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Appendix A:

Monitoring and Reporting Program No. CI-9573 for
Discharges of Groundwater from Construction and
Project Dewatering to Surface Waters in Coastal
Watershed of Los Angeles and Ventura Counties.

18 pp.



California Regional Water Quality Control Board

Los Angeles Region



Recipient of the 2001 *Environmental Leadership Award* from Keep California Beautiful

Linda S. Adams
Agency Secretary

320 W. 4th Street, Suite 200, Los Angeles, California 90013
Phone (213) 576-6600 FAX (213) 576-6640 - Internet Address: <http://www.waterboards.ca.gov/losangeles>

Arnold Schwarzenegger
Governor

March 9, 2010

CERTIFIED MAIL No. 7005 0390 0000 4141 4853
RETURN RECEIPT REQUESTED

Ms. Suzanne Goode
California Department of Parks and Recreation
1925 Las Virgenes Road
Calabasas, CA 91302

Dear Ms. Goode:

COVERAGE UNDER GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM AND WASTE DISCHARGE REQUIREMENTS—CALIFORNIA DEPARTMENT OF PARKS AND RECREATION, MALIBU LAGOON STATE PARK, 23200 PACIFIC COAST HIGHWAY, MALIBU, CALIFORNIA (NPDES NO. CAG994004, CI-9573)

We have completed our review of your application for a permit to discharge waste under the National Pollutant Discharge Elimination System (NPDES).

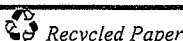
Based on the attached Fact Sheet and other information provided, we have determined that the groundwater discharge meets the conditions to be regulated under Order No. R4-2008-0032, *General National Pollutant Discharge Elimination System and Waste Discharge Requirements for Discharges of Groundwater from Construction and Project Dewatering to Surface Waters in Coastal Watersheds of Los Angeles and Ventura Counties*, adopted by this Board on June 5, 2008.

Enclosed are your Waste Discharge Requirements, which also serve as your NPDES permit, consisting of Order No. R4-2008-0032 and Monitoring and Reporting Program No. CI-9573. The discharge limitations in Part V.1, Table 1 and Table 10 of Order No. R4-2008-0032 for the specific constituents listed on the Table with the enclosed Fact Sheet are applicable to your discharge. The groundwater discharge flows into Santa Monica Bay. Therefore, the discharge limitations in Attachment B of Order No. R4-2008-0032 are not applicable to your discharge.

The Monitoring and Reporting Program requires you to implement the monitoring program on the effective date of coverage under this permit. All monitoring reports should be sent to the Regional Board, ATTN: Information Technology Unit. When submitting monitoring or technical reports to the Regional Board per these requirements, please include a reference to "Compliance File No. CI-9573 and NPDES No. CAG994004", which will assure that the reports are directed to the appropriate file and staff. Also, please do not combine other reports with your monitoring reports. Submit each type of report as a separate document.

To avoid future annual fees, please submit written request for termination of your enrollment under the general permit in a separate letter, when the project has been completed and the permit is no longer needed. Be aware that the annual fee covers the fiscal year billing period beginning

California Environmental Protection Agency



Our mission is to preserve and enhance the quality of California's water resources for the benefit of present and future generations.

March 9, 2010

July 1 and ending June 30, the following year. You will pay full annual fee if your request for termination is made after the beginning of new fiscal year beginning July 1.

We are sending a copy of Order No. R4-2008-0032 only to the applicant. For those on the mailing list, please refer to the Board Order previously sent to you. A copy of the Order will be furnished to anyone who requests it, or it can be obtained at our web site address: http://www.waterboards.ca.gov/losangeles/board_decisions/adopted_orders/.

If you have any questions, please contact Gensen Kai at (213) 576-6651.

Sincerely,



Tracy J. Egoscue
Executive Officer

Enclosures:

Order No. R4-2008-0032, General NPDES Permit No. CAG994004
Fact Sheet
Monitoring and Reporting Program for No. CI-9573

cc: Environmental Protection Agency, Region 9, Permit Section (WTR-5)
U.S. Army Corps of Engineers
U.S. Fish and Wildlife Services, Division of Ecological Services
NOAA, National Marine Fisheries Service
California Department of Fish and Game, Marine Resources, Region 5
Los Angeles County, Department of Public Works, Waste Management Division
Los Angeles County, Department of Health Services
City Manager, City of Calabasas
Jae Kim, Tetrattech

California Environmental Protection Agency



STATE OF CALIFORNIA
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
LOS ANGELES REGION
320 West 4th Street, Suite 200, Los Angeles, California 90013

FACT SHEET
WASTE DISCHARGE REQUIREMENTS
FOR
CALIFORNIA DEPARTMENT OF PARKS AND RECREATION
(MALIBU LAGOON STATE PARK)

NPDES NO. CAG994004
CI-9573

FACILITY ADDRESS

23200 Pacific Coast Highway
Malibu, California

FACILITY MAILING ADDRESS

1925 Las Virgenes Road
Calabasas, CA 91302

PROJECT DESCRIPTION:

California Department of Parks and Recreation (Discharger) is conducting an ecosystem restoration project at the Malibu Lagoon State Park located at 23200 Pacific Coast Highway, Malibu (See Figure 1 for site location). It is anticipated that the excavation during the facility construction will extend approximately 4 feet below groundwater table. It will be necessary to remove groundwater during the excavation. Groundwater extracted from the site will be treated by passing through activated carbon vessels to remove organic contaminants, chlorinated to destroy pathogen bacteria, and treated by passing through ion exchange resin vessels to remove heavy metals prior to discharge. Figure 2 shows the schematic of the treatment process. The Discharger proposes to discharge the treated groundwater into Santa Monica.

VOLUME AND DESCRIPTION OF DISCHARGE:

The Discharger proposes to discharge up to 1.3 million gallons per day (MGD) of treated groundwater to Discharge Point 001 (Latitude: 34° 01' 53", Longitude: 118° 40' 57"), which flows into Santa Monica Bay, a water of the United States. The high rate of discharge is necessary to properly reconfigure the west arms of the Malibu Lagoon. The Discharger proposes to complete the project within five months from the commencement of the construction. Should the dewatering activity extend beyond six months, the maximum rate of discharge becomes 1 MGD.

APPLICABLE EFFLUENT LIMITATIONS

Based on the information provided in the NPDES Application Supplemental Requirements, the following constituents listed in the Table below have been determined to show reasonable potential to exist in the discharge. The groundwater discharge flows into Santa Monica Bay.

Therefore, the discharge limitations in Attachment B of Order No. R4-2008-0032 are not applicable to your discharge.

This Table lists the specific constituents and effluent limitations applicable to the discharge.

Constituents	Units	Discharge Limitations	
		Daily Maximum	Monthly Average
Total Suspended Solids	mg/L	150	50
Turbidity	NTU	150	50
BOD ₅ 20°C	mg/L	30	20
Oil and Grease	mg/L	15	10
Settleable Solids	ml/L	0.3	0.1
Sulfides	mg/L	1.0	N/A
Phenols	mg/L	1.0	N/A
Residual Chlorine	mg/L	0.1	N/A
Copper	µg/L	5.8	2.9
Fecal Coliform	#/ml	> a log mean of 200 per 100 ml (based on a minimum of not less than four samples for any 30-day period), or > 400 per 100 ml (in more than 10% of total samples during any 30 day period)	

FREQUENCY OF DISCHARGE:

The groundwater discharge will be continuous.

REUSE OF WATER:

Offsite disposal of the groundwater discharge is not feasible due to high cost of disposal. The property and the immediate vicinity have no landscaped areas that require irrigation using the groundwater discharge. Since there are no feasible reuse options, the groundwater will be discharged to the Santa Monica Bay in accordance with the attached Order.

