		60	1			cfu/100ml	09/05/12	yiliu

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

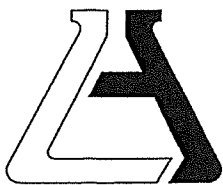
309984

CHAIN OF CUSTODY RECORDDate 9-05-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u><i>[Signature]</i></u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90512-INF-ML2	Malibu Lagoon - Influent Source	9/05/12	4:30	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u><i>[Signature]</i></u>	Received by: (Signature) <u><i>[Signature]</i></u>	Date/Time <u>9/5 11:30</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature) <u> </u>	Received by Laboratory for analysis: (Signature) <u><i>[Signature]</i></u>	Date/Time <u>9/5/12 12:00</u>	
Special Instructions: <u>PO #: 9052012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PE

Project: _____

Date Received: _____

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice / Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 18

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>/</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: Chris Boyle Date: 9/5



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9052012-JS-FORDEC-12-407

Lab Request: 309985
Report Date: 09/11/2012
Date Received: 09/05/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309985-001	90512-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/05/2012 08:00	Site:
Sample #: 309985-001	Client Sample #: 90512-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129413
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	14	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	2	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	2	1			cfu/100ml	09/05/12	yiliu

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309985 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 9-05-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled X Frozen _____ Same Day _____ 24 Hr. _____ Regular X 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature) <i>[Signature]</i>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90512-EFF-ML1	Malibu Lagoon - Treated Effluent	9/05/12	8:00	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <i>[Signature]</i>		Received by: (Signature) <i>[Signature]</i> 9/5				Date/Time 11:30		I hereby authorize the performance of the above indicated work. <i>Jeff Sherod</i> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>[Signature]</i> 9/5/12				Date/Time 12:00			
Special Instructions: PO #: 9052012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PE

Project: _____

Date Received: _____

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice / Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 18

(Acceptance range is 0 to 6 Deg. C.)

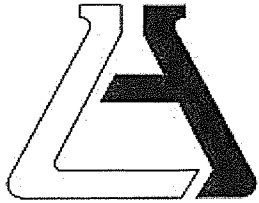
Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: Chris Boyle Date: 9/5



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9052012-JS-FORDEC-12-407

Lab Request: 309988
Report Date: 09/11/2012
Date Received: 09/05/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
309988-001	90512-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/05/2012 09:40	Site:
Sample #: <u>309988-001</u>	Client Sample #: 90512-EFF-ML2
	Collector: Client

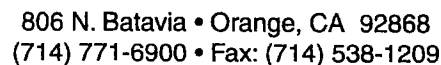
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129413
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	22	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	7	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	2	1			cfu/100ml	09/05/12	yiliu

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 309988 Page 2 of 2

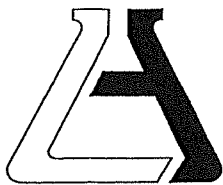




309988

Date 9-05-2012 Page 1 of 1

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**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: PE

Project: _____

Date Received: _____

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: Ice / Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 18

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, indicate below.	<u>—</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>—</u>		
Were correct containers used for the tests required?	<u>—</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>—</u>		
Was there headspace in VOA vials?			<u>—</u>
Were the containers labeled with correct preservatives?	<u>—</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>—</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: Chris Zuyfe Date: 7/5



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9062012-JS-FORDEC-12-412

Lab Request: 310086
Report Date: 09/17/2012
Date Received: 09/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310086-001	90612-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water		Client: Pure Effect, Inc.						
Sampled: 09/06/2012 08:30		Site:						
Sample #: <u>310086-001</u>		Client Sample #: 90612-INF-ML				Collector: Client		
Analyte		Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 200.7	Prep Method: EPA 3010A						QCBatchID	QC1129738
Copper		0.003 J	1	0.001	0.01	mg/L	09/17/12	nina
Method: SM 2130-B	Prep Method: Method						QCBatchID	
Turbidity		19.4	1	0.1	0.1	NTU	09/06/12	ame
Method: SM 2520-B	Prep Method: Method						QCBatchID	
Salinity		10.9	1				09/07/12	soheir
Method: SM 4500-H+B	Prep Method: Method						QCBatchID	
pH		7.77	1			pH Units	09/07/12	robert
Method: SM 4500-O-G	Prep Method: Method						QCBatchID	
Dissolved Oxygen		7.94	1			mg/L	09/06/12	rvenal

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9062012-JS-FORDEC-12-407

Lab Request: 310091
Report Date: 09/11/2012
Date Received: 09/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310091-001	90612-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/06/2012 08:30	Site:
Sample #: <u>310091-001</u>	Client Sample #: 90612-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129466
Chlorine, Total Residual	0.06 J	1	0.02	0.1	mg/L	09/06/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	170	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	120	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	90	1			cfu/100ml	09/06/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310091 Page 2 of 2





First Sample

CHAIN OF CUSTODY RECORD

Date 9-06-2012 Page 1 of 1

310091

[illegible]



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: Malibu lagoon

Date Received: 9/6/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 10 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

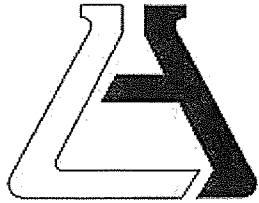
Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]

Date: 9/6/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9062012-JS-FORDEC-12-407

Lab Request: 310095
Report Date: 09/11/2012
Date Received: 09/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310095-001	90612-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/06/2012 12:15	Site:
Sample #: <u>310095-001</u>	Client Sample #: 90612-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129466
Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	09/06/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	300	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	240	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	340	1			cfu/100ml	09/06/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310095 Page 2 of 2





Second Sample

Date 9-06-2012 Page 1 of 1

310095

CLIENT Pure Effect, Inc.		310095							
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PROJECT MANAGER Jeff Sherod / Mike Slaby							Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient ___ Cooled ☒ Frozen ____ Same Day _____ 24 Hr. _____ Regular ___x___ 48 Hr. _____
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		PHONE NUMBER (714) 639-7873							
		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90612-INF-ML2	Malibu Lagoon - Influent Source	9/06/12	12:5	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									flow 605345 x 100
									24.7 °C
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 				Date/Time 9/6/12 15:30		I hereby authorize the performance of the above indicated work. Jeff Sherod	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) Name Michael				Date/Time 9/6/12 3:36			
Special Instructions: PO #: 9062012-JS-FORDEC-12-407									
DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.									



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: Malibu lagoon

Date Received: 9/6/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 0 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Jewell

Date: 9/6/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9062012-JS-FORDEC-12-412

Lab Request: 310088
Report Date: 09/17/2012
Date Received: 09/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310088-001	90612-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water		Client: Pure Effect, Inc.						
Sampled: 09/06/2012 08:30		Site:						
Sample #: <u>310088-001</u>		Client Sample #: 90612-EFF-ML				Collector: Client		
Analyte	Result	DF	MDL	RDL	Units	QCBatchID	QCBatchID	By
Method: EPA 200.7	Prep Method: EPA 3010A						QC1129738	
Copper	ND	1	0.001	0.01	mg/L	09/17/12		nina
Method: SM 2130-B	Prep Method: Method						QCBatchID	
Turbidity	4.96	1	0.1	0.1	NTU	09/06/12		ame
Method: SM 2520-B	Prep Method: Method						QCBatchID	
Salinity	11.4	1				09/07/12		soheir
Method: SM 4500-H+B	Prep Method: Method						QCBatchID	
pH	7.69	1			pH Units	09/07/12		robert
Method: SM 4500-O-G	Prep Method: Method						QCBatchID	
Dissolved Oxygen	2.01	1			mg/L	09/06/12		rvenal

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9062012-JS-FORDEC-12-407

Lab Request: 310089
Report Date: 09/11/2012
Date Received: 09/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310089-001	90612-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/06/2012 08:30	Site:
Sample #: 310089-001	Client Sample #: 90612-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129466
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/06/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	17	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	<2	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	3	1			cfu/100ml	09/06/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310089 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-06-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		310089		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>								
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS (Signature) 								
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED	
90612-EFF-ML1	Malibu Lagoon - Treated Effluent	9/06/12	8:30 A	x			3		Enterococcus	
									Fecal Coliform	
									Total Coliform	
									Total Residual Chlorine	
									Need to know if Coliform is	
									present in the sample ASAP	
									Flaw 604732x100	
									23.7°C	
									All to MDL/PQL	
Relinquished by: (Signature) 		Received by: (Signature) 			Date/Time <u>9/6/12 1:30</u>			I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) 			Date/Time <u>9/6/12 3:36</u>					
Special Instructions: <u>PO #: 9062012-JS-FORDEC-12-407</u>										

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectProject: Malibu lagoonDate Received: 9/6/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 0 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

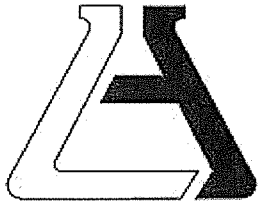
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 9/6/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9062012-JS-FORDEC-12-407

Lab Request: 310093
Report Date: 09/11/2012
Date Received: 09/06/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310093-001	90612-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/06/2012 12:15	Site:
Sample #: <u>310093-001</u>	Client Sample #: 90612-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl	Prep Method: Method					QCBatchID	QC1129466
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/06/12	dung
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID	
Coliform, Total	8	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E	Prep Method: Method					QCBatchID	
Coliform, Fecal	8	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B	Prep Method: Method					QCBatchID	
Enterococcus	4	1			cfu/100ml	09/06/12	nmikhael

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310093 Page 2 of 2



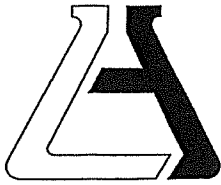
**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 9-06-2012 Page 1 of 1

310093

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90612-EFF-ML2	Malibu Lagoon - Treated Effluent	9/06/12	12 ¹⁵ P	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is
									present in the sample ASAP
									Flow 1065 345 x 100
									24.7°C
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>9/6/12 1:53P</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Devin Michael</u>	Date/Time <u>9/6/12 3:36</u>	
Special Instructions: <u>PO #: 9062012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 9/6/12
Sample(s) received in cooler: Yes
Shipping Information: _____

Project: Malibu lagoon
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____
Cooler or box temperature: 0 °C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 9/6/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9112012-JS-FORDEC-12-407

Lab Request: 310330
Report Date: 09/17/2012
Date Received: 09/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310330-001	91112-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/11/2012 08:30	Site:
Sample #: <u>310330-001</u>	Client Sample #: 91112-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	500	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	150	1			cfu/100ml	09/11/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310330 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-11-2012 Page 1 of 1

310330

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature)					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91112-INF-ML1	Malibu Lagoon - Influent Source	9/11/12	830 A	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Chlorine~~
									Need to know if Coliform is present in the sample ASAP
									612730 Klee
									23.2°C
									All to MDL/PQL
Relinquished by: (Signature)		Received by: (Signature)			Date/Time <u>9/11/12 15:40</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time <u>9/11/12 355 pm</u>				
Special Instructions: <u>PO #: 9112012-JS-FORDEC-12-407</u>									



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Date Received: 9/11/12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C.