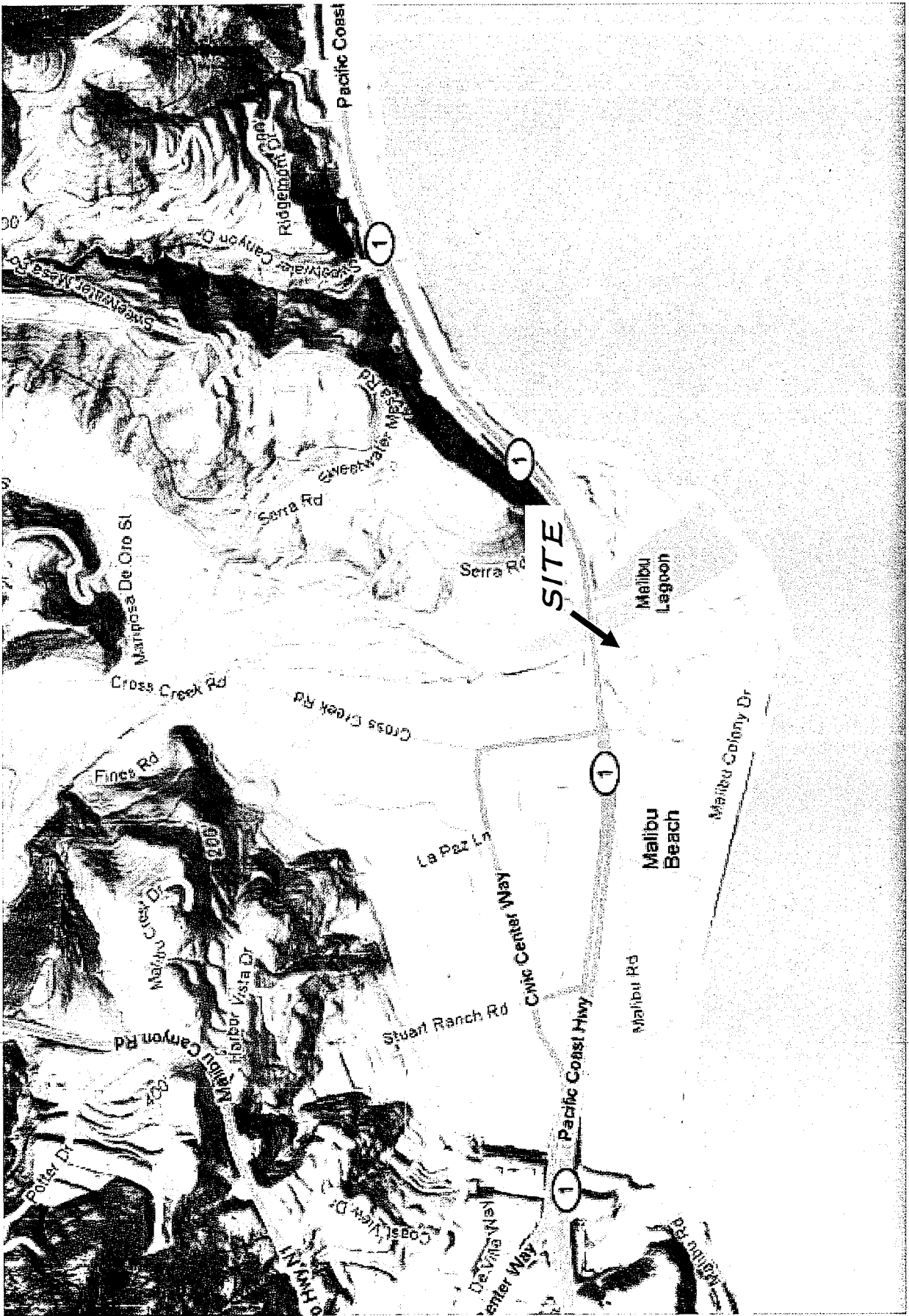


Figure 1. Site Location

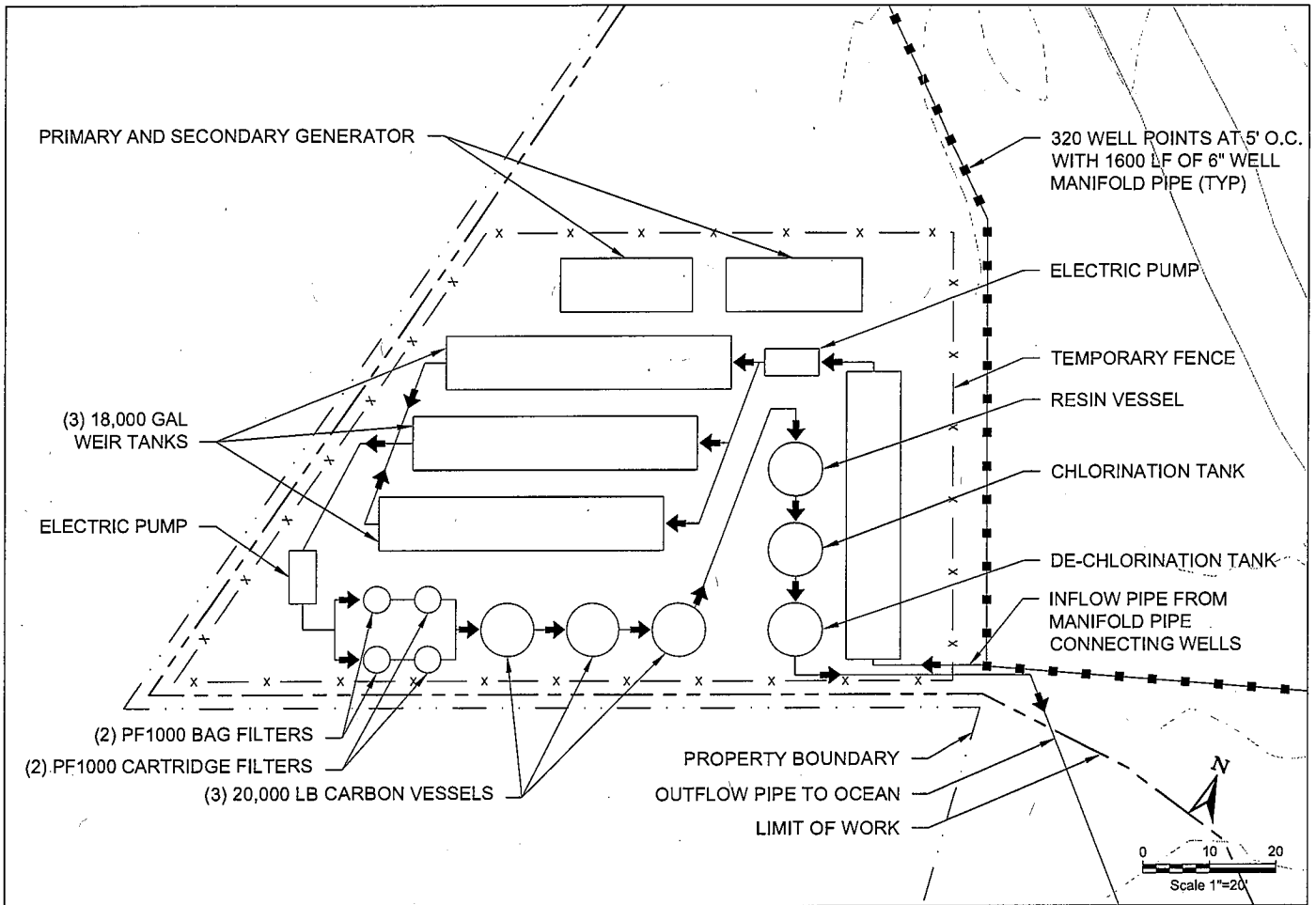


Figure 2

05/73.05 (3/10)

STATE OF CALIFORNIA
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
LOS ANGELES REGION

**MONITORING AND REPORTING PROGRAM NO. CI-9573
FOR
DISCHARGES OF GROUNDWATER FROM CONSTRUCTION AND PROJECT
DEWATERING
TO SURFACE WATERS
IN
COASTAL WATERSHEDS OF LOS ANGELES AND VENTURA COUNTIES**

(GENERAL NPDES PERMIT NO. CAG994004, SERIES NO.: 055)

This Order was adopted by the Regional Water Board on:	June 5, 2008
This Order shall become effective on:	March 9, 2010
This Order shall expire on:	June 5, 2013
The U.S. Environmental Protection Agency (USEPA) and the Regional Water Board have classified this discharge as a minor discharge.	

Ordered By:



Tracy J. Egoscue
Executive Officer

Date:

March 9, 2010

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Attachment E – Monitoring and Reporting Program (MRP)

The Code of Federal Regulations section 122.48 requires that all NPDES permits specify monitoring and reporting requirements. Water Code Sections 13267 and 13383 also authorize the Regional Water Quality Control Board (Regional Water Board) to require technical and monitoring reports. This MRP establishes monitoring and reporting requirements, which implement the federal and California regulations.

I. GENERAL MONITORING PROVISIONS

- A. An effluent sampling station shall be established for Discharge Point M-001 and shall be located where representative samples of that effluent can be obtained. Provisions shall be made to enable visual inspections before discharge. In the event of presence of oil sheen, debris, and/or other objectionable materials or odors, discharge shall not commence until compliance with the requirements is demonstrated. All visual observations shall be included in the monitoring report.
- B. This Regional Board shall be notified in writing of any change in the sampling stations once established or in the methods for determining the quantities of pollutants in the individual waste streams.
- C. Effluent samples shall be taken downstream of any addition to treatment works and prior to mixing with the receiving waters.
- D. This Regional Water Board shall be notified in writing of any change in the sampling stations once established or in the methods for determining the quantities of pollutants in the individual waste streams.
- E. Pollutants shall be analyzed using the analytical methods described in 40 CFR §§136.3, 136.4, and 136.5 (revised May 14, 1999); or, where no methods are specified for a given pollutant, by methods approved by this Regional Water Board or the State Water Board.
- F. Laboratories analyzing effluent samples and receiving water samples shall be certified by the California Department of Public Health (DPH) Environmental Laboratory Accreditation Program (ELAP) or approved by the Executive Officer and must include QA/QC data in their reports. A copy of the laboratory certification shall be provided each time a new certification and/or renewal of the certification is obtained from ELAP.
- G. For any analyses performed for which no procedure is specified in the USEPA guidelines or in the MRP, the constituent or parameter analyzed and the method or procedure used must be specified in the monitoring report.
- H. Each monitoring report must affirm in writing that "all analyses were conducted at a laboratory certified for such analyses by DPH or approved by the Executive Officer and in accordance with current USEPA guideline procedures or as specified in this Monitoring and Reporting Program".

- I. The monitoring reports shall specify the analytical method used, the MDL, and the ML for each pollutant. For the purpose of reporting compliance with numerical limitations, performance goals, and receiving water limitations, analytical data shall be reported by one of the following methods, as appropriate:

1. An actual numerical value for sample results greater than or equal to the ML; or
2. "DNQ" if results are greater than or equal to the laboratory's MDL but less than the ML; or,
3. "ND" for sample results less than the laboratory's MDL with the MDL indicated for the analytical method used.

Analytical data reported as "less than" for the purpose of reporting compliance with permit limitations shall be the same or lower than the permit limit(s) established for the given parameter.

Current MLs (Attachment G) are those published by the State Water Resources Control Board in the *Policy for the Implementation of Toxics Standards for Inland Surface Waters, Enclosed Bays, and Estuaries of California*, March 2, 2000.

- J. Where possible, the MLs employed for effluent analyses shall be lower than the permit limitations established for a given parameter. If the ML value is not below the effluent limitation, then the lowest ML value and its associated analytical method shall be selected for compliance purposes. At least once a year, the Discharger shall submit a list of the analytical methods employed for each test and associated laboratory QA/QC procedures.

The Regional Water Board, in consultation with the State Water Board Quality Assurance Program, shall establish a ML that is not contained in Attachment G to be included in the Discharger's permit in any of the following situations:

1. When the pollutant under consideration is not included in Attachment G;
2. When the Discharger and Regional Water Board agree to include in the permit a test method that is more sensitive than that specified in 40 CFR Part 136 (revised May 14, 1999);
3. When the Discharger agrees to use an ML that is lower than that listed in Attachment G;
4. When the Discharger demonstrates that the calibration standard matrix is sufficiently different from that used to establish the ML in

Attachment G, and proposes an appropriate ML for their matrix;
or,

5. When the Discharger uses a method whose quantification practices are not consistent with the definition of an ML. Examples of such methods are the USEPA-approved method 1613 for dioxins and furans, method 1624 for volatile organic substances, and method 1625 for semi-volatile organic substances. In such cases, the Discharger, the Regional Water Board, and the State Water Board shall agree on a lowest quantifiable limit and that limit will substitute for the ML for reporting and compliance determination purposes.
- K. Water/wastewater samples must be analyzed within allowable holding time limits as specified in 40 CFR §136.3. All QA/QC items must be run on the same dates the samples were actually analyzed, and the results shall be reported in the Regional Water Board format, when it becomes available, and submitted with the laboratory reports. Proper chain of custody procedures must be followed, and a copy of the chain of custody shall be submitted with the report.
- L. All analyses shall be accompanied by the chain of custody, including but not limited to data and time of sampling, sample identification, and name of person who performed sampling, date of analysis, name of person who performed analysis, QA/QC data, method detection limits, analytical methods, copy of laboratory certification, and a perjury statement executed by the person responsible for the laboratory.
- M. The Discharger shall calibrate and perform maintenance procedures on all monitoring instruments and to insure accuracy of measurements, or shall insure that both equipment activities will be conducted.
- N. The analytical laboratory shall have an acceptable written quality assurance (QA) plan for laboratory analyses. The annual monitoring report shall also summarize the QA activities for the previous year. Duplicate chemical analyses must be conducted on a minimum of ten percent (10%) of the samples, or at least one sample per sampling period, whichever is greater. A similar frequency shall be maintained for analyzing spiked samples.
- ~~O. When requested by the Regional Water Board or USEPA, the Discharger will participate in the NPDES discharge monitoring report QA performance study. The Discharger must have a success rate equal to or greater than 80%.~~
- P. For parameters that both monthly average and daily maximum limitations are specified and the monitoring frequency is less than four times a month, the following shall apply. If an analytical result is greater than the monthly average limitation, the Discharger shall collect four additional samples at approximately equal intervals during the month, until

compliance with the monthly average limitation has been demonstrated. All five analytical results shall be reported in the monitoring report for that month, or 45 days after results for the additional samples were received, whichever is later. In the event of noncompliance with a monthly average effluent limitation, the sampling frequency for that constituent shall be increased to weekly and shall continue at this level until compliance with the monthly average effluent limitation has been demonstrated. The Discharger shall provide for the approval of the Executive Officer a program to ensure future compliance with the monthly average limitation.

Q. In the event wastes are transported to a different disposal site during the report period, the following shall be reported in the monitoring report:

1. Types of wastes and quantity of each type;
2. Name and address for each hauler of wastes (or method of transport if other than by hauling); and
3. Location of the final point(s) of disposal for each type of waste.

If no wastes are transported off-site during the reporting period, a statement to that effect shall be submitted.

R. Each monitoring report shall state whether or not there was any change in the discharge as described in the Order during the reporting period.

S. All monitoring reports shall include the discharge limitations in the Order, tabulated analytical data, the chain of custody form, and the laboratory report (including but not limited to date and time of sampling, date of analyses, method of analysis and detection limits).

T. Sample collection requirements (as appropriate)

1. Daily samples shall be collected each day.
2. Weekly samples shall be collected on a representative day of each week.
3. Monthly samples shall be collected on a representative day of each month
4. Quarterly samples shall be collected in February, May, August, and November.
5. Semi-annual samples shall be collected in May and November.
6. Annual samples shall be collected in November.

U. Before commencing a new discharge, a representative sample of the effluent shall be collected and analyzed for all the constituents listed in Fact Sheet, and the test results must meet all applicable limitations of Order No. R4-2008-0032. This is not applicable for existing discharge.