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None Other

Cooler or box temperature: 2

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 9/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9112012-JS-FORDEC-12-407

Lab Request: 310326
Report Date: 09/17/2012
Date Received: 09/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310326-001	91112-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/11/2012 13:00	Site:
Sample #: <u>310326-001</u>	Client Sample #: 91112-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	500	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	190	1			cfu/100ml	09/11/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310326 Page 2 of 2



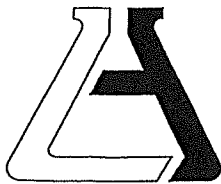
**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 9-11-2012 Page 1 of 1

310326

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature)					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91112-INF-ML2	Malibu Lagoon - Influent Source	9/11/12	1 PM	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									<del> </del>
									Need to know if Coliform is
									present in the sample ASAP
									612960 X100
									24.3°C
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>9/11/12 1:40</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>9/11/12 3:55 pm</u>	
Special Instructions: <u>PO #: 9112012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9/11/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C.Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 2

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?	☒	☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 9/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9112012-JS-FORDEC-12-407

Lab Request: 310327
Report Date: 09/17/2012
Date Received: 09/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310327-001	91112-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/11/2012 08:30	Site:
Sample #: <u>310327-001</u>	Client Sample #: 91112-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	8	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	8	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	1	1			cfu/100ml	09/11/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 310327 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

First Sample

CHAIN OF CUSTODY RECORD

Date 9-11-2012 Page 1 of 1

310327

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <u>X</u> Frozen _____ Same Day _____ 24 Hr. _____ Regular <u>X</u> 48 Hr. _____		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91112-EFF-ML1	Malibu Lagoon - Treated Effluent	9/11/12	8:30 AM	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Chlorine~~
									Need to know if Coliform is
									present in the sample ASAP
									612.230 x 100
									23.2°C
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>9/11/12 15:40</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>09/11/12 3:55pm</u>	
Special Instructions: <u>PO #: 9112012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9/11/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C.Sampler's Name: Yes No
No (Skip Section 2)**Section 2**Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 2

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JewellDate: 9/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9112012-JS-FORDEC-12-407

Lab Request: 310328
Report Date: 09/17/2012
Date Received: 09/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310328-001	91112-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/11/2012 13:00	Site:
Sample #: <u>310328-001</u>	Client Sample #: 91112-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	50	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	30	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	11	1			cfu/100ml	09/11/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310328 Page 2 of 2



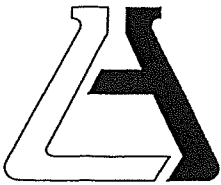
**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 9-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		310328		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91112-EFF-ML2	Malibu Lagoon - Treated Effluent	9/11/12	1PM	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~CONFIDENTIAL~~
									Need to know if Coliform is
									present in the sample ASAP
									Flow 612960 K100
									24.3°C
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>9/11/12 1:40</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>9/11/12 3:55pm</u>	
Special Instructions: <u>PO #: 9112012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9/11/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C.Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice ☒ Ice Packs Bubble Wrap Styrofoam
Paper None OtherCooler or box temperature: 2

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: JewellDate: 9/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9122012-JS-FORDEC-12-407

Lab Request: 310444
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310444-001	91212-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/12/2012 08:00	Site:
Sample #: <u>310444-001</u>	Client Sample #: 91212-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	300	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	170	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	30	1			cfu/100ml	09/13/12	yiliu, TN	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310444 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-12-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>				310444			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			

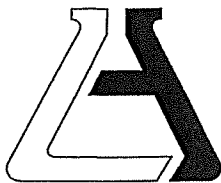
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91212-INF-ML1	Malibu Lagoon - Influent Source	9/12/12	8.00	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Chlorine~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>9/13/12</u>
Relinquished by: (Signature) 	Received by Laboratory for analysis: (Signature)	Date/Time <u>9/13/12</u>
Special Instructions: <u>PO #: 9122012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 09-13-12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 2.0°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Eubank Date: 09/13/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9122012-JS-FORDEC-12-407

Lab Request: 310447
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310447-001	91212-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/12/2012 10:00	Site:
Sample #: <u>310447-001</u>	Client Sample #: 91212-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	300	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	110	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	80	1			cfu/100ml	09/13/12	yiliu, TN	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor





Second Sample

CHAIN OF CUSTODY RECORD

Date 9-12-2012 Page 1 of 1

310447

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		310447			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS (Signature) <u>[Signature]</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID	NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
91212-INF-ML2	Malibu Lagoon - Influent Source	9/12/12	10:00	x		2	Enterococcus
							Fecal Coliform
							Total Coliform
							~~Enterobacteriaceae~~
							Need to know if Coliform is present in the sample ASAP
							All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>9/13/12</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.	
Relinquished by: (Signature) <u>[Signature]</u>		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>9/13/12</u>			
Special Instructions: PO #: 9122012-JS-FORDEC-12-407							



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-13-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam ☐ Paper ☐ None ☐ Other _____
Cooler or box temperature: <u>2.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☐	☐	☒
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Eubank Date: 09/13/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9122012-JS-FORDEC-12-407

Lab Request: 310445
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

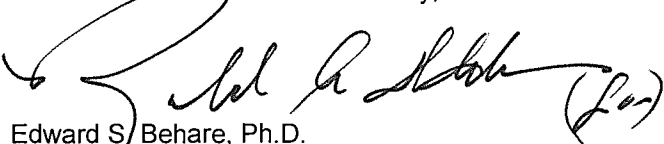
This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310445-001	91212-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/12/2012 08:15	Site:
Sample #: <u>310445-001</u>	Client Sample #: 91212-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	6	1			cfu/100ml	09/13/12	yiliu, TN	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310445 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-12-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873SAMPLERS (Signature)
BonitaSamples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91212-EFF-ML1	Malibu Lagoon - Treated Effluent	9/12/12	8:15	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Coliform~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions: PO #: 9122012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 09-13-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 2.0°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. EubankDate: 09/13/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 310448
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

Comments: FORD E.C.-Malibu Lagoon Project-Malibu, CA
P.O. #9122012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310448-001	91212-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/12/2012 10:05	Site:
Sample #: <u>310448-001</u>	Client Sample #: 91212-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	26	1			cfu/100ml	09/13/12	yiliu, TN	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310448 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 9-12-2012 Page 1 of 1

310448

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91212-EFF-ML2	Malibu Lagoon - Treated Effluent	9/12/12	10:05	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Chlorine~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>9/13/12 10:15</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>9/13/12 1300</u>	
Special Instructions: <u>PO #: 9122012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-13-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____
Cooler or box temperature: <u>2.0°C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Eubank Date: 09/13/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9132012-JS-FORDEC-12-407

Lab Request: 310452
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310452-001	91312-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/13/2012 07:00	Site:
Sample #: <u>310452-001</u>	Client Sample #: 91312-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	300	1			MPN/100ml	09/13/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	240	1			MPN/100ml	09/13/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	80	1			cfu/100ml	09/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310452 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

First Sample

CHAIN OF CUSTODY RECORD

Date 9-13-2012 Page 1 of 1

310452

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Bonnie Ten L</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91312-INF-ML1	Malibu Lagoon - Influent Source	9/13/12	7:00	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Chlorine~~
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Bonnie Ten L</u>		Received by: (Signature) <u>M. Sherod</u>		Date/Time <u>09/13/12 13:48</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>9-13-12</u>					
Special Instructions: <u>PO #: 9132012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Earth</u>	Project: _____
Date Received: <u>09-13-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0°C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Echeverri Date: 09/13/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9132012-JS-FORDEC-12-407

Lab Request: 310454
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310454-001	91312-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/13/2012 10:30	Site:
Sample #: <u>310454-001</u>	Client Sample #: 91312-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	09/13/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	300	1			MPN/100ml	09/13/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	40	1			cfu/100ml	09/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310454 Page 2 of 2





Second Sample

CHAIN OF CUSTODY RECORD

Date 9-13-2012 Page 1 of 1

310454

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Bonnie Lee</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐					
				Same Day ☐ 24 Hr. ☐					
				Regular ☒ 48 Hr. ☐					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
91312-INF-ML2	Malibu Lagoon - Influent Source	9/13/12	10:30	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Coliform~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Bonnie Lee</u>		Received by: (Signature) <u>Mike Slaby</u>			Date/Time <u>09/13/12 13:48</u>		I hereby authorize the performance of the above indicated work.		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>			Date/Time <u>09-13-12</u>				
Special Instructions: PO #: 9132012-JS-FORDEC-12-407									
Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier									



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Earth

Date Received: 09-13-12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: Ice X Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____

Cooler or box temperature: 6.0°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Ebert

Date: 09/13/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9132012-JS-FORDEC-12-407

Lab Request: 310453
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310453-001	91312-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/13/2012 07:08	Site:
Sample #: <u>310453-001</u>	Client Sample #: 91312-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	80	1			MPN/100ml	09/13/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	80	1			MPN/100ml	09/13/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	6	1			cfu/100ml	09/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310453 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-13-2012 Page 1 of 1

310453

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91312-EFF-ML1	Malibu Lagoon - Treated Effluent	9/13/12	7:08	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Coliform~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 		Date/Time 09/13/12 13:48		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) 		Date/Time 9-12-12					
Special Instructions: PO #: 9132012-JS-FORDEC-12-407									



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Earth</u>	Project: _____
Date Received: <u>09-13-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: <u>Ice</u> ☒ Ice Packs <u>Bubble Wrap</u> <u>Styrofoam</u>
<u>Paper</u> <u>None</u> <u>Other</u>
Cooler or box temperature: <u>6.0°C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Echert Date: 09/13/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9132012-JS-FORDEC-12-407

Lab Request: 310455
Report Date: 09/17/2012
Date Received: 09/13/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310455-001	91312-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/13/2012 10:40	Site:
Sample #: <u>310455-001</u>	Client Sample #: 91312-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	80	1			MPN/100ml	09/13/12	roxane	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	80	1			MPN/100ml	09/13/12	roxane	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	3	1			cfu/100ml	09/13/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310455 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample****CHAIN OF CUSTODY RECORD**Date 9-13-2012 Page 1 of 1

310455

CLIENT Pure Effect, Inc.
ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Bonwater

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91312-EFF-ML2	Malibu Lagoon - Treated Effluent	9/13/12	1040	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Coliform~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Bonwater

Received by: (Signature)

M. G. Sherod

Date/Time

09/13/12 13:48

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) relyn

Date/Time

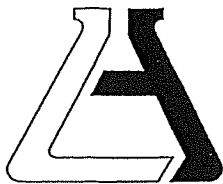
9-13-12

I hereby authorize the performance of the above indicated work.

Special Instructions:

PO #: 9132012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Efect</u>	Project: _____
Date Received: <u>09-13-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam	
_____ Paper _____ None _____ Other _____	
Cooler or box temperature: <u>6.0 C</u>	
(Acceptance range is 0 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Echeverri Date: 09/13/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9182012-JS-FORDEC-12-407

Lab Request: 310728
Report Date: 09/26/2012
Date Received: 09/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310728-001	91812-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/18/2012 09:00	Site:
Sample #: <u>310728-001</u>	Client Sample #: 91812-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	09/18/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	500	1			MPN/100ml	09/18/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	20	1			cfu/100ml	09/18/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310728 Page 2 of 2





ASSOCIATED LABORATORIES

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First Sample

310728

CHAIN OF CUSTODY RECORD

Date 9-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91812-INF-ML1	Malibu Lagoon - Influent Source	9/18/12	9.00	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Total Residual Chlorine~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>09/18/12 16:23</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9-18-12</u>	
Special Instructions: <u>PO #: 9182012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-18-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>09/18/12</u>



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9182012-JS-FORDEC-12-407

Lab Request: 310726
Report Date: 09/25/2012
Date Received: 09/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310726-001	91812-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/18/2012 10:30	Site:
Sample #: <u>310726-001</u>	Client Sample #: 91812-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	300	1			MPN/100ml	09/18/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	240	1			MPN/100ml	09/18/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	20	1			cfu/100ml	09/18/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310726 Page 2 of 2





ASSOCIATED LABORATORIES

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Second Sample

310726
CHAIN OF CUSTODY RECORD

Date 9-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Bernie Torres</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91812-INF-ML2	Malibu Lagoon - Influent Source	9/18/12	10:30	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bernie Torres</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>09/17/12 16:23</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Jeff Sherod</u>	Date/Time <u>9/18/12 4:30</u>	
Special Instructions: PO #: 9182012-JS-FORDEC-12-407			

Jeff Sherod
DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-18-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

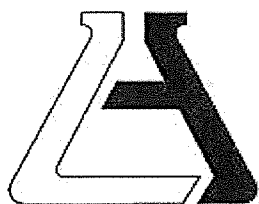
Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>09/18/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9182012-JS-FORDEC-12-407

Lab Request: 310729
Report Date: 09/25/2012
Date Received: 09/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310729-001	91812-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/18/2012 08:55	Site:
Sample #: 310729-001	Client Sample #: 91812-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	13	1			MPN/100ml	09/18/12	roxane	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	8	1			MPN/100ml	09/18/12	roxane	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	1	1			cfu/100ml	09/18/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310729 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

310729

CHAIN OF CUSTODY RECORDDate 9-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 			

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91812-EFF-ML1	Malibu Lagoon - Treated Effluent	9/18/12	8.55	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>09/17/12 16:23</u>	I hereby authorize the performance of the above indicated work. 4:30 <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9-18-12</u>	
Special Instructions: <u>PO #: 9182012-JS-FORDEC-12-407</u>			

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Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-18-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

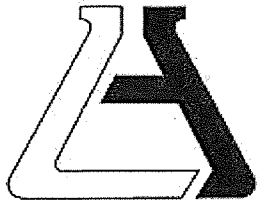
Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>09/18/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9182012-JS-FORDEC-12-407

Lab Request: 310727
Report Date: 09/25/2012
Date Received: 09/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310727-001	91812-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/18/2012 10:35	Site:
Sample #: 310727-001	Client Sample #: 91812-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	50	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	8	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	2	1			cfu/100ml	09/19/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 310727 Page 2 of 2





ASSOCIATED LABORATORIES

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Second Sample

310727

CHAIN OF CUSTODY RECORD

Date 9-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91812-EFF-ML2	Malibu Lagoon - Treated Effluent	9/18/12	10:35	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Other Coliforms~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>09/18/12 16:23</u>	I hereby authorize the performance of the above indicated work. 4:30 Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9-18-12</u>	
Special Instructions: <u>PO #: 9182012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-18-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0</u> °C
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Ebert Date: 09/18/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9192012-JS-FORDEC-12-407

Lab Request: 310776
Report Date: 09/25/2012
Date Received: 09/19/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310776-001	91912-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/19/2012 09:05	Site:
Sample #: <u>310776-001</u>	Client Sample #: 91912-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	280	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	220	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	40	1			cfu/100ml	09/19/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310776 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