II. MONITORING LOCATIONS

The Discharger shall establish the following monitoring locations to demonstrate compliance with the effluent limitations, discharge specifications, and other requirements in this Order:

Table 1. Monitoring Location

Discharge Point Name	Monitoring Location Name	Monitoring Location Description
Discharge Point 1	M-001	Treated effluent, after treatment and before contact with the receiving water and/or dilution by any other water or waste.
Discharge Point 2	M-002	If more than one discharge point is authorized under the General Permit, compliance monitoring locations shall be named M-002, M-003, etc. and shall be located so as to allow collection of treated effluent after treatment and before contact with receiving water and/or dilution by any other water or waste.

III. EFFLUENT MONITORING REQUIREMENTS

A. The Discharger shall monitor the effluent at Discharge Point M-001 as follows:

Constituent	Unit	Type of Sample	Minimum Frequency of Analysis
Total Waste Flow	gal/day	totalizer	continuously
pH	pH unit	grab	monthly
Temperature	°F	grab	monthly
Total Suspended Solids	mg/L	grab	monthly
Turbidity	NTU	grab	monthly
BOD ₅ 20°C	mg/L	grab	monthly
Oil and Grease	mg/L	grab	monthly
Settleable Solids	ml/L	grab	monthly
Sulfides	mg/L	grab	monthly
Phenols	mg/L	grab	monthly
Residual Chlorine	mg/L	grab	monthly
Methylene Blue Active Substances (MBAS)	mg/L	grab	monthly
Copper	µg/L	grab	monthly*
Fecal coliform	# /ml	grab	monthly*
Acute Toxicity	% survival	grab	annually

* Weekly for the first month and monthly thereafter if no exceedance is observed.

IV. WHOLE EFFLUENT TOXICITY TESTING REQUIREMENTS

A. Definition of Toxicity

Acute Toxicity

The MRP requires an annual test for acute toxicity which measures primarily lethal effects that occur over a 96-hour period. Acute toxicity shall be measured in percent survival measured in undiluted (100%) effluent.

B. Acute Toxicity Effluent Monitoring Program

1. The Discharger shall conduct acute toxicity tests on effluent grab samples by methods specified in 40 CFR Part 136 which cites USEPA's *Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms*, Fifth Edition, October 2002, USEPA, Office of Water, Washington D.C. (EPA/821-R-02-012) or a more recent edition to ensure compliance in 100 % effluent.
2. The fathead minnow, *Pimephales promelas*, shall be used as the test species for fresh water discharges and the topmelt, *Atherinops affinis*, shall be used as the test species for brackish effluent. The method for topmelt is found in USEPA's *Short-term Method for Estimating the Chronic Toxicity of Effluents and Receiving Waters to West Coast Marine and Estuarine Organisms*, First Edition, August 1995 (EPA/600/R-95/136), or a more recent edition.
3. In lieu of conducting the standard acute toxicity testing with the fathead minnow, the Discharger may elect to report the results or endpoint from the first 48 hours of the chronic toxicity test as the results of the acute toxicity test.
4. Accelerated Toxicity Monitoring: If the results of the toxicity test yields a survival of less than 90%, then the frequency of analyses shall increase to monthly until at least three test results have been obtained and full compliance with effluent limitations has been demonstrated, after which the frequency of analyses shall revert to annually. Results of toxicity tests shall be included in the first monitoring report following sampling.
5. Effluent samples shall be collected after all treatment processes and before discharge to the receiving water.

C. Reporting

1. The Discharger shall submit a full report of the toxicity test results, including any accelerated testing conducted during the month as

- required by this permit. Test results shall be reported as % survival for acute toxicity test results with the self monitoring reports (SMR) for the month in which the test is conducted.
2. If an initial investigation indicates the source of toxicity and accelerated testing is unnecessary, then those results also shall be submitted with the SMR for the period in which the investigation occurred.
 - a. The full report shall be submitted on or before the end of the month in which the SMR is submitted.
 - b. The full report shall consist of (1) the results; (2) the dates of sample collection and initiation of each toxicity test; (3) the acute toxicity average limit.
 3. Test results for toxicity tests also shall be reported according to the appropriate manual chapter on Report Preparation and shall be attached to the SMR. Routine reporting shall include, at a minimum, as applicable, for each test:
 - a. Sample date(s);
 - b. Test initiation date;
 - c. Test species;
 - d. End point values for each dilution (e.g., number of young, growth rate, percent survival);
 - e. Any applicable charts; and
 - f. Available water quality measurements for each test (e.g., pH, D.O., temperature, conductivity, hardness, salinity, ammonia).
 4. The Discharger shall provide a compliance summary, which includes a summary table of toxicity data from all samples collected during that year.

The Discharger shall notify by telephone or electronically, this Regional Water Board of any toxicity exceedance of the limit or trigger within 24 hours of receipt of the results followed by a written report within 14 calendar days of receipt of the results. The verbal or electronic notification shall include the exceedance and the plan the Discharger has taken or will take to investigate and correct the cause(s) of toxicity. It may also include a status report on any actions required by the permit, with a schedule for actions not yet completed. If no actions have been taken, the reasons shall be given.

V. LAND DISCHARGE MONITORING REQUIREMENTS

Not Applicable.

VI. RECLAMATION MONITORING REQUIREMENTS

Not Applicable.

VII. RECEIVING WATER MONITORING REQUIREMENTS – SURFACE WATER AND GROUNDWATER

Not Applicable.

VIII. OTHER MONITORING REQUIREMENTS

Not Applicable.

IX. REPORTING REQUIREMENTS

A. General Monitoring and Reporting Requirements

1. The Discharger shall comply with all Standard Provisions (Attachment D) related to monitoring, reporting, and recordkeeping.
2. If there is no discharge during any reporting period, the report shall so state.
3. Each monitoring report shall contain a separate section titled "Summary of Non-Compliance" which discusses the compliance record and corrective actions taken or planned that may be needed to bring the discharge into full compliance with waste discharge requirements. This section shall clearly list all non-compliance with waste discharge requirements, as well as all excursions of effluent limitations.
4. The Discharger shall inform the Regional Water Board well in advance of any proposed construction activity that could potentially affect compliance with applicable requirements.

B. Self Monitoring Reports (SMRs)

1. At any time during the term of this permit, the State or Regional Water Board may notify the Discharger to electronically submit Self-Monitoring Reports (SMRs) using the State Water Board's California Integrated Water Quality System (CIWQS) Program Web site (<http://www.waterboards.ca.gov/ciwqs/index.html>). Until such notification is given, the Discharger shall submit hard copy SMRs. The CIWQS Web site will provide additional directions for SMR submittal in the event there will be service interruption for electronic submittal.
2. The Discharger shall report in the SMR the results for all monitoring specified in this MRP. The Discharger shall submit

SMRs including the results of all required monitoring using USEPA-approved test methods or other test methods specified in this Order. If the Discharger monitors any pollutant more frequently than required by this Order, the results of this monitoring shall be included in the calculations and reporting of the data submitted in the SMR.

3. Monitoring periods and reporting for all required monitoring shall be completed according to the following schedule:

Table 2. Monitoring Periods and Reporting Schedule

Sampling Frequency	Monitoring Period Begins On	Monitoring Period	SMR Due Date
Continuous	March 9, 2010	All	Submit with quarterly SMR
Weekly	Sunday following permit effective date or on permit effective date if on a Sunday	Sunday through Saturday	Submit with quarterly SMR
Monthly	First day of calendar month following permit effective date or on permit effective date if that date is first day of the month	1 st day of calendar month through last day of calendar month	Submit with quarterly SMR
Quarterly	Closest of January 1, April 1, July 1, or October 1	January 1 through March 31. April 1 through June 30. July 1 through September 30. October 1 through December 31	45 days from the end of the monitoring period
Annually	January 1	January 1 through December 31	45 days from the end of the monitoring period

4. Reporting Protocols. The Discharger shall report with each sample result the applicable Reporting Level (RL) and the current Method Detection Limit (MDL), as determined by the procedure in Part 136.

The Discharger shall report the results of analytical determinations for the presence of chemical constituents in a sample using the following reporting protocols:

- a. Sample results greater than or equal to the RL shall be reported as measured by the laboratory (i.e., the measured chemical concentration in the sample).
- b. Sample results less than the RL, but greater than or equal to the laboratory's MDL, shall be reported as "Detected, but Not Quantified," or DNQ. The estimated chemical concentration of the sample shall also be reported.

For the purposes of data collection, the laboratory shall write the estimated chemical concentration next to DNQ as well as the words "Estimated Concentration" (may be shortened to "Est. Conc."). The laboratory may, if such information is available, include numerical estimates of the data quality for the reported result. Numerical estimates of data quality may be percent accuracy (\pm a percentage of

- the reported value), numerical ranges (low to high), or any other means considered appropriate by the laboratory.
- c. Sample results less than the laboratory's MDL shall be reported as "Not Detected," or ND.
 - d. Dischargers are to instruct laboratories to establish calibration standards so that the ML value (or its equivalent if there is differential treatment of samples relative to calibration standards) is the lowest calibration standard. At no time is the Discharger to use analytical data derived from *extrapolation* beyond the lowest point of the calibration curve.
5. The Discharger shall submit SMRs in accordance with the following requirements:
- a. The Discharger shall arrange all reported data in a tabular format. The data shall be summarized to clearly illustrate whether the facility is operating in compliance with interim and/or final effluent limitations. The Discharger is not required to duplicate the submittal of data that is entered in a tabular format within CIWQS. When electronic submittal of data is required and CIWQS does not provide for entry into a tabular format within the system, the Discharger shall electronically submit the data in a tabular format as an attachment.
 - b. The Discharger shall attach a cover letter to the SMR. The information contained in the cover letter shall clearly identify violations of the WDRs; discuss corrective actions taken or planned; and the proposed time schedule for corrective actions. Identified violations must include a description of the requirement that was violated and a description of the violation.
 - c. SMRs must be submitted to the Regional Water Board, signed and certified as required by the Standard Provisions (Attachment D), to the address listed below:

C. Notification

1. The Discharger shall notify the Executive Officer in writing prior to discharge of any chemical that may be toxic to aquatic life. Such notification shall include:
 - a. Name and general composition of the chemical,
 - b. Frequency of use,
 - c. Quantities to be used,
 - d. Proposed discharge concentrations, and
 - e. EPA registration number, if applicable.

No discharge of such chemical shall be made prior to obtaining the Executive Officer's approval.

2. The Discharger shall notify the Regional Board via telephone and/or fax within 24 hours of noticing an exceedance above the effluent limits in Order No. R4-2008-0032. The Discharger shall provide to the Regional Board within 14 days of observing the exceedance a detailed statement of the actions undertaken or proposed that will bring the discharge into full compliance with the requirements and submit a timetable for correction.

D. Monitoring Frequencies Adjustment

Monitoring frequencies may be adjusted by the Executive Officer to a less frequent basis if the Discharger requests same and the request is backed by statistical trends of monitoring data submitted.

E. Self Monitoring Reports (SMRs)

SMRs must be signed and certified as required by the standard provisions (Attachment D). The Discharge shall submit the original SMR to the address listed below:

California Regional Water Quality Control Board
Los Angeles Region
320 W. 4th Street, Suite 200
Los Angeles, CA 90013
Attention: Information and Technology Unit.

Appendix B:

Water Quality Field Measurements and Calibration
Records
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7/31/2012	M00A INF	7:45	7.64	16.3	7.01	72.6	0.02	17.50	Brown/Cloudy	Small particul	None	None
7/31/2012	M00A INF	11:32	7.28	16.9	5.89	72.0	0.03	26.13	Brown/Cloudy	None	None	None
7/31/2012	M00A INF	15:50	7.32	16.8	6.21	73.2	0.03	22.77	Brown/Cloudy	Yes	None	Sulfur
7/31/2012	M00A EFF	8:20	7.67	16.2	5.70	73.7	0.03	0.37	Clear	None	None	None
7/31/2012	M00A EFF	11:15	7.63	16.6	6.09	73.2	0.02	0.37	Clear	None	None	None
7/31/2012	M00A EFF	15:30	7.44	16.8	4.79	73.1	0.03	0.34	Clear	None	None	None
8/1/2012	M00A INF	7:47	7.18	17.0	6.20	71.5	0.05	17.90	Light Brown/Cloudy	None	None	None
8/1/2012	M00A INF	14:52	7.23	17.1	7.18	74.6	0.03	20.70	Light Brown/Cloudy	None	None	None
8/1/2012	M00A EFF	8:11	7.39	17.0	6.10	72.4	0.02	1.15	Clear	None	None	None
8/1/2012	M001 EFF	14:26	7.27	16.9	5.08	73.1	0.06	1.84	Clear	None	None	None
8/2/2012	M00A INF	11:15	7.38	17.0	7.16	72.4	0.05	28.00	Brown/Cloudy	Tiny	None	Playdoh
8/2/2012	M00A INF	14:23	7.31	17.0	6.90	74.3	0.06	21.30	whitish- gray/cloudy	None	None	Chemical (not chlorine)
8/2/2012	M00A INF	18:30	7.39	17.1	8.40	72.4	0.02	24.50	Yellow/brown	Lots of small	None	Sulfur
8/2/2012	M001 EFF	10:48	7.40	17.1	3.84	73.2	0.03	1.36	Clear	None	None	None
8/2/2012	M001 EFF	13:48	7.36	17.0	5.36	74.6	0.04	0.29	Clear	None	None	None
8/2/2012	M001 EFF	18:30	7.35	17.1	5.76	72.8	0.03	0.35	Clear	None	None	None
8/3/2012	M00A INF	14:00	7.52	16.1	9.02	73.9	0.05	12.80	Brown	1 bug	None	None
8/3/2012	M00A INF	15:00	7.50	16.2	9.05	74.4	0.08	13.20	Brown	bugs	None	None
8/3/2012	M001 EFF	14:15	7.54	16.2	6.12	74.8	0.05	0.32	Clear	None	None	None
8/3/2012	M001 EFF	15:15	7.50	16.2	5.64	74.9	0.06	0.32	Clear	None	None	None
8/6/2012	M00A INF	14:30	7.66	13.8	9.06	74.9	0.08	18.80	Brown/Cloudy	None	None	None
8/6/2012	M00A INF	15:40	7.40	13.9	8.92	74.0	0.10	7.40	Brown/Cloudy	2bugs	None	None
8/6/2012	M001 EFF	14:50	7.68	14.1	5.58	75.5	0.04	0.30	Clear	None	None	None
8/6/2012	M001 EFF	15:50	7.64	13.9	5.59	74.7	0.04	0.48	Clear	None	None	None
8/7/2012	M00A INF	15:45	7.48	13.6	10.36	77.0	0.08	22.73	Brownish/Very cloudy	None	None	None
8/7/2012	M00A INF	16:40	7.48	13.7	11.37	76.9	0.05	19.00	Brown/Cloudy	None	None	Slightly funky
8/7/2012	M001 EFF	16:00	7.25	13.7	4.97	77.2	0.03	0.48	Clear	None	None	None