310776

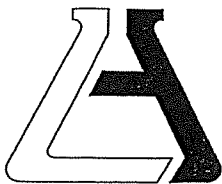
CHAIN OF CUSTODY RECORDDate 9-19-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Bonnie Lopez</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91912-INF-ML1	Malibu Lagoon - Influent Source	9/19/12	9:05	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Other Coliforms~~
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonnie Lopez</u>	Received by: (Signature) <u>David El</u>	Date/Time <u>9/19/12 1305</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Nikh</u>	Date/Time <u>9/19/12 1:05</u>	
Special Instructions: <u>PO #: 9192012-JS-FORDEC-12-407</u>			

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Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 9/19/12Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 9/19/12



Associated Laboratories

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www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9192012-JS-FORDEC-12-407

Lab Request: 310777
Report Date: 09/25/2012
Date Received: 09/19/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310777-001	91912-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/19/2012 10:30	Site:
Sample #: <u>310777-001</u>	Client Sample #: 91912-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	170	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	50	1			cfu/100ml	09/19/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310777 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

310777

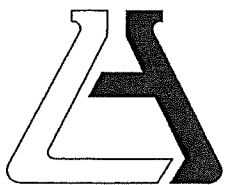
CHAIN OF CUSTODY RECORDDate 9-19-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 				

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91912-INF-ML2	Malibu Lagoon - Influent Source	9/19/12	10.30	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>9/19/12 1305</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9/19/12 1205</u>	
Special Instructions: <u>PO #: 9192012-JS-FORDEC-12-407</u>			

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Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 9/19/12

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

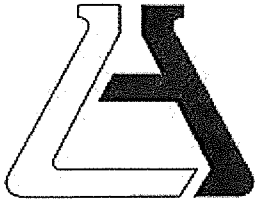
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 9/19/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9192012-JS-FORDEC-12-407

Lab Request: 310774
Report Date: 09/25/2012
Date Received: 09/19/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310774-001	91912-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/19/2012 09:00	Site:
Sample #: <u>310774-001</u>	Client Sample #: 91912-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	50	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	11	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	2	1			cfu/100ml	09/19/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 310774 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

First Sample

310774

CHAIN OF CUSTODY RECORD

Date 9-19-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Bonnie L. L...</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91912-EFF-ML1	Malibu Lagoon - Treated Effluent	9/19/12	9.00	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Bonnie L. L...</u>		Received by: (Signature) <u>David E...</u>			Date/Time <u>9/19/12 1305</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Nesrine M. Kh...</u>			Date/Time <u>9/19/12 1:05</u>				
Special Instructions: <u>PO #: 9192012-JS-FORDEC-12-407</u>									

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 9/19/12Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

(No) (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

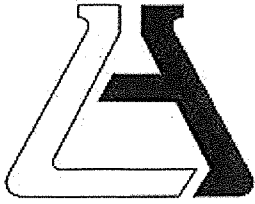
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel LeeDate: 9/19/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9192012-JS-FORDEC-12-407

Lab Request: 310775
Report Date: 09/25/2012
Date Received: 09/19/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310775-001	91912-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/19/2012 10:35	Site:
Sample #: 310775-001	Client Sample #: 91912-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	7	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	7	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	3	1			cfu/100ml	09/19/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 310775 Page 2 of 2





ASSOCIATED LABORATORIES

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Second Sample

310775

CHAIN OF CUSTODY RECORD

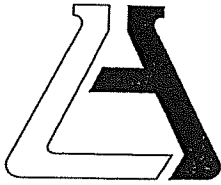
Date 9-19-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91912-EFF-ML2	Malibu Lagoon - Treated Effluent	9/19/12	10.35	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									~~Coliform~~
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>9/19/12 1305</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9/19/12 1105</u>	
Special Instructions: <u>PO #: 9192012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure Effect

Project: _____

Date Received: 9/19/12Sampler's Name: (Yes) No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle labels agree with COC? (ID, dates and times)	✓		
Were correct containers used for the tests required?	✓		
Was a sufficient amount of sample sent for tests indicated?	✓		
Was there headspace in VOA vials?			✓
Were the containers labeled with correct preservatives?	✓		
Was total residual chlorine measured (Fish Bioassay samples only)? *			✓

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Daniel Lee Date: 9/19/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9202012-JS-FORDEC-12-422

Lab Request: 310925
Report Date: 09/28/2012
Date Received: 09/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

310925-001	92012-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/20/2012 07:30	Site:	Notes:
Sample #: <u>310925-001</u>	Client Sample #: 92012-INF-ML	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID	QC1129902
Copper	0.004 J	1	0.001	0.01	mg/L	09/21/12	nina
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID	QC1129953
Total Suspended Solids	ND	1	2.7	5	mg/L	09/21/12	ame

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310925 Page 2 of 2



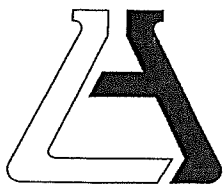


First Sample

CHAIN OF CUSTODY RECORD

Date 9-20-2012 Page 1 of 1

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**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 09-20-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)**Section 2**Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			
Were the containers labeled with correct preservatives?			
Was total residual chlorine measured (Fish Bioassay samples only)? *			

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N N/ACompleted By: M. Echert Date: 09/20/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9202012-JS-FORDEC-12-407

Lab Request: 310936
Report Date: 09/25/2012
Date Received: 09/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310936-001	92012-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/20/2012 07:30	Site:
Sample #: <u>310936-001</u>	Client Sample #: 92012-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	170	1			MPN/100ml	09/20/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	70	1			MPN/100ml	09/20/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	40	1			cfu/100ml	09/20/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310936 Page 2 of 2



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310936

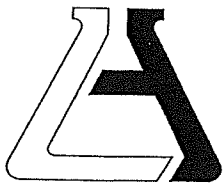
CHAIN OF CUSTODY RECORDDate 9-20-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92012-INF-ML1	Malibu Lagoon - Influent Source	9/20/12	7 ³⁰ A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									<del> </del>
									Need to know if Coliform is
									present in the sample ASAP
									TPM 698500X100
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/20/12 14:57</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nerine Nick</u>	Date/Time <u>9-20-12 3:30</u>	
Special Instructions: <u>PO #: 9202012-JS-FORDEC-12-407</u>			

11/2

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client:

Pure Effect

Date Received:

09-20-12

Project:

Sampler's Name:

Yes

No

Sample(s) received in cooler: Yes

No

(Skip Section 2)

Shipping Information:

Section 2Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other Cooler or box temperature:

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

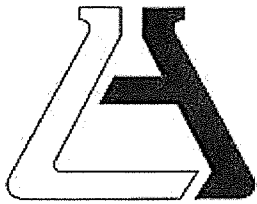
Was Project Manager notified of discrepancies: Y / N N/A

Completed By:

M. Echert

Date:

09/20/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9202012-JS-FORDEC-12-407

Lab Request: 310937
Report Date: 09/25/2012
Date Received: 09/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310937-001	92012-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/20/2012 11:00	Site:
Sample #: 310937-001	Client Sample #: 92012-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID:	
Coliform, Total	220	1			MPN/100ml	09/20/12	roxane	
Method: SM 9221-E	Prep Method: Method						QCBatchID:	
Coliform, Fecal	70	1			MPN/100ml	09/20/12	roxane	
Method: SM 9230-B	Prep Method: Method						QCBatchID:	
Enterococcus	10	1			cfu/100ml	09/20/12	roxane	

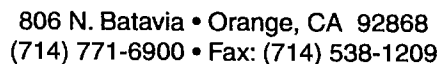
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 310937 Page 2 of 2

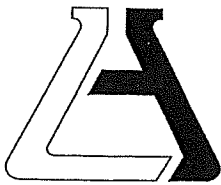




310 937

Date 9-20-2012 Page 1 of 1

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**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 09-20-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: (Yes) No
(No) (Skip Section 2)**Section 2**Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5Was Project Manager notified of discrepancies: Y / N / N/ACompleted By: M. Echert Date: 09/20/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9202012-JS-FORDEC-12-407

Lab Request: 310935
Report Date: 09/25/2012
Date Received: 09/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310935-001	92012-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/20/2012 07:30	Site:
Sample #: <u>310935-001</u>	Client Sample #: 92012-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	09/20/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

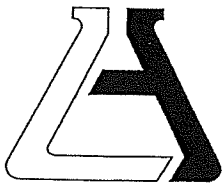
310935

CHAIN OF CUSTODY RECORDDate 9-20-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>			PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>			PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>			SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92012-EFF-ML1	Malibu Lagoon - Treated Effluent	9/20/12	7:40	x			2	[Signature]	Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									TPM 1058500X100
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u> 09/20/12 14:57	Date/Time	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Michel</u>	Date/Time 9-20-12 3:30	
Special Instructions: PO #: 9202012-JS-FORDEC-12-407			



ASSOCIATED LABORATORIES

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Date Received: 09-20-12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes - were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

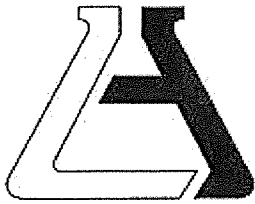
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N / N/A

Completed By: M. Echert Date: 09/20/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9202012-JS-FORDEC-12-407

Lab Request: 310938
Report Date: 09/25/2012
Date Received: 09/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310938-001	92012-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/20/2012 11:30	Site:
Sample #: <u>310938-001</u>	Client Sample #: 92012-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	09/20/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 310938 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

310938

CHAIN OF CUSTODY RECORDDate 9-20-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐					
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐					
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐					
				Regular ☒ 48 Hr. ☐					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92012-EFF-ML2	Malibu Lagoon - Treated Effluent	9/20/12	11:30	x					Enterococcus
									Fecal Coliform
									Total Coliform
									~~XXXXXXXXXX~~
									Need to know if Coliform is
									present in the sample ASAP
									TPM 1059107X100
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>09/20/12 14:57</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Nevine Michener</u>		Date/Time <u>9-20-12 3:30</u>					
Special Instructions: <u>PO #: 9202012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-20-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: Yes	<u>No</u> (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: _____
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eckert</u> Date: <u>09/20/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9202012-JS-FORDEC-12-422

Lab Request: 310872
Report Date: 10/02/2012
Date Received: 09/20/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
310872-001	92012-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/20/2012 07:30	Site:	Notes:
Sample #: 310872-001	Client Sample #: 92012-EFF-ML	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 1664A	Prep Method: Method-SGT					QCBatchID: QC1129914		
Total Oil and Grease	ND	1	1.7	5	mg/L	09/21/12	cathy	
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID: QC1129902		
Copper	0.002 J	1	0.001	0.01	mg/L	09/21/12	nina	
Method: EPA 420.1	Prep Method: Method					QCBatchID: QC1130007		
Total Phenolics	ND	1	0.004	0.005	mg/L	09/25/12	hanhkhong	
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID: QC1129948		
Total Suspended Solids	ND	1	2.7	5	mg/L	09/21/12	ame	
Method: SM 4500-S-D	Prep Method: Method					QCBatchID: QC1129939		
Total Sulfide	ND	1	0.1	0.1	mg/L	09/21/12	hanhkhong	
Method: SM 5210-B	Prep Method: Method					QCBatchID: QC1130032		
BOD	ND	1	1.5	3	mg/L	09/21/12	nassim	
Method: SM 5540-C	Prep Method: Method					QCBatchID: QC1129922		
MBAS	ND	1	0.02	0.04	mg/L	09/22/12	nassim	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 310872 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-20-2012 Page 1 of 1CLIENT Pure Effect, Inc.
ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike Slaby
PHONE NUMBER (714) 639-7873
SAMPLERS: (Signature) [Signature]Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92012-EFF-ML	Malibu Lagoon - Treated Effluent	9/20/12	7:30	x			7		BOD
	(Yellow)								Oil & Grease
									Sulfide
									Phenol
									MBAS
									Copper
									Total Suspended Solids
									TPM 058500X100
									All to MDL/PQL

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature) [Signature] Date/Time 09/20/12 14:58
Relinquished by: (Signature) [Signature] Date/Time 09/20/12 14:58

Special Instructions: PO #: 9202012-JS-FORDEC-12-422

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

5

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-20-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: Yes	<u>No</u> (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: _____
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?	X		
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eckert</u> Date: <u>09/20/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9252012-JS-FORDEC-12-407

Lab Request: 311079
Report Date: 10/01/2012
Date Received: 09/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311079-001	92512-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/25/2012 10:50	Site:	Notes:
Sample #: <u>311079-001</u>	Client Sample #: 92512-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	500	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	40	1			cfu/100ml	09/25/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311079 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

311079

CHAIN OF CUSTODY RECORDDate 9-25-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92512-INF-ML1	Malibu Lagoon - Influent Source	9/25/12	10:50	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/25/12 14:57</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>9/25/12</u>	
Special Instructions: <u>PO #: 9252012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>9-25-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam	
_____ Paper _____ None _____ Other _____	
Cooler or box temperature: <u>4.0C</u>	
(Acceptance range is 0 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: MM. Edwards Date: 09/25/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9252012-JS-FORDEC-12-407