8/7/2012	M001 EFF	16:55	7.29	13.7	5.65	77.0	0.03	0.30	Clear	None	None	None
8/8/2012	M00A INF	8:30	7.58	13.7	8.00	73.6	0.09	10.80		None	None	None
8/8/2012	M00A INF	14:00	7.70	13.7	9.35	75.0	0.06	15.90	Tan/brown	suspend ed	None	None
8/8/2012	M001 EFF	8:50	7.48	13.7	4.54	74.8	0.03	0.70	Clear	None	None	None
8/8/2012	M001 EFF	14:20	7.50	13.7	3.44	76.4	0.04	0.60	Clear	None	None	None
8/9/2012	M00A INF	9:30	8.07	13.9	9.86	75.2	0.03	23.50	Brown/Cloudy	None	None	None
8/9/2012	M00A INF	15:00	8.14	13.9	10.51	77.6	0.03	17.60	Brown/Cloudy	None	None	None
8/9/2012	M001 EFF	9:50	7.93	13.9	5.64	76.4	0.03	1.49	Clear	None	None	None
8/9/2012	M001 EFF	15:30	7.82	13.9	5.49	77.5	0.03	1.09	Clear	None	None	None
8/10/2012	M00A INF	11:27	7.79	13.6	8.08	74.9	0.05	21.00	Brown/Cloudy	Inverts	None	None
8/10/2012	M00A INF	15:03	7.97	13.6	11.50	76.4	0.05	17.73	Brown/Cloudy	None	None	None
8/10/2012	M001 EFF	11:36	7.62	13.8	2.41	75.7	0.02	0.46	Clear	None	None	None
8/10/2012	M001 EFF	15:15	7.64	13.8	3.37	76.9	0.03	0.50	Clear	None	None	None
8/13/2012	M00A INF	9:55	7.80	14.1	6.74	76.7	0.11	42.10	Brown	None	None	None
8/13/2012	M00A INF	15:50	8.15	12.7	11.11	82.0	0.06	20.60	Brown	None	None	None
8/13/2012	M001 EFF	10:30	7.93	14.1	3.19	75.2	0.06	0.64	Clear	None	None	None
8/13/2012	M001 EFF	16:10	7.75	13.0	2.76	81.2	0.03	0.77	Clear	None	None	None
8/14/2012	M00A INF	8:30	7.84	13.3	7.46	75.8	0.04	10.19	Light Brown	None	None	None
8/14/2012	M00A INF	13:50	7.91	13.3	10.30	77.2	0.05	13.30	Tan	Soil	None	None
8/14/2012	M001 EFF	9:00	7.71	13.3	4.05	76.3	0.03	0.46	Clear	None	None	None
8/14/2012	M001 EFF	14:06	7.80	13.3	5.84	77.3	0.06	0.75	Clear	small resin	None	None
8/15/2012	M00A INF	14:50	8.07	12.8	10.46	78.5	0.05	7.20	Cloudy	None	None	None
8/15/2012	M00A INF	15:45	8.07	13.5	11.09	77.8	0.20	6.70	Cloudy	None	None	None
8/15/2012	M001 EFF	15:10	7.81	13.5	5.98	77.5	0.00	1.30	Clear	None	None	None
8/15/2012	M001 EFF	16:20	7.81	13.5	5.94	78.0	0.02	0.66	Clear	None	None	None
8/16/2012	M00A INF	14:40	7.86	13.6	9.92	75.4	0.08	10.90	Brown/ Cloudy	particul	None	None
8/16/2012	M00A INF	16:10	7.84	13.6	8.45	75.5	0.07	12.77	Light brown	soil particul	None	None
8/16/2012	M001 EFF	15:00	7.68	13.7	4.42	76.6	0.06	0.97	Clear	None	None	None

8/16/2012	M001 EFF	16:30	7.75	13.6	5.45	76.4	0.04	0.36	Clear	None	None	None
8/17/2012	M00A INF	8:30	8.08	13.7	9.42	73.9	0.05	6.92	Slightly yellow/ cloudy	None	None	None
8/17/2012	M00A INF	13:33	8.23	13.5	12.61	75.7	0.09	7.32	light yellow	Yes - few	None	None
8/17/2012	M001 EFF	9:00	7.86	13.7	4.80	74.2	0.03	1.56	Clear	None	None	None
8/17/2012	M001 EFF	14:03	7.85	13.6	3.61	76.2	not	1.03	Clear	None	None	None
8/20/2012	M00A INF	8:30	7.50	13.6	9.28	74.7	0.03	17.20	light brown	None	None	None
8/20/2012	M001 EFF	9:00	7.36	13.6	3.83	75.4	0.06	1.22	Clear	None	None	None
8/21/2012	M00A INF	10:24	8.14	13.4	11.25	76.9	0.11	17.63	Cloudy/ brown- yellow	None	None	Chemical/ chlorine
8/21/2012	M00A INF	14:02	8.29	13.5	12.78	78.0	0.11	13.67	Hazy yellowish	None	None	Chemical/ chlorine
8/21/2012	M001 EFF	10:42	7.73	13.5	3.53	77.3	0.02	0.82	Clear	None	None	None
8/21/2012	M001 EFF	14:30	7.87	13.5	4.92	78.7	0.07	0.94	Clear	None	None	None
8/22/2012	M00A INF	15:00	7.90	13.8	10.43	83.5	0.14	17.13	tan/ brown	particul	None	None
8/22/2012	M001 EFF	15:30	7.92	13.6	2.45	80.6	0.02	2.09	Clear	None	None	None
8/23/2012	M00A INF	16:30	8.19	13.6	9.83	79.4	0.03	18.40	Cloudy	small black	None	None
8/23/2012	M001 EFF	16:15	7.84	13.7	2.55	78.7	0.02	0.68	Clear	small salt like	None	None
8/24/2012	M00A INF	14:30	8.08	13.5	7.37	76.9	0.02	19.20	brown/ cloudy	None	None	None
8/24/2012	M00A INF	15:30	8.09	13.5	6.92	76.6	0.04	19.80	brown/ cloudy	None	None	None
8/24/2012	M001 EFF	15:00	7.81	13.6	1.11	77.3	0.04	1.22	Clear	None	None	None
8/24/2012	M001 EFF	16:00	7.82	13.6	1.26	77.3	0.02	0.44	Clear	None	None	None
8/27/2012	M00A INF	15:20	8.04	12.1	6.67	73.7	0.07	23.60	Brown	None	None	None
8/27/2012	M001 EFF	15:40	7.92	12.5	2.95	74.5	0.02	1.69	Clear	None	None	None
8/28/2012	M00A INF	9:15	7.98	11.7	6.94	72.3	0.02	15.53	murky brown	None	None	None
8/28/2012	M00A INF	12:30	7.92	11.7	5.69	74.3	0.02	44.30	very murky brown	small	None	None
8/28/2012	M001 EFF	9:40	7.94	11.6	5.94	73.1	0.06	0.25	Clear	None	None	None

Date	Site ID	Time (24 hr)	pH	Salinity (ppt)	Average Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Average Turbidity (NTU)	Water Color	Debris	Oily sheen	Odor
9/4/2012	M00A INF	13:30	7.91	8.6	7.58	72.3	0.07	11.96	Murky Brown	None	None	None
9/4/2012	M00A INF	15:10	7.98	8.6	8.00	73.5	0.06	10.49	Murky Brown	None	None	None
9/4/2012	M001 EFF	13:45	7.92	8.7	6.07	74.0	0.02	0.32	Clear	None	None	None
9/4/2012	M001 EFF	15:25	7.95	8.7	6.46	74.3	0.02	0.24	Clear	None	None	None
9/5/2012	M00A INF	9:20	7.84	8.7	6.86	73.0	0.13	7.86	Murky Brown	None	None	None
9/5/2012	M001 EFF	9:45	7.81	8.6	6.28	73.1	0.08	1.11	Clear	None	None	None
9/6/2012	M00A INF	10:25	7.77	8.3	7.83	72.5	0.06	11.30	Brown	None	None	None
9/6/2012	M00A INF	14:30	7.91	8.3	8.84	74.3	0.10	16.70	Brown	None	None	None
9/6/2012	M001 EFF	10:45	7.72	8.40	4.39	73.5	0.04	0.47	Clear	None	None	None
9/6/2012	M001 EFF	15:00	7.80	8.4	5.79	75.8	0.04	0.64	Clear	None	None	None
9/7/2012	M00A INF	8:30	7.93	8.5	8.62	73.6	0.04	9.18	Light Brown	None	None	None
9/7/2012	M00A INF	15:00	8.25	8.4	11.87	77.9	0.08	16.40	Dark Brown	None	None	None
9/7/2012	M001 EFF	9:00	7.73	8.5	3.47	73.5	0.04	0.57	Clear	None	None	None
9/7/2012	M001 EFF	15:30	7.77	8.5	2.92	76.1	0.05	0.28	Clear	None	None	None
9/10/2012	M00A INF	11:20	7.45	8.4	9.77	75.8	0.09	15.87	Light Yellow	None	None	None
9/10/2012	M00A INF	2:43	7.54	8.4	11.50	77.1	0.18	16.30	Light Yellow	None	None	None
9/10/2012	M001 EFF	11:45	7.46	8.4	5.78	76.4	0.07	0.44	Clear	None	None	None
9/10/2012	M001 EFF	3:03	7.53	8.4	5.93	77.6	0.09	0.42	Clear	None	None	None
9/11/2012	M00A INF	10:15	7.98	8.3	9.15	76.0	0.17	11.40	Light Brown	None	None	None
9/11/2012	M00A INF	15:15	8.02	8.4	11.24	76.5	0.08	16.40	Light Green	None	None	None
9/11/2012	M001 EFF	12:00	7.84	8.4	6.13	76.3	0.06	1.30	Clear	None	None	None
9/11/2012	M001 EFF	15:00	8.00	8.4	6.30	77.1	0.05	2.89	Clear	None	None	None
9/12/2012	M00A INF	16:45	8.02	8.3	9.13	77.9	0.10	13.60	Light Brown	None	None	None
9/12/2012	M00A INF	11:08	8.02	8.3	8.43	75.8	0.04	14.10	Brown	None	None	None
9/12/2012	M001 EFF	12:00	7.97	8.3	6.05	76.1	0.03	1.07	Clear	None	None	None
9/12/2012	M001 EFF	17:20	8.40	8.3	4.72	76.5	0.01	0.82	Clear	None	None	None
9/13/2012	M00A INF	8:30	8.03	8.2	7.30	74.2	0.03	7.45	Light Brown	None	None	None
9/13/2012	M00A INF	2:30	8.00	8.1	8.04	75.4	0.03	6.43	Light Brown	None	None	None