Lab Request: 311083
Report Date: 10/01/2012
Date Received: 09/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311083-001	92512-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/25/2012 12:40	Site:	Notes:
Sample #: <u>311083-001</u>	Client Sample #: 92512-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	240	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	240	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	40	1			cfu/100ml	09/25/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311083 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

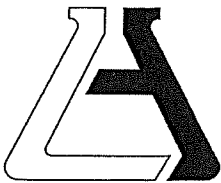
311083

CHAIN OF CUSTODY RECORDDate 9-25-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92512-INF-ML2	Malibu Lagoon - Influent Source	9/25/12	12:40	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/25/12 14:57</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>9/25/12 1600</u>	
Special Instructions: <u>PO #: 9252012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Project: _____
Client: <u>Pure Effect</u>	Sampler's Name: <u>Yes</u> No
Date Received: <u>9-25-12</u>	No (Skip Section 2)
Sample(s) received in cooler: <u>Yes</u>	
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>4.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. [Signature]</u> Date: <u>09/25/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9252012-JS-FORDEC-12-407

Lab Request: 311081
Report Date: 10/01/2012
Date Received: 09/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311081-001	92512-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/25/2012 11:00	Site:	Notes:
Sample #: 311081-001	Client Sample #: 92512-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	09/25/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



311081


ASSOCIATED LABORATORIES

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 (714) 771-6900 • Fax: (714) 538-1209

First Sample
CHAIN OF CUSTODY RECORD

 Date 9-25-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Boni Lu</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92512-EFF-ML1	Malibu Lagoon - Treated Effluent	9/25/12	11:00	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Boni Lu</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>09/25/12 14:57</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Li Lin</u>	Date/Time <u>9/25/12 1600</u>	
Special Instructions: <u>PO #: 9252012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9-25-12Sample(s) received in cooler: (Yes)

Shipping Information: _____

Project: _____

Sampler's Name: (Yes) No
No (Skip Section 2)**Section 2**Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 4.0C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

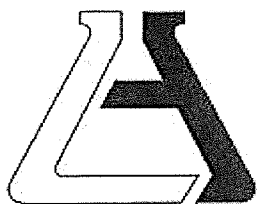
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. [Signature]Date: 09/25/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9252012-JS-FORDEC-12-407

Lab Request: 311082
Report Date: 10/01/2012
Date Received: 09/25/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311082-001	92512-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
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**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: _____

Project: _____

Date Received: _____

Sampler's Name: Yes No

Sample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____

Cooler or box temperature: _____

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?			
Is it properly completed? (IDs, sampling date and time, signature, test)			
Were custody seals present?			
If Yes – were they intact?			
Were all samples sealed in plastic bags?			
Did all samples arrive intact? If no, indicate below.			
Did all bottle labels agree with COC? (ID, dates and times)			
Were correct containers used for the tests required?			
Was a sufficient amount of sample sent for tests indicated?			
Was there headspace in VOA vials?			
Were the containers labeled with correct preservatives?			
Was total residual chlorine measured (Fish Bioassay samples only)? *			

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: _____ Date: _____

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/25/2012 12:30	Site:	Notes:
Sample #: <u>311082-001</u>	Client Sample #: 92512-EFF-ML2	

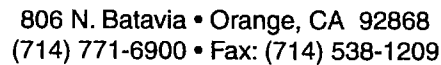
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	09/25/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	09/25/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311082 Page 2 of 2





31082

Date 9-25-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>[Signature]</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
92512-EFF-ML2	Malibu Lagoon - Treated Effluent	9/25/12	12:30	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>09/25/12 14:57</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>9/25/12 1600</u>					
Special Instructions: PO #: 9252012-JS-FORDEC-12-407									



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 311159
Report Date: 10/01/2012
Date Received: 09/26/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
PO#:9262012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311159-001	92612-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/26/2012 11:10	Site:	Notes:
Sample #: 311159-001	Client Sample #: 92612-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	110	1			MPN/100ml	09/26/12	Tnguyen	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	80	1			MPN/100ml	09/26/12	Tnguyen	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	50	1			cfu/100ml	09/26/12	Tnguyen	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311159 Page 2 of 2

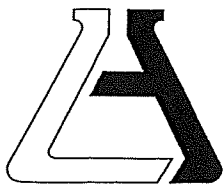


**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

31159

CHAIN OF CUSTODY RECORDDate 9-26-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Bonnie Torres</u>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92612-INF-ML1	Malibu Lagoon - Influent Source	9/26/12	11:10	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Bonnie Torres</u>		Received by: (Signature) <u>Jeff Sherod</u>			Date/Time <u>9/26/12</u>		I hereby authorize the performance of the above indicated work. <u>4:08</u> <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Jeff Sherod</u>			Date/Time <u>9-26-12</u>				
Special Instructions: <u>PO #: 9262012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9/26/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. MalibuSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 10°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 9/26/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 311158
Report Date: 10/01/2012
Date Received: 09/26/2012
Client ID: 10043

Comments: PO#:9262012-JS-FORDEC-12-407
Ford E.C.-Malibu Lagoon Project-Malibu, CA

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311158-001	92612-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/26/2012 12:40	Site:	Notes:
Sample #: <u>311158-001</u>	Client Sample #: 92612-INF-ML2	

Analyte	Result	DF	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:				
Coliform, Total	130	1		MPN/100ml	09/26/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method		QCBatchID:				
Coliform, Fecal	130	1		MPN/100ml	09/26/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method		QCBatchID:				
Enterococcus	60	1		cfu/100ml	09/26/12	Tnguyen	

ND = Not Detected or < RDL

RDL = Reporting Detection Limit

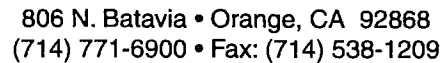
DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311158 Page 2 of 2





311158

Date 9-26-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____				
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Bonnie Kern</u>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
92612-INF-ML2	Malibu Lagoon - Influent Source	9/26/12	12:40	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Bonnie Kern</u>		Received by: (Signature) <u>Jeff Sherod</u>			Date/Time <u>9/26/12</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier.		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)			Date/Time <u>9-26-12</u>				
Special Instructions: <u>PO #: 9262012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9/26/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. MalibuSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 0°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 9/26/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 311160
Report Date: 10/01/2012
Date Received: 09/26/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
PO#:9262012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311160-001	92612-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/26/2012 11:15	Site:	Notes:
Sample #: <u>311160-001</u>	Client Sample #: 92612-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							QCBatchID:
Coliform, Total	2	1			MPN/100ml	09/26/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method							QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	09/26/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method							QCBatchID:
Enterococcus	<1	1			cfu/100ml	09/26/12	Tnguyen	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311160 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 9-26-2012 Page 1 of 1

31160

CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CASAMPLERS: (Signature)
Bennett

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92612-EFF-ML1	Malibu Lagoon - Treated Effluent	9/26/12	11:15	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Bennett

Received by: (Signature)

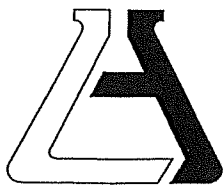
Jeff SherodDate/Time 15:279/26/12

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) Jeff SherodDate/Time 4:009-26-12

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 9262012-JS-FORDEC-12-407Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectProject: Ford E.C. MalibuDate Received: 9/20/12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 0°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3

	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 9/20/12



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www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod

Lab Request: 311161
Report Date: 10/01/2012
Date Received: 09/26/2012
Client ID: 10043

Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
PO#:9262012-JS-FORDEC-12-407

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311161-001	92612-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/26/2012 12:45	Site:	Notes:
Sample #: 311161-001	Client Sample #: 92612-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	09/26/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	09/26/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	09/26/12	Tnguyen	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

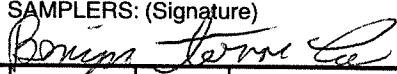
Analytical Results Report
Lab Request 311161 Page 2 of 2



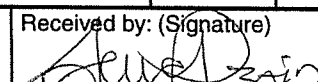
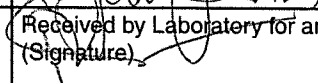
**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

31161

CHAIN OF CUSTODY RECORDDate 9-26-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92612-EFF-ML2	Malibu Lagoon - Treated Effluent	9/26/12	1245	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>9/26/12 15:27</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9-26-12 4:08</u>	
Special Instructions: <u>PO #: 9262012-JS-FORDEC-12-407</u>			DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 9/26/12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: Ford E.C. MalibuSampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____Cooler or box temperature: 7°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒	☐	☐
Is it properly completed? (IDs, sampling date and time, signature, test)	☒	☐	☐
Were custody seals present?	☐	☒	☐
If Yes – were they intact?	☐	☐	☒
Were all samples sealed in plastic bags?	☒	☐	☐
Did all samples arrive intact? If no, indicate below.	☒	☐	☐
Did all bottle labels agree with COC? (ID, dates and times)	☒	☐	☐
Were correct containers used for the tests required?	☒	☐	☐
Was a sufficient amount of sample sent for tests indicated?	☒	☐	☐
Was there headspace in VOA vials?	☐	☐	☒
Were the containers labeled with correct preservatives?	☒	☐	☐
Was total residual chlorine measured (Fish Bioassay samples only)? *	☐	☐	☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 9/26/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9272012-JS-FORDEC-12-407

Lab Request: 311220
Report Date: 10/01/2012
Date Received: 09/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311220-001	92712-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/27/2012 08:10	Site:	Notes:
Sample #: <u>311220-001</u>	Client Sample #: 92712-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	80	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	80	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	60	1			cfu/100ml	09/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311220 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

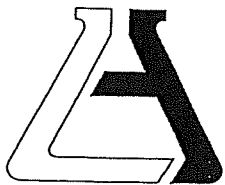
311220

CHAIN OF CUSTODY RECORDDate 9-27-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Bone Kern C</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92712-INF-ML1	Malibu Lagoon - Influent Source	9/27/12	8:10	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bone Kern C</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>09/27/12 16:00</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Yi Lin</u>	Date/Time <u>9/27/12 1645</u>	
Special Instructions: <u>PO #: 9272012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-27-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

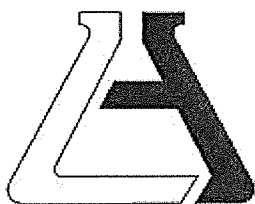
Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6 °C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>09/27/12</u>



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9272012-JS-FORDEC-12-407

Lab Request: 311217
Report Date: 10/01/2012
Date Received: 09/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311217-001	92712-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/27/2012 09:40	Site:	Notes:
Sample #: <u>311217-001</u>	Client Sample #: 92712-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	500	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	170	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	50	1			cfu/100ml	09/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311217

CHAIN OF CUSTODY RECORDDate 9-27-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92712-INF-ML2	Malibu Lagoon - Influent Source	9/27/12	9:40	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 		Date/Time <u>09/27/12 16:00</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Y. Liu</u>		Date/Time <u>9/27/12 16:45</u>					
Special Instructions: <u>PO #: 9272012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-27-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0 C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Ebert Date: 09/27/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9272012-JS-FORDEC-12-407

Lab Request: 311219
Report Date: 10/01/2012
Date Received: 09/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311219-001	92712-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/27/2012 08:05	Site:	Notes:
Sample #: 311219-001	Client Sample #: 92712-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	09/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311219 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209

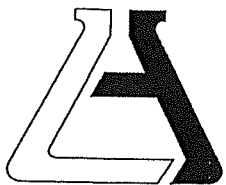
First Sample

311219

CHAIN OF CUSTODY RECORD

Date 9-27-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED		
				WATER	AIR	SOLID					
92712-EFF-ML1	Malibu Lagoon - Treated Effluent	9/27/12	8:05	x			2		Enterococcus		
									Fecal Coliform		
									Total Coliform		
									Need to know if Coliform is		
									present in the sample ASAP		
									All to MDL/PQL		
Relinquished by: (Signature) 		Received by: (Signature) 		Date/Time <u>09/27/12 16:00</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier					
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)		Date/Time <u>9/27/12 1645</u>							
Special Instructions: <u>PO #: 9272012-JS-FORDEC-12-407</u>											



ASSOCIATED LABORATORIES

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-27-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

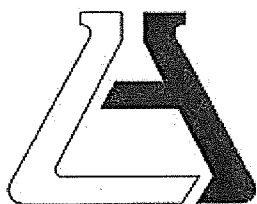
Section 2
Was the cooler packed with: <u>Ice</u> ☒ <u>Ice Packs</u> ☐ <u>Bubble Wrap</u> ☐ <u>Styrofoam</u>
<u>Paper</u> ☐ <u>None</u> ☐ <u>Other</u> _____
Cooler or box temperature: <u>6.0 C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes - were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>09/27/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #9272012-JS-FORDEC-12-407

Lab Request: 311221
Report Date: 10/01/2012
Date Received: 09/27/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311221-001	92712-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/27/2012 09:45	Site:	Notes:
Sample #: 311221-001	Client Sample #: 92712-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	09/27/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	09/27/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311221 Page 2 of 2



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(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311221

CHAIN OF CUSTODY RECORDDate 9-27-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐			
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature)							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92712-EFF-ML2	Malibu Lagoon - Treated Effluent	9/27/12	9:45	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>09/27/12 16:02</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9/27/12 16:45</u>	
Special Instructions: <u>PO #: 9272012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>09-27-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

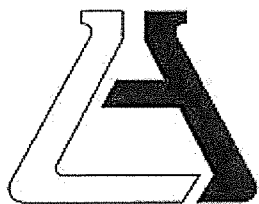
Section 2
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0 C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes - were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Schubert</u> Date: <u>09/27/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10022012-JS-FORDEC-12-407

Lab Request: 311399
Report Date: 10/08/2012
Date Received: 10/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311399-001	100212-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/02/2012	Site:	Notes:
Sample #: <u>311399-001</u>	Client Sample #: 100212-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	70	1			MPN/100ml	10/02/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	70	1			MPN/100ml	10/02/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	100	1			cfu/100ml	10/02/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311399 Page 2 of 2



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(714) 771-6900 • Fax: (714) 538-1209**First Sample**

311399

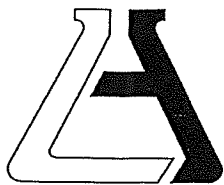
CHAIN OF CUSTODY RECORDDate 10-02-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100212-INF-ML1	Malibu Lagoon - Influent Source	10/02/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									728774 x100
									21.9%
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>10/2/12 14:53</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/2/12 1500</u>	
Special Instructions: <u>PO #: 10022012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-2-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>3.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. [Signature] Date: 10/2/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10022012-JS-FORDEC-12-407

Lab Request: 311401
Report Date: 10/08/2012
Date Received: 10/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311401-001	100212-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/02/2012	Site:	Notes:
Sample #: <u>311401-001</u>	Client Sample #: 100212-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	60	1			MPN/100ml	10/02/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	60	1			MPN/100ml	10/02/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	150	1			cfu/100ml	10/02/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311401 Page 2 of 2





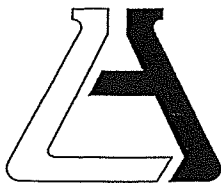
Second Sample

311401

CHAIN OF CUSTODY RECORD

Date 10-02-2012 Page 1 of 1

[illegible]



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-2-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>3.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. [Signature] Date: 10/2/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10022012-JS-FORDEC-12-407

Lab Request: 311400
Report Date: 10/09/2012
Date Received: 10/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311400-001	100212-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/02/2012	Site:	Notes:
Sample #: <u>311400-001</u>	Client Sample #: 100212-EFF-ML1	

Analyte	Result	DF	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:	
Coliform, Total	4	1		MPN/100ml	10/02/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:	
Coliform, Fecal	4	1		MPN/100ml	10/02/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:	
Enterococcus	<1	1		cfu/100ml	10/02/12	roxane	

ND = Not Detected or < RDL

RDL = Reporting Detection Limit

DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311400 Page 2 of 2



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311400

CHAIN OF CUSTODY RECORDDate 10-02-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100212-EFF-ML1	Malibu Lagoon - Treated Effluent	10/02/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									728 774 X100
									21-9°C
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/2/12 14:53</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature)	Date/Time <u>10/2/12 1500</u>	
Special Instructions: <u>PO #: 10022012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-2-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>3.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>10/2/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #1002012-JS-FORDEC-12-407

Lab Request: 311440
Report Date: 10/08/2012
Date Received: 10/02/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311440-001	100212-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/02/2012	Site:	Notes:
Sample #: 311440-001	Client Sample #: 100212-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	10/02/12	roxane	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	10/02/12	roxane	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	10/02/12	roxane	

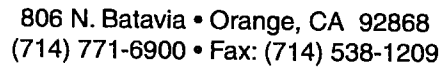
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311440 Page 2 of 2





Second Sample

311440

CHAIN OF CUSTODY RECORD

Date 10-02-2012 Page 1 of 1

CLIENT Pure Effect, Inc.									
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient ____ Cooled ☒ Frozen ____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		PHONE NUMBER (714) 639-7873							
		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100212-EFF-ML2	Malibu Lagoon - Treated Effluent	10/02/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									729680 X100
									21.7op
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 10/2/12				Date/Time 14:53		I hereby authorize the performance of the above indicated work. DISTRIBUTION: White with report. Yellow to AL, F&C	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) Yilia 10/2/12				Date/Time 1500			
Special Instructions: PO #: 10022012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-2-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: <u>Ice</u> <u>X</u> Ice Packs <u>None</u> Bubble Wrap <u>None</u> Styrofoam Paper <u>None</u> Other _____
Cooler or box temperature: <u>3.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. Hest Date: 10/2/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10032012-JS-FORDEC-12-407

Lab Request: 311521
Report Date: 10/08/2012
Date Received: 10/03/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311521-001	100312-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/03/2012	Site:	Notes:
Sample #: <u>311521-001</u>	Client Sample #: 100312-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	240	1			MPN/100ml	10/03/12	nm	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	240	1			MPN/100ml	10/03/12	nm	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	50	1			cfu/100ml	10/03/12	nm	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311521 Page 2 of 2



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(714) 771-6900 • Fax: (714) 538-1209**First Sample**

311521

CHAIN OF CUSTODY RECORDDate 10-03-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100312-INF-ML1	Malibu Lagoon - Influent Source	10/03/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/3/12 15:35</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>Narine Michel</u>	Date/Time <u>10/3/12 3:35</u>	
Special Instructions: <u>PO #: 10032012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Pure Effect
Date Received: 10-3-12
Sample(s) received in cooler: (Yes)
Shipping Information: _____

Project: _____
Sampler's Name: Yes (No)
No (Skip Section 2)

Section 2

Was the cooler packed with: ✓ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: 2.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Afrodite Date: 10-3-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10032012-JS-FORDEC-12-407

Lab Request: 311524
Report Date: 10/08/2012
Date Received: 10/03/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311524-001	100312-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/03/2012	Site:	Notes:
Sample #: <u>311524-001</u>	Client Sample #: 100312-INF-ML2	

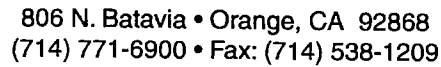
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	1100	1			MPN/100ml	10/03/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	1100	1			MPN/100ml	10/03/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	80	1			cfu/100ml	10/03/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311524 Page 2 of 2





Second Sample

311524

CHAIN OF CUSTODY RECORD

Date 10-03-2012 Page 1 of 1

CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature)							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
100312-INF-ML2	Malibu Lagoon - Influent Source	10/03/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 				Date/Time 10/3/12		I hereby authorize the performance of the above indicated work. DISTRIBUTION: White with report. Yellow to AL, Pink to _____	
Relinquished by: (Signature) 		Received by Laboratory for analysis: 3:35 (Signature) 				Date/Time 10-3-12			
Special Instructions: PO #: 10032012-JS-FORDEC-12-407									



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Date Received: 10-3-12

Sample(s) received in cooler: (Yes)

Shipping Information: _____

Project: _____

Sampler's Name: Yes (No)
No (Skip Section 2)

Section 2

Was the cooler packed with: ✓ Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____

Cooler or box temperature: 2.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: H. Afrakhor Date: 10-3-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10032012-JS-FORDEC-12-407

Lab Request: 311523
Report Date: 10/08/2012
Date Received: 10/03/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311523-001	100312-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/03/2012	Site:	Notes:
Sample #: <u>311523-001</u>	Client Sample #: 100312-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	10/03/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	10/03/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	10/03/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311523 Page 2 of 2





Date 10-03-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive
Fullerton, CA 92832

PROJECT MANAGER Jeff Sherod / Mike Slaby

PHONE NUMBER (714) 639-7873

PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CA

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled ☒ Frozen _____
Same Day _____ 24 Hr. _____
Regular ☒ 48 Hr. _____

[illegible]

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature):

Date/Time

Special Instructions: PO #: 10032012-JS-FORDEC-12-407

Jeff Sherod
DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: _____

Date Received: 10-3-12

Sampler's Name: Yes (No)

Sample(s) received in cooler: (Yes)

No (Skip Section 2)

Shipping Information: _____

Section 2

Was the cooler packed with: ✓ Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____

Cooler or box temperature: 2.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: H. Afrateh Date: 10-3-12



Associated Laboratories

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www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10032012-JS-FORDEC-12-407

Lab Request: 311522
Report Date: 10/08/2012
Date Received: 10/03/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311522-001	100312-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/03/2012	Site:	Notes:
Sample #: 311522-001	Client Sample #: 100312-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	10/03/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	10/03/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	2	1			cfu/100ml	10/03/12	roxane	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311522 Page 2 of 2





ASSOCIATED LABORATORIES

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Second Sample

311 522

CHAIN OF CUSTODY RECORD

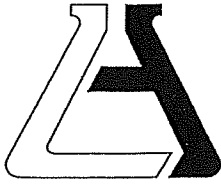
Date 10-03-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100312-EFF-ML2	Malibu Lagoon - Treated Effluent	10/03/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									TFM 7341097
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/3/12 15:35</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Neeraj M. K. 10/3/12</u>	Date/Time <u>3:35</u>	
Special Instructions: <u>PO #: 10032012-JS-FORDEC-12-407</u>			

DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 10-3-12Sample(s) received in cooler: (Yes)

Shipping Information: _____

Project: _____

Sampler's Name: Yes (No)
No (Skip Section 2)**Section 2**Was the cooler packed with: ✓ Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____Cooler or box temperature: 2.0

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>✓</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>✓</u>		
Were custody seals present?		<u>✓</u>	
If Yes – were they intact?			<u>✓</u>
Were all samples sealed in plastic bags?	<u>✓</u>		
Did all samples arrive intact? If no, indicate below.	<u>✓</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>✓</u>		
Were correct containers used for the tests required?	<u>✓</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>✓</u>		
Was there headspace in VOA vials?			<u>✓</u>
Were the containers labeled with correct preservatives?	<u>✓</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>✓</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

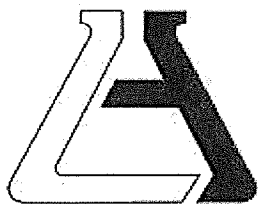
Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Afridi Date: 10-3-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10042012-JS-FORDEC-12-407

Lab Request: 311539
Report Date: 10/09/2012
Date Received: 10/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311539-001	10412-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/04/2012 10:30	Site:	Notes:
Sample #: <u>311539-001</u>	Client Sample #: 10412-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	300	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	10	1			cfu/100ml	10/04/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 10-4-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____Cooler or box temperature: 70°

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phoyanDate: 10-4-12



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10042012-JS-FORDEC-12-407

Lab Request: 311543
Report Date: 10/09/2012
Date Received: 10/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311543-001	100412-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/04/2012 09:00	Site:	Notes:
Sample #: <u>311543-001</u>	Client Sample #: 100412-INF-ML2	

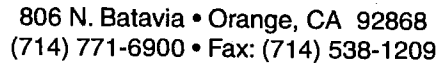
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	330	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	170	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	40	1			cfu/100ml	10/04/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311543 Page 2 of 2





Second Sample

311543

CHAIN OF CUSTODY RECORD

Date 10-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <u>X</u> Frozen _____ Same Day _____ 24 Hr. _____ Regular <u>X</u> 48 Hr. _____				
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>									
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		PHONE NUMBER <u>(714) 639-7873</u>			SAMPLERS: (Signature) _____				
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
100412-INF-ML2	Malibu Lagoon - Influent Source	10/04/12	0900	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>			Date/Time <u>10/4/12 1302</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL,		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Yi Liu</u>			Date/Time <u>10/4/12 1320</u>				
Special Instructions: PO #: 10042012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Dave Allen

Project: _____

Date Received: 10-4-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 90

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phoy Date: 10-9-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10042012-JS-FORDEC-12-407

Lab Request: 311542
Report Date: 10/08/2012
Date Received: 10/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311542-001	100412-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/04/2012 10:30	Site:	Notes:
Sample #: <u>311542-001</u>	Client Sample #: 100412-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	1	1			cfu/100ml	10/04/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311542 Page 2 of 2





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311542

CHAIN OF CUSTODY RECORD

Date 10-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐					
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐					
Fullerton, CA 92832		SAMPLERS: (Signature) _____		Sample Ambient ☐ Cooled ☒ Frozen ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐					
				Regular ☒ 48 Hr. ☐					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100412-EFF-ML1	Malibu Lagoon - Treated Effluent	10/04/12	1030	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>[Signature]</u>		Received by: (Signature) <u>[Signature]</u>		Date/Time <u>10/4/12 1312</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Blue to [unclear]			
Relinquished by: (Signature) _____		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>10/4/12 1320</u>					
Special Instructions: <u>PO #: 10042012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Dire effect

Project: _____

Date Received: 10-4-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 90

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phoyDate: 10-9-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10042012-JS-FORDEC-12-407

Lab Request: 311540
Report Date: 10/09/2012
Date Received: 10/04/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311540-001	100412-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/04/2012 09:00	Site:	Notes:
Sample #: <u>311540-001</u>	Client Sample #: 100412-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	10/04/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	10/04/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311540 Page 2 of 2





Second Sample

CHAIN OF CUSTODY RECORD

Date 10-04-2012 Page 1 of 1

CLIENT Pure Effect, Inc.