9/13/2012	M001 EFF	9:20	8.12	8.3	6.12	74.5	0.01	0.72	Clear	None	None	None
9/13/2012	M001 EFF	3:00	8.04	8.2	6.18	75.4	0.02	0.35	Clear	None	None	None
9/14/2012	M00A INF	8:30	8.17	8.2	7.66	73.9	0.02	5.75	Light Brown	None	None	None
9/14/2012	M00A INF	13:10	8.08	8.2	7.85	75.1	0.02	5.92	Light Brown	None	None	None
9/14/2012	M001 EFF	8:45	8.15	8.2	6.41	74.9	0.01	0.33	Clear	None	None	None
9/14/2012	M001 EFF	13:35	8.07	8.2	6.24	75.9	0.05	0.42	Clear	None	None	None
9/17/2012	M00A INF	12:10	7.87	8.2	7.82	75.7	0.08	4.57	Light Brown	None	None	None
9/17/2012	M00A INF	14:58	7.96	8.2	8.70	77.9	0.08	5.62	Light Brown	None	None	None
9/17/2012	M001 EFF	12:30	7.83	8.2	5.37	76.3	0.02	0.47	Clear	None	None	None
9/17/2012	M001 EFF	15:11	7.93	8.2	6.19	76.7	0.02	0.66	Clear	None	None	None
9/18/2012	M00A INF	7:15	8.00	8.2	8.04	72.4	0.05	3.49	Clear	None	None	None
9/18/2012	M00A INF	1:30	8.09	8.2	9.40	74.3	0.09	2.67	Clear	None	None	None
9/18/2012	M001 EFF	7:30	8.06	8.3	5.64	72.3	0.02	0.47	Clear	None	None	None
9/18/2012	M001 EFF	1:30	8.06	8.2	6.17	74.5	0.04	0.45	Clear	None	None	None
9/19/2012	M00A INF	7:30	7.55	8.2	8.33	69.7	0.04	2.94	Light Brown	None	None	None
9/19/2012	M00A INF	15:30	7.65	8.2	10.22	75.2	0.06	2.69	Clear	None	None	None
9/19/2012	M001 EFF	7:45	7.61	8.2	7.28	69.8	0.02	0.56	Clear	None	None	None
9/19/2012	M001 EFF	16:00	7.50	8.3	4.82	74.5	0.02	0.21	Clear	None	None	None
9/20/2012	M00A INF	7:40	7.94	8.2	8.23	70.7	0.04	2.48	Light Brown	None	None	None
9/20/2012	M00A INF	11:00	8.00	8.3	8.73	72.5	0.05	2.26	Clear	None	None	None
9/20/2012	M00A INF	13:50	8.00	8.2	9.73	74.0	0.11	2.24	Clear	None	None	None
9/20/2012	M001 EFF	8:10	8.02	8.3	7.18	70.7	0.02	0.29	Clear	None	None	None
9/20/2012	M001 EFF	11:15	7.94	8.3	6.02	72.6	0.03	0.02	Clear	None	None	None
9/20/2012	M001 EFF	14:10	7.96	8.2	7.05	74.3	0.02	7.22	Clear	None	None	None
9/21/2012	M00A INF	7:35	7.67	8.3	8.16	70.9	0.04	2.30	Clear	None	None	None
9/21/2012	M00A INF	13:40	7.73	8.2	8.95	74.4	0.05	2.51	Clear	None	None	None
9/21/2012	M001 EFF	8:00	7.73	8.3	6.73	71.6	0.03	0.01	Clear	None	None	None
9/21/2012	M001 EFF	14:00	7.74	8.2	7.08	74.5	0.04	0.09	Clear	None	None	None
9/24/2012	M00A INF	8:40	7.64	8.3	7.87	73.4	7.11	2.94	Light Brown	None	None	None
9/24/2012	M00A INF	10:05	7.69	8.3	8.11	73.6	0.03	3.20	Light Brown	None	None	None
9/24/2012	M001 EFF	9:00	7.72	8.3	5.38	73.5	0.09	0.45	Clear	None	None	None
9/24/2012	M001 EFF	10:15	7.64	8.3	5.59	74.1	0.01	1.18	Clear	None	None	None

9/25/2012	M00A INF	16:15	7.86	8.3	8.92	75.8	0.08	3.12	Light Brown	None	None	None
9/25/2012	M001 EFF	16:30	8.30	7.8	5.94	74.7	0.03	0.14	Clear	None	None	None
9/26/2012	M00A INF	15:30	7.73	8.3	8.58	73.7	0.10	3.13	Clear	None	None	None
9/26/2012	M001 EFF	15:40	7.75	8.2	7.16	73.7	0.06	0.16	Clear	None	None	None
9/27/2012	M00A INF	13:40	7.81	8.0	8.97	73.7	0.31	4.52	Light Brown	None	None	None
9/27/2012	M001 EFF	14:11	7.79	8.0	6.27	73.6	0.05	1.06	Clear	None	None	None
9/28/2012	M00A INF	6:00	7.69	8.0	8.80	73.4	0.09	3.94	Light Brown	None	None	None
9/28/2012	M001 EFF	6:30	7.70	8.0	6.28	73.5	0.07	1.26	Clear	None	None	None
10/1/2012	M00A INF	13:55	7.94	8.0	9.57	74.3	0.06	4.49	Light Brown	None	None	None
10/1/2012	M00A INF	15:00	8.00	8.0	9.70	75.1	0.17	4.53	Light Brown	None	None	None
10/1/2012	M001 EFF	14:13	7.90	8.0	5.69	75.3	0.05	0.80	Clear	None	None	None
10/1/2012	M001 EFF	15:30	7.92	8.0	6.42	75.3	0.02	0.68	Clear	None	None	None
10/2/2012	M00A INF	8:10	7.93	8.0	8.06	70.9	0.12	3.81	Clear	None	None	None
10/2/2012	M00A INF	13:10	8.02	8.0	8.60	73.5	0.08	3.64	Light Brown	None	None	None
10/2/2012	M001 EFF	8:25	7.99	8.0	7.05	71.9	0.06	0.45	Clear	None	None	None
10/2/2012	M001 EFF	13:17	7.97	8.0	7.01	73.9	0.07	0.36	Clear	None	None	None
10/3/2012	M00A INF	10:00	7.85	8.1	8.30	71.3	0.11	3.40	Light Brown	algae	None	None
10/3/2012	M00A INF	13:30	7.93	8.0	8.76	72.0	0.12	4.27	Clear	None	None	None
10/3/2012	M001 EFF	10:20	7.91	8.1	7.21	71.6	0.10	0.63	Clear	None	None	None
10/3/2012	M001 EFF	13:45	7.90	8.1	7.14	72.5	0.04	0.33	Clear	None	None	None
10/4/2012	M00A INF		8.02	8.0	9.08	73.9	0.10	4.66	Clear	None	None	None
10/4/2012	M001 EFF		8.03	8.1	8.76	73.1	7.07	0.12	Clear	None	None	None
10/5/2012	M00A INF	10:11	7.67	7.4	10.53	70.3	0.09	4.31	Light Brown	None	None	None
10/5/2012	M001 EFF	11:10	7.74	7.7	7.44	70.9	0.00	0.88	Clear	None	None	None
10/8/2012	M00A INF	7:45	8.18	7.4	7.99	66.8	0.02	2.87	Light Brown	Plant Matte	None	None
10/8/2012	M00A INF	13:10	8.18	7.4	8.57	72.6	0.09	4.89	Clear	None	None	None
10/8/2012	M001 EFF	7:55	8.13	7.4	6.99	67.9	0.01	0.82	Clear	None	None	None
10/8/2012	M001 EFF	13:30	8.12	7.4	7.39	71.4	7.07	0.72	Clear	None	None	None