ADDRESS 601 West Valencia Drive

Fullerton, CA 92832

PROJECT NAME

Ford E.C. - Malibu Lagoon Project - Malibu, CA

PROJECT MANAGER Jeff Sherod / Mike Slaby

PHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes _____ No _____

County Seals Intact Yes _____ No _____

Sample Ambient ☐ Cooled ☒ Frozen ☐

Same Day _____ 24 Hr. _____

Regular X 48 Hr. _____[illegible]

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature) *[Signature]*

Date/Time

Special Instructions:

PO #: 10042012-JS-FORDEC-12-407

Jeff Sherrod

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: pure effect

Project: _____

Date Received: 10-4-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 90

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: phoy Date: 10-9-12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10092012-JS-FORDEC-12-407

Lab Request: 311754
Report Date: 10/16/2012
Date Received: 10/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311754-001	100912-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/09/2012 08:30	Site:	Notes:
Sample #: 311754-001	Client Sample #: 100912-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	2400	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	1300	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	130	1			cfu/100ml	10/09/12	nmikhael	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

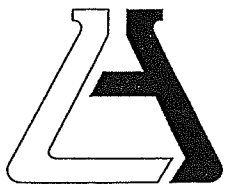
Analytical Results Report

Lab Request 311754 Page 2 of 2





CLIENT Pure Effect, Inc.		PROJECT MANAGER Jeff Sherod / Mike Slaby						Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled ☒ Frozen _____ Same Day _____ 24 Hr. _____ Regular ☒ 48 Hr. _____	
ADDRESS 601 West Valencia Drive Fullerton, CA 92832		PHONE NUMBER (714) 639-7873							
PROJECT NAME Ford E.C. - Malibu Lagoon Project - Malibu, CA		SAMPLERS: (Signature) <i>Enrique Roman</i>							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
10912-INF-ML1	Malibu Lagoon - Influent Source	10/09/12	8:30 AM	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <i>Enrique Roman</i>		Received by: (Signature) <i>M. G. Hest</i>				Date/Time 10/09/12 14:47		I hereby authorize the performance of the above indicated work. <i>Jeff Sherod</i> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier	
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <i>Nevine M. K. h</i>				Date/Time 10/9/12 3:00			
Special Instructions: PO #: 10092012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-9-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. Best</u> Date: <u>10/9/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10092012-JS-FORDEC-12-407

Lab Request: 311750
Report Date: 10/16/2012
Date Received: 10/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311750-001	100912-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/09/2012 07:00	Site:	Notes:
Sample #: <u>311750-001</u>	Client Sample #: 100912-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	5000	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	5000	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	130	1			cfu/100ml	10/09/12	nmikhael	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311750 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311750

CHAIN OF CUSTODY RECORDDate 10-09-2012 Page 1 of 1CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832**PROJECT NAME**Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Enrique RomanSamples Intact Yes ☐ No ☐County Seals Intact Yes ☐ No ☐Sample Ambient ☐ Cooled ☒ Frozen ☐Same Day ☐ 24 Hr. ☐Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100912-INF-ML2	Malibu Lagoon - Influent Source	10/09/12	7:00 Am	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Enrique Roman

Received by: (Signature)

M. G. Sherod

Date/Time

10/09/12 14:47

Relinquished by: (Signature)

Received by Laboratory for analysis:

(Signature)

Neville M. K. L.

Date/Time

3:00

I hereby authorize the performance of the above indicated work.

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

Special Instructions:

PO #: 10092012-JS-FORDEC-12-407

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	
Date Received:	10-9-12
Sample(s) received in cooler:	Yes
Shipping Information:	
Project:	
Sampler's Name:	Yes No
No (Skip Section 2)	

Section 2
Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 6.00
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. Eubank Date: 10/9/12



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10092012-JS-FORDEC-12-407

Lab Request: 311752
Report Date: 10/16/2012
Date Received: 10/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311752-001	100912-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/09/2012 07:00	Site:	Notes:
Sample #: <u>311752-001</u>	Client Sample #: 100912-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	10/09/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	10/09/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	10/09/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311752 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311752

CHAIN OF CUSTODY RECORDDate 10-09-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u> ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u> PHONE NUMBER <u>(714) 639-7873</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Emiguel Romo</u>			

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100912-EFF-ML2	Malibu Lagoon - Treated Effluent	10/09/12	7:00 <i>AM</i>	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emiguel Romo</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>10/9/12 14:47</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>	Date/Time <u>10/9/12 3:00</u>

Special Instructions: PO #: 10092012-JS-FORDEC-12-407

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: <u>10-9-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information:	

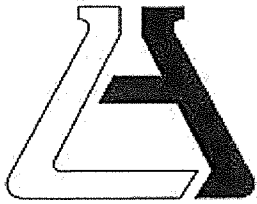
Section 2
Was the cooler packed with: <u>Ice</u> <u>X</u> Ice Packs <u>Bubble Wrap</u> <u>Styrofoam</u>
<u>Paper</u> <u>None</u> <u>Other</u>
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. Best</u> Date: <u>10/9/12</u>



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10092012-JS-FORDEC-12-407

Lab Request: 311753
Report Date: 10/16/2012
Date Received: 10/09/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311753-001	100912-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/09/2012 08:30	Site:	Notes:
Sample #: <u>311753-001</u>	Client Sample #: 100912-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	<2	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	<2	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	<1	1			cfu/100ml	10/09/12	nmikhael	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311753 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

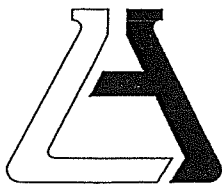
311753

CHAIN OF CUSTODY RECORDDate 10-09-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Emigene Romero</u>							

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100912-EFF-ML1	Malibu Lagoon - Treated Effluent	10/09/12	8:30 <i>am</i>	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emigene Romero</u>	Received by: (Signature) <u>M. G. D. J.</u>	Date/Time <u>10/09/12 4:07</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>N. M. K.</u>	Date/Time <u>10/9/12 3:00</u>	
Special Instructions: <u>PO #: 10092012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	
Date Received:	10-9-12
Sample(s) received in cooler:	Yes
Shipping Information:	
Project:	
Sampler's Name:	Yes No
No (Skip Section 2)	

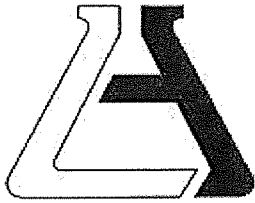
Section 2
Was the cooler packed with: ☐ Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other
Cooler or box temperature: 6.00
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: M. E. Best Date: 10/9/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10102012-JS-FORDEC-12-407

Lab Request: 311882
Report Date: 10/16/2012
Date Received: 10/10/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311882-001	101012-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/10/2012 08:45	Site:	Notes:
Sample #: <u>311882-001</u>	Client Sample #: 101012-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	500	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	500	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	180	1			cfu/100ml	10/10/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311882 Page 2 of 2



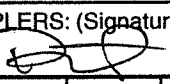
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First Sample

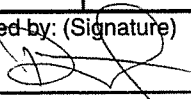
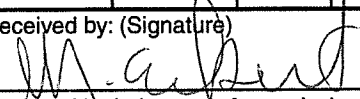
311882

CHAIN OF CUSTODY RECORD

Date 10-10-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) 					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-INF-ML1	Malibu Lagoon - Influent Source	10/10/12	8:45	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									Flow - 768735 x 100
									TEMP - 21.7 °C
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>10/10/12 15:23</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nwira Mikel</u>	Date/Time <u>3:45</u>	
Special Instructions: <u>PO #: 10102012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1 Client: <u>Pure Effect</u> Date Received: <u>10-10-12</u> Sample(s) received in cooler: <u>Yes</u> Shipping Information: _____	Project: _____ Sampler's Name: <u>Yes</u> No No (Skip Section 2)

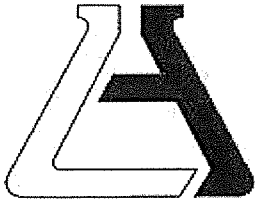
Section 2 Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____ Cooler or box temperature: <u>6.0°C</u> (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4 Explanations/Comments

Section 5 Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eche</u> Date: <u>10/10/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10102012-JS-FORDEC-12-407

Lab Request: 311883
Report Date: 10/16/2012
Date Received: 10/10/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311883-001	101012-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/10/2012 10:45	Site:	Notes:
Sample #: 311883-001	Client Sample #: 101012-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	1600	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	900	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	210	1			cfu/100ml	10/10/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311883 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311883

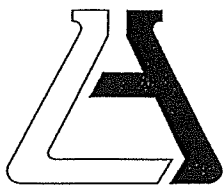
CHAIN OF CUSTODY RECORDDate 10-10-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-INF-ML2	Malibu Lagoon - Influent Source	10/10/12	1045	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									768 BSS x100
									22.4°C
									~~Flow 768735 x100~~
									~~Temp, 21.7°C~~
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>10/10/12 15:23</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/10/12 3:45</u>	
Special Instructions: <u>PO #: 10102012-JS-FORDEC-12-407</u>			

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-10-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

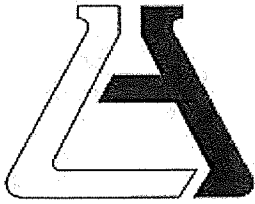
Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eche</u> Date: <u>10/10/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10102012-JS-FORDEC-12-407

Lab Request: 311881
Report Date: 10/16/2012
Date Received: 10/10/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311881-001	101012-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/10/2012 09:45	Site:	Notes:
Sample #: <u>311881-001</u>	Client Sample #: 101012-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	<2	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	<2	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	<1	1			cfu/100ml	10/10/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311881 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

311881

CHAIN OF CUSTODY RECORDDate 10-10-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>[Signature]</u>					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-EFF-ML1	Malibu Lagoon - Treated Effluent	10/10/12	8:45 AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									Flow - 76.8735 X 100
									Temp - 21.7 °C
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>M. G. [Signature]</u>	Date/Time <u>10/10/12 15:23</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/10/12 3:45</u>	
Special Instructions: <u>PO #: 10102012-JS-FORDEC-12-407</u>			

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-10-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Echeverri</u> Date: <u>10/10/12</u>



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10102012-JS-FORDEC-12-407

Lab Request: 311868
Report Date: 10/16/2012
Date Received: 10/10/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311868-001	101012-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/10/2012 10:45	Site:	Notes:
Sample #: <u>311868-001</u>	Client Sample #: 101012-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	2	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	2	1			MPN/100ml	10/10/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	<1	1			cfu/100ml	10/10/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311868 Page 2 of 2

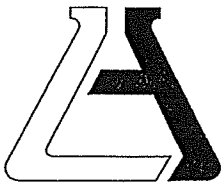


**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311868

CHAIN OF CUSTODY RECORDDate 10-10-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐				
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>							
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 							
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-EFF-ML2	Malibu Lagoon - Treated Effluent	10/10/12	10:45 A	X					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									768855 X100
									22.4°C
									All to MDL/PQL
Relinquished by: (Signature) 		Received by: (Signature) 			Date/Time <u>10/10/12 5:23</u>		I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) 			Date/Time <u>10/10/12 3:45</u>				
Special Instructions: <u>PO #: 10102012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-10-12</u>	Sampler's Name: <u>Yes</u> No	
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)	
Shipping Information: _____		

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Eche</u> Date: <u>10/10/12</u>



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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10112012-JS-FORDEC-12-422

Lab Request: 311917
Report Date: 10/18/2012
Date Received: 10/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311917-001	101112-INF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/11/2012 09:00	Site:	Notes:
Sample #: 311917-001	Client Sample #: 101112-INF-ML	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7	Prep Method: EPA 3010A					QCBatchID: QC1130485		
Copper	0.006 J	1	0.001	0.01	mg/L	10/12/12	keddy	
Method: SM 2540-D	Prep Method: SM 2540-D					QCBatchID: QC1130481		
Total Suspended Solids	24	1	2.7	5	mg/L	10/11/12	ame	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311917 Page 2 of 2



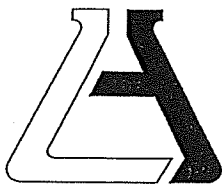


First Sample

CHAIN OF CUSTODY RECORD

Samples Intact Yes _____ No _____
County Seals Intact Yes _____ No _____
Sample Ambient _____ Cooled X Frozen _____
Same Day _____ 24 Hr. _____
Regular X 48 Hr. _____

DISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-11-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam	
_____ Paper _____ None _____ Other _____	
Cooler or box temperature: <u>5.0C</u>	
(Acceptance range is 0 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5	
Was Project Manager notified of discrepancies: Y / N N/A	
Completed By: <u>M. E. [Signature]</u>	Date: <u>10/11/12</u>



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10112012-JS-FORDEC-12-407

Lab Request: 311919
Report Date: 10/16/2012
Date Received: 10/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311919-001	101112-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/11/2012 09:00	Site:	Notes:
Sample #: 311919-001	Client Sample #: 101112-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	900	1			MPN/100ml	10/11/12	yiliu	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	900	1			MPN/100ml	10/11/12	yiliu	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	180	1			cfu/100ml	10/11/12	yiliu	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311919 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 10-11-2012 Page 1 of 1

311919

CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia DriveFullerton, CA 92832

PROJECT NAME

Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101112-INF-ML1	Malibu Lagoon - Influent Source	10/11/12	9AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions:

PO #: 10112012-JS-FORDEC-12-407

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-11-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice <u>X</u> Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>5.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Ebert Date: 10/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10112012-JS-FORDEC-12-407

Lab Request: 311921
Report Date: 10/16/2012
Date Received: 10/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>

311921-001	101112-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/11/2012 10:30	Site:	Notes:
Sample #: <u>311921-001</u>	Client Sample #: 101112-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	500	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	300	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	150	1			cfu/100ml	10/11/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311921 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

311921

CHAIN OF CUSTODY RECORDDate 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101112-INF-ML2	Malibu Lagoon - Influent Source	10/11/12	<u>10:30 AM</u>	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>10/11/12 12:36</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/11/12 13:00</u>	
Special Instructions: <u>PO #: 10112012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: 10-11-12	Sampler's Name: Yes No
Sample(s) received in cooler: Yes	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam ☐
Paper ☐ None ☐ Other ☐
Cooler or box temperature: 5.0C
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Ebert Date: 10/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10112012-JS-FORDEC-12-422

Lab Request: 311915
Report Date: 10/25/2012
Date Received: 10/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311915-001	101112-EFF-ML

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/11/2012 09:00	Site:	Notes:
Sample #: 311915-001	Client Sample #: 101112-EFF-ML	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 1664A	Prep Method: Method-SGT							QCBatchID: QC1130519
Total Oil and Grease	ND	1	1.7	5	mg/L	10/12/12	calhy	
Method: EPA 200.7	Prep Method: EPA 3010A							QCBatchID: QC1130485
Copper	ND	1	0.001	0.01	mg/L	10/12/12	kedy J	
Method: EPA 420.1	Prep Method: Method							QCBatchID: QC1130551
Total Phenolics	ND	1	0.004	0.005	mg/L	10/15/12	hang	
Method: SM 2130-B	Prep Method: Method							QCBatchID:
Turbidity	1.36	1	0.1	0.1	NTU	10/11/12	ame	
Method: SM 2540-D	Prep Method: SM 2540-D							QCBatchID: QC1130479
Total Suspended Solids	ND	1	2.7	5	mg/L	10/11/12	ame	
Method: SM 4500-H+B	Prep Method: Method							QCBatchID:
pH	7.90	1			pH Units	10/11/12	robert	
Method: SM 4500-S-D	Prep Method: Method							QCBatchID: QC1130460
Total Sulfide	ND	1	0.1	0.1	mg/L	10/11/12	hanhkhong	
Method: SM 5210-B	Prep Method: Method							QCBatchID: QC1130569
BOD	ND	1	1.5	3	mg/L	10/11/12	rvenal	
Method: SM 5540-C	Prep Method: Method							QCBatchID: QC1130495
MBAS	ND	1	0.02	0.04	mg/L	10/13/12	nassim	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311915 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample****CHAIN OF CUSTODY RECORD**Date 10-11-2012 Page 1 of 1

311915

CLIENT Pure Effect, Inc.ADDRESS 601 West Valencia Drive
Fullerton, CA 92832PROJECT NAME
Ford E.C. - Malibu Lagoon Project - Malibu, CAPROJECT MANAGER Jeff Sherod / Mike SlabyPHONE NUMBER (714) 639-7873

SAMPLERS: (Signature)

Samples Intact Yes ☐ No ☐
County Seals Intact Yes ☐ No ☐
Sample Ambient ☐ Cooled ☒ Frozen ☐
Same Day ☐ 24 Hr. ☐
Regular ☒ 48 Hr. ☐

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101112-EFF-ML	Malibu Lagoon - Treated Effluent	10/11/12	9 AM	x			6		BOD
	(Yellow)								Oil & Grease
									Sulfide
									Phenol
									MBAS
									Copper
									Total Suspended Solids
									pH
									Turbidity
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis:
(Signature)

Date/Time

Special Instructions: PO #: 10112012-JS-FORDEC-12-422

Jeff SherodDISTRIBUTION: White with report. Yellow to AL,
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 10-11-12Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2Was the cooler packed with: Ice X Ice Packs Bubble Wrap Styrofoam
 Paper None Other Cooler or box temperature: 5.0C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes - were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. EbertDate: 10/16/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project:
Comments: Ford E.C.-Malibu Lagoon Project-Malibu, CA
P.O. #10112012-JS-FORDEC-12-407

Lab Request: 311916
Report Date: 10/17/2012
Date Received: 10/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311916-001	101112-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/11/2012 09:00	Site:	Notes:
Sample #: <u>311916-001</u>	Client Sample #: 101112-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	<2	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	<2	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	2	1			cfu/100ml	10/11/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 311916 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

311916

CHAIN OF CUSTODY RECORDDate 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101112-EFF-ML1	Malibu Lagoon - Treated Effluent	10/11/12	9 AM	X					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/11/12 12:36</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>1300</u>
Special Instructions: <u>PO #: 10112012-JS-FORDEC-12-407</u>		

Jeff Sherod
 DISTRIBUTION: White with report. Yellow to AL, Pink to Courier



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: <u>10-11-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: <u>Ice</u> <u>X</u> Ice Packs <u>Bubble Wrap</u> <u>Styrofoam</u>
<u>Paper</u> <u>None</u> <u>Other</u>
Cooler or box temperature: <u>5.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?	X		
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Ebert</u> Date: <u>10/11/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project:
Comments: Ford E.C.-Malibu Lagoon Project-Malibu, CA
P.O. #10112012-JS-FORDEC-12-407

Lab Request: 311918
Report Date: 10/17/2012
Date Received: 10/11/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
311918-001	101112-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/11/2012 10:30	Site:	Notes:
Sample #: 311918-001	Client Sample #: 101112-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	<2	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	<2	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	1	1			cfu/100ml	10/11/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 311918 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

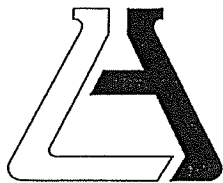
311918

CHAIN OF CUSTODY RECORDDate 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101112-EFF-ML2	Malibu Lagoon - Treated Effluent	10/11/12	12:00 PM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/11/12/2:37</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>Yi Liu</u>	Date/Time <u>10/11/12 1300</u>	
Special Instructions: <u>PO #: 10112012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	Pure Effect
Client:	Project:
Date Received: 10-11-12	Sampler's Name: Yes No
Sample(s) received in cooler: Yes	No (Skip Section 2)
Shipping Information:	

Section 2
Was the cooler packed with: Ice ☒ Ice Packs ☐ Bubble Wrap ☐ Styrofoam ☐
Paper ☐ None ☐ Other ☐
Cooler or box temperature: 5.0C
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. Ebert Date: 10/11/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10162012-JS-FORDEC-12-407

Lab Request: 312176
Report Date: 10/22/2012
Date Received: 10/16/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312176-001	101612-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/16/2012 07:00	Site:	Notes:
Sample #: 312176-001	Client Sample #: 101612-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	3000	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2400	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	900	1			cfu/100ml	10/16/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 312176 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**First Sample**

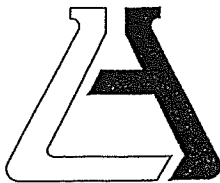
312176

CHAIN OF CUSTODY RECORDDate 10-16-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101612-INF-ML1	Malibu Lagoon - Influent Source	10/16/12	0700	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time 10/16/12	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time 10:55	
Special Instructions: PO #: 10162012-JS-FORDEC-12-407			



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Dive effect

Date Received: 10-16-12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam

☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 8°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?			☒
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 10-16-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10162012-JS-FORDEC-12-407

Lab Request: 312177
Report Date: 10/22/2012
Date Received: 10/16/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312177-001	101612-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/16/2012 08:30	Site:	Notes:
Sample #: <u>312177-001</u>	Client Sample #: 101612-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod						QCBatchID:	
Coliform, Total	2400	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9221-E	Prep Method: Method						QCBatchID:	
Coliform, Fecal	2400	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9230-B	Prep Method: Method						QCBatchID:	
Enterococcus	680	1			cfu/100ml	10/16/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 312177 Page 2 of 2



**ASSOCIATED LABORATORIES**806 N. Batavia • Orange, CA 92868
(714) 771-6900 • Fax: (714) 538-1209**Second Sample**

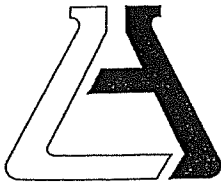
312177

CHAIN OF CUSTODY RECORDDate 10-16-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>				PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes ☐ No ☐ County Seals Intact Yes ☐ No ☐ Sample Ambient ☐ Cooled ☒ Frozen ☐ Same Day ☐ 24 Hr. ☐ Regular ☒ 48 Hr. ☐	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) _____					

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101612-INF-ML2	Malibu Lagoon - Influent Source	10/16/12	0830	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>10/16/12 10:49</u>	I hereby authorize the performance of the above indicated work. Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>10/16/12 10:55</u>	
Special Instructions: <u>PO #: 10162012-JS-FORDEC-12-407</u>			



ASSOCIATED LABORATORIES

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Dave effect

Date Received: 10-16-12

Sample(s) received in cooler: Yes

Shipping Information: _____

Project: _____

Sampler's Name: Yes No

No (Skip Section 2)

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam

☐ Paper ☐ None ☐ Other _____

Cooler or box temperature: 8°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?			☒
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 10-16-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714) 771-6900 Fax (714) 538-1209
www.associatedlabs.com
info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10162012-JS-FORDEC-12-407

Lab Request: 312178
Report Date: 10/23/2012
Date Received: 10/16/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAP are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312178-001	101612-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

The reports of the Associated Laboratories are confidential property of our clients and may not be reproduced or used for publication in part or in full without our written permission. This is for the mutual protection of the public, our clients, and ourselves.

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/16/2012 07:00	Site:	Notes:
Sample #: 312178-001	Client Sample #: 101612-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Method						QCBatchID:	
Coliform, Total	170	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9221-E	Prep Method: Method						QCBatchID:	
Coliform, Fecal	170	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9230-B	Prep Method: Method						QCBatchID:	
Enterococcus	8	1			cfu/100ml	10/16/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312178 Page 2 of 2



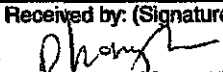
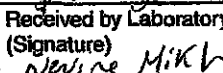


312178

Date 10-16-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) _____		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101612-EFF-ML1	Malibu Lagoon - Treated Effluent	10/16/12	0700	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature)  10/16/12	Date/Time 10:49
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)  10/16/12	Date/Time 10:55
Special Instructions: PO #: 10162012-JS-FORDEC-12-407		

I hereby authorize the performance of the above indicated work.



DISTRIBUTION: White with report. Yellow to AL.
Pink to Courier

**ASSOCIATED LABORATORIES**

806 North Batavia - Orange, California 92868 - 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Dive effect

Project: _____

Date Received: 10-16-12Sampler's Name: Yes NoSample(s) received in cooler: Yes

No (Skip Section 2)

Shipping Information: _____

Section 2Was the cooler packed with: X Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 8°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes - were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?	<u>X</u>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature]Date: 10-16-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10162012-JS-FORDEC-12-407

Lab Request: 312179
Report Date: 10/22/2012
Date Received: 10/16/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312179-001	101612-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/16/2012 08:30	Site:	Notes:
Sample #: 312179-001	Client Sample #: 101612-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	2	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	2	1			MPN/100ml	10/16/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	1	1			cfu/100ml	10/16/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 312179 Page 2 of 2



**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**

Client: Dave effect
Date Received: 10-16-12
Sample(s) received in cooler: Yes
Shipping Information:

Project: _____
Sampler's Name: Yes No
No (Skip Section 2)

Section 2

Was the cooler packed with: ☒ Ice ☐ Ice Packs ☐ Bubble Wrap ☐ Styrofoam
☐ Paper ☐ None ☐ Other _____
Cooler or box temperature: 8°C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?			☒
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?	☒		
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 10-16-12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10172012-JS-FORDEC-12-407

Lab Request: 312264
Report Date: 10/23/2012
Date Received: 10/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312264-001	101712-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/17/2012 08:30	Site:	Notes:
Sample #: <u>312264-001</u>	Client Sample #: 101712-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	1300	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	300	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	260	1			cfu/100ml	10/17/12	yiliu	

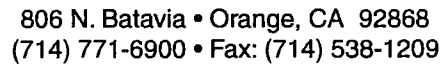
ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312264 Page 2 of 2

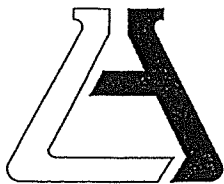




312264

Date 10-17-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>				Samples Intact Yes <u> </u> No <u> </u>			
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>				County Seals Intact Yes <u> </u> No <u> </u>			
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emiguel Romo</u>				Sample Ambient <u> </u> Cooled <u>X</u> Frozen <u> </u>			
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>						Same Day <u> </u> 24 Hr. <u> </u>			
						Regular <u>X</u> 48 Hr. <u> </u>			
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
101712-INF-ML1	Malibu Lagoon - Influent Source	10/17/12	8:30 <i>AM</i>	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Emiguel Romo</u>		Received by: (Signature) <u>M. E. Sherod</u>			Date/Time <u>10/17/12 12:45</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Y. Li</u>			Date/Time <u>10/17/12 1350</u>				
Special Instructions: PO #: 10172012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-17-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>2.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. [Signature]</u> Date: <u>10/17/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10172012-JS-FORDEC-12-407

Lab Request: 312265
Report Date: 10/23/2012
Date Received: 10/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312265-001	101712-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/17/2012 07:00	Site:	Notes:
Sample #: <u>312265-001</u>	Client Sample #: 101712-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	1600	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	500	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	160	1			cfu/100ml	10/17/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312265 Page 2 of 2





ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
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Second Sample

312265

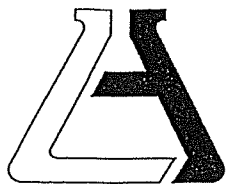
CHAIN OF CUSTODY RECORD

Date 10-17-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emmanuel Romero</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101712-INF-ML2	Malibu Lagoon - Influent Source	10/17/12	7:00 4m	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emmanuel Romero</u>	Received by: (Signature) <u>M. E. Sherod</u>	Date/Time <u>10/17/12 12:45</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Julia</u>	Date/Time <u>10/17/12 1350</u>	
Special Instructions: PO #: 10172012-JS-FORDEC-12-407			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-17-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>2.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. Best</u> Date: <u>10/17/12</u>



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10172012-JS-FORDEC-12-407

Lab Request: 312266
Report Date: 10/23/2012
Date Received: 10/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312266-001	101712-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/17/2012 07:00	Site:	Notes:
Sample #: <u>312266-001</u>	Client Sample #: 101712-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	300	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	110	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	21	1			cfu/100ml	10/17/12	yiliu	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312266 Page 2 of 2





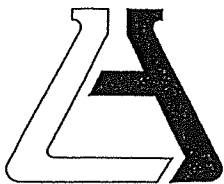
First Sample

312266

CHAIN OF CUSTODY RECORD

Date 10-17-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐					
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐					
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emiguel Romo</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐					
				Regular ☒ 48 Hr. ☐					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
101712-EFF-ML1	Malibu Lagoon - Treated Effluent	10/17/12	7:00	X			2		Enterococcus
			14:41						Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Emiguel Romo</u>		Received by: (Signature) <u>M. G. Sherod</u>		Date/Time <u>10/17/12 12:45</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>		Date/Time <u>10/17/12 1350</u>					
Special Instructions: PO #: 10172012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-17-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>2.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle labels agree with COC? (ID, dates and times)	X		
Were correct containers used for the tests required?	X		
Was a sufficient amount of sample sent for tests indicated?	X		
Was there headspace in VOA vials?			X
Were the containers labeled with correct preservatives?			X
Was total residual chlorine measured (Fish Bioassay samples only)? *			X

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. Best</u> Date: <u>10/17/12</u>



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10172012-JS-FORDEC-12-407

Lab Request: 312263
Report Date: 10/23/2012
Date Received: 10/17/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312263-001	101712-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING

Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/17/2012 08:30	Site:	Notes:
Sample #: 312263-001	Client Sample #: 101712-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	110	1			MPN/100ml	10/17/12	yiliu	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	70	1			MPN/100ml	10/17/12	yiliu	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	7	1			cfu/100ml	10/17/12	yiliu	QCBatchID:

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312263 Page 2 of 2



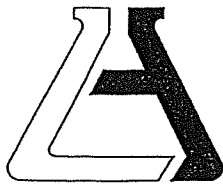


Second Sample

CHAIN OF CUSTODY RECORD

Date 10-17-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐				
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>			County Seals Intact Yes ☐ No ☐				
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emiguel Romo</u>			Sample Ambient ☐ Cooled ☒ Frozen ☐				
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>					Same Day ☐ 24 Hr. ☐				
					Regular ☒ 48 Hr. ☐				
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
101712-EFF-ML2	Malibu Lagoon - Treated Effluent	10/17/12	8:30 AM	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Emiguel Romo</u>		Received by: (Signature) <u>M. E. Sherod</u>			Date/Time <u>10/17/12 12:45</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Jilia Zoro</u>			Date/Time <u>10/17/12 1:50</u>				
Special Instructions: <u>PO #: 10172012-JS-FORDEC-12-407</u>									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-17-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>2.0C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. E. [Signature]</u> Date: <u>10/17/12</u>



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10182012-JS-FORDEC-12-407

Lab Request: 312401
Report Date: 10/23/2012
Date Received: 10/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312401-001	101812-INF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/18/2012 08:30	Site:	Notes:
Sample #: 312401-001	Client Sample #: 101812-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	1700	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	1100	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	220	1			cfu/100ml	10/18/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312401 Page 2 of 2





First Sample

31240

CHAIN OF CUSTODY RECORD

Date 10-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>			Samples Intact Yes ☐ No ☐				
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>			County Seals Intact Yes ☐ No ☐				
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emile R...</u>			Sample Ambient ☐ Cooled ☒ Frozen ☐				
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>					Same Day ☐ 24 Hr. ☐				
					Regular ☒ 48 Hr. ☐				
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE WATER AIR SOLID			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
101812-INF-ML1	Malibu Lagoon - Influent Source	10/18/12	8:30	X			2		Enterococcus
			4:49						Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL
Relinquished by: (Signature) <u>Emile R...</u>		Received by: (Signature) <u>M. Sherod</u>			Date/Time <u>10/18/12 13:53</u>		I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier		
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>10/18/12</u>			Date/Time <u>1 3:27</u>				
Special Instructions: PO #: 10182012-JS-FORDEC-12-407									

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-18-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

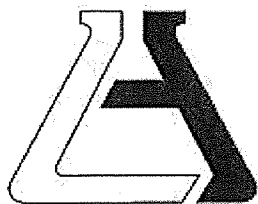
Section 2
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam _____ Paper _____ None _____ Other _____
Cooler or box temperature: <u>6.0 C</u>
(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5
Was Project Manager notified of discrepancies: Y / N N/A
Completed By: <u>M. Gelfert</u> Date: <u>10/18/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10182012-JS-FORDEC-12-407

Lab Request: 312402
Report Date: 10/23/2012
Date Received: 10/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312402-001	101812-INF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/18/2012 07:00	Site:	Notes:
Sample #: <u>312402-001</u>	Client Sample #: 101812-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	9000	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	3000	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	180	1			cfu/100ml	10/18/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 312402 Page 2 of 2





ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

Second Sample

312402

CHAIN OF CUSTODY RECORD

Date 10-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emiguel Ronce</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101812-INF-ML2	Malibu Lagoon - Influent Source	10/18/12	7:00	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emiguel Ronce</u>	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>10/18/12 13:53</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/18/12 3:30</u>	
Special Instructions: <u>PO #: 10182012-JS-FORDEC-12-407</u>			

**ASSOCIATED LABORATORIES**

806 North Batavia – Orange, California 92868 – 714-771-6900

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-18-12</u>	Sampler's Name: <u>Yes</u> No
Sample(s) received in cooler: <u>Yes</u>	No (Skip Section 2)
Shipping Information: _____	

Section 2	
Was the cooler packed with: _____ Ice ☒ Ice Packs _____ Bubble Wrap _____ Styrofoam	
_____ Paper _____ None _____ Other _____	
Cooler or box temperature: <u>6.0 C</u>	
(Acceptance range is 0 to 6 Deg. C.)	

Section 3	YES	NO	N/A
Was a COC received?	☒		
Is it properly completed? (IDs, sampling date and time, signature, test)	☒		
Were custody seals present?		☒	
If Yes – were they intact?			☒
Were all samples sealed in plastic bags?	☒		
Did all samples arrive intact? If no, indicate below.	☒		
Did all bottle labels agree with COC? (ID, dates and times)	☒		
Were correct containers used for the tests required?	☒		
Was a sufficient amount of sample sent for tests indicated?	☒		
Was there headspace in VOA vials?			☒
Were the containers labeled with correct preservatives?			☒
Was total residual chlorine measured (Fish Bioassay samples only)? *			☒

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
Explanations/Comments

Section 5	
Was Project Manager notified of discrepancies: Y / N N/A	
Completed By: <u>M. G. Herbst</u>	Date: <u>10/18/12</u>



Associated Laboratories

806 N. Batavia - Orange, CA 92868
Tel (714)771-6900 Fax (714)538-1209
www.associatedlabs.com
Info@associatedlabs.com



Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10182012-JS-FORDEC-12-407

Lab Request: 312400
Report Date: 10/23/2012
Date Received: 10/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312400-001	101812-EFF-ML1

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/18/2012 08:30	Site:	Notes:
Sample #: <u>312400-001</u>	Client Sample #: 101812-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod		QCBatchID:					
Coliform, Total	50	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	23	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	5	1			cfu/100ml	10/18/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report

Lab Request 312400 Page 2 of 2



**ASSOCIATED LABORATORIES**

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 10-18-12Sample(s) received in cooler: (Yes)

Shipping Information: _____

Project: _____

Sampler's Name: (Yes) No
No (Skip Section 2)**Section 2**Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
_____ Paper _____ None _____ Other _____Cooler or box temperature: 6.0 C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. G. Hest Date: 10/18/12



Associated Laboratories

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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #10182012-JS-FORDEC-12-407

Lab Request: 312403
Report Date: 10/23/2012
Date Received: 10/18/2012
Client ID: 10043

This laboratory request covers the following listed samples which were analyzed for the parameters indicated on the attached Analytical Result Report. All analyses were conducted using the appropriate methods. Methods accredited by NELAC are indicated on the report. This cover letter is an integral part of the final report.

<u>Sample #</u>	<u>Client Sample ID</u>
312403-001	101812-EFF-ML2

Thank you for the opportunity to be of service to your company. Please feel free to call if there are any questions regarding this report or if we can be of further service.

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

NOTE: Unless notified in writing, all samples will be discarded by appropriate disposal protocol 45 days from date reported.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/18/2012 07:00	Site:	Notes:
Sample #: <u>312403-001</u>	Client Sample #: 101812-EFF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B	Prep Method: Mehtod					QCBatchID:		
Coliform, Total	50	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9221-E	Prep Method: Method					QCBatchID:		
Coliform, Fecal	50	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9230-B	Prep Method: Method					QCBatchID:		
Enterococcus	15	1			cfu/100ml	10/18/12	nmikhael	

ND = Not Detected or < MDL MDL = Method Detection Limit RDL = Reporting Detection Limit DF = Dilution Factor

ASSOCIATED LABORATORIES

Analytical Results Report
Lab Request 312403 Page 2 of 2





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Second Sample

312+03

CHAIN OF CUSTODY RECORD

Date 10-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes ☐ No ☐	
ADDRESS <u>601 West Valencia Drive</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes ☐ No ☐	
<u>Fullerton, CA 92832</u>		SAMPLERS: (Signature) <u>Emileus Roma</u>		Sample Ambient ☐ Cooled ☒ Frozen ☐	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				Same Day ☐ 24 Hr. ☐	
				Regular ☒ 48 Hr. ☐	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101812-EFF-ML2	Malibu Lagoon - Treated Effluent	10/18/12	7:00 AM	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is
									present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emileus Roma</u>	Received by: (Signature) <u>M. G. [Signature]</u>	Date/Time <u>10/18/12 3:53</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/18/12 3:30</u>	
Special Instructions: PO #: 10182012-JS-FORDEC-12-407			

**ASSOCIATED LABORATORIES**

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST**Section 1**Client: Pure EffectDate Received: 10-18-12Sample(s) received in cooler: (Yes)

Shipping Information: _____

Project: _____

Sampler's Name: (Yes) No
No (Skip Section 2)**Section 2**Was the cooler packed with: Ice X Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____Cooler or box temperature: 6.0 C

(Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, indicate below.	<u>X</u>		
Did all bottle labels agree with COC? (ID, dates and times)	<u>X</u>		
Were correct containers used for the tests required?	<u>X</u>		
Was a sufficient amount of sample sent for tests indicated?	<u>X</u>		
Was there headspace in VOA vials?			<u>X</u>
Were the containers labeled with correct preservatives?			<u>X</u>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<u>X</u>

*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4

Explanations/Comments

Section 5

Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. G. Schmitt Date: 10/18/12