10/9/2012	M00A INF	8:33	8.09	7.4	8.32	64.8	0.06	11.01		None	None	None
10/9/2012	M001 EFF	9:00	8.13	7.5	5.83	66.9	0.04	1.43		None	None	None
10/10/2012	M00A INF	11:45	7.87	7.5	8.73	70.1	0.07	6.57	Light Brown	None	None	None
10/10/2012	M00A INF	15:17	7.95	7.6	9.35	75.2	0.03	6.44	Light Brown	None	None	None
10/10/2012	M001 EFF	12:15	7.80	7.5	6.56	68.0	0.07	20.90	Light Brown	None	None	None
10/10/2012	M001 EFF	15:40	7.85	7.6	7.13	73.2	0.06	2.49	Clear	None	None	None
10/11/2012	M00A INF	7:51	8.60	7.6	7.81	63.0	0.03	7.68		None	None	None
10/11/2012	M00A INF	13:26	8.15	7.6	9.26	72.8	0.08	7.93	Light Brown	None	None	None
10/11/2012	M001 EFF	8:34	8.10	7.6	6.66	64.8	0.06	1.20		None	None	None
10/11/2012	M001 EFF	13:35	8.06	7.6	6.52	70.3	0.12	0.35	Clear	None	None	None
10/12/2012	M00A INF	3:30	8.41	8.6	11.96	71.9		9.18	Light Brown	None	None	None
10/12/2012	M001 EFF	3:00	8.09	8.5	8.25	72.4	0.01	4.42	Clear	Cloudy	None	None
10/15/2012	M00A INF	3:15	8.37	8.7	13.02	75.6	0.06	15.37	Light Brown	Cloudy	None	Slight
10/15/2012	M001 EFF	3:45	8.11	8.9	5.45	74.0	0.06	1.26	Clear	None	None	None
10/16/2012	M00A INF	7:23	7.83	8.0	6.22	66.4	0.02	12.43		None	None	None
10/16/2012	M001 EFF	7:45	7.85	8.0	6.21	67.0	0.03	1.05		None	None	None
10/17/2012	M00A INF	7:35	7.96	7.8	7.62	66.8	0.01	10.80	Light Brown	None	None	None
10/17/2012	M001 EFF	7:46	7.87	7.9	4.52	68.4	0.06	5.13	Clear	None	None	None
10/18/2012	M00A INF	10:40	7.73	8.4	6.04	69.8	0.04	16.93	Light Brown	Some	None	None
10/18/2012	M00A INF	11:40	7.76	8.5	6.21	70.4	0.04	12.97	Brown	some	None	None
10/18/2012	M001 EFF	11:09	7.67	8.5	4.53	70.2	0.05	2.22	Clear	None	None	None
10/18/2012	M001 EFF	12:14	7.63	8.5	3.19	71.0	0.04	1.12	Clear	None	None	None
10/19/2012	M00A INF	7:36	7.70	8.3	7.59	69.0	0.05	8.94	Light Brown	None	None	None
10/19/2012	M001 EFF	8:00	7.72	8.3	6.73	70.1	0.03	3.50	Clear	None	None	None

Entered by MA, ET 08-10-12

Date: 07-23-12 Project Name: Ocean Dewatering Day 1

Sampler Name(s) Mark Abramson, Tim Mabry, Suzanne Goode, Nae Rishie, Ivan Tafarynejad

Calibration pH 7 & 10	<u>Yes</u> or no	Conductivity	1/MS or <u>10/MS</u>	Lot # <u>12E100587</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>8-2013</u>
calibrated by (Print): <u>Suzanne Goode</u> <u>Mark Abramson</u>		Residual Chlorine <u>(0.23, 0.90, 1.63)</u>		Lot # <u>A2187A</u>	Exp date: <u>July 2014</u>
		Sign: <u>MA</u>		<u>Suzanne Goode</u>	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M&QA - INF</u>	<u>12:00</u>	<u>8.36</u>	<u>7.2</u>	<u>8.23</u>	<u>76.9</u>	<u>0.07</u>	<u>18.0</u>
Rep 2		<u>8.36</u>	<u>7.2</u>	<u>8.15</u>	<u>77.0</u>	N/A	<u>17.5</u>
Rep 3		<u>8.36</u>	<u>7.2</u>	<u>8.21</u>	<u>76.9</u>	N/A	<u>17.8</u>
Mean		<u>8.36</u>	<u>7.2</u>	<u>8.19</u>	<u>76.9</u>	N/A <u>0.07</u>	<u>17.77</u>
Water Color	<u>Brownish</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M&Q1 - EF</u>	<u>12:50</u>	<u>8.26</u>	<u>7.4</u>	<u>6.98</u>	<u>76.5</u>	<u>0.08</u>	<u>0.73</u>
Rep 2		<u>8.25</u>	<u>7.4</u>	<u>6.94</u>	<u>76.6</u>	N/A <u>0.08</u>	<u>0.69</u>
Rep 3		<u>8.23</u>	<u>7.5</u>	<u>6.86</u>	<u>76.7</u>	N/A <u>0.08</u>	<u>0.71</u>
Mean		<u>8.25</u>	<u>7.4</u>	<u>6.93</u>	<u>76.6</u>	N/A <u>0.08</u>	<u>0.71</u>
Water Color	<u>Clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): Mark Abramson
Suzanne Goode Signature: MA

7-23-17

Entered MA, ET 08-10-12

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M&D A - JNF	16:25	8.40	7.2	8.60	77.5	0.05	19.6
Rep 2		8.40	7.2	8.57	77.5	N/A	18.9
Rep 3		8.40	7.2	8.59	77.4	N/A	19.3
Mean		8.40	7.2	8.59	77.5	N/A 0.05	19.3
Water Color	Brownish cloudy	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M&D I - EF	16:45	8.24	7.1	6.82	77.7	0.04	1.27
Rep 2		8.25	7.1	6.79	77.8	N/A	1.27
Rep 3		8.25	7.1	6.79	77.8	N/A	1.34
Mean		8.25	7.1	6.80	77.8	N/A 0.04	1.29
Water Color	clear	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Mark Abramson
Suzanne Goode Signature: [Signature]

Date 07-24-12 Project Name Ocean Dewatering Day 2

Sampler Name(s) Jamie King + Ivan Medel *calibrated to 10MA std.

Calibration pH <u>7 & 10</u>	(Yes) or no	Conductivity ^{9.46}	1 uS or 10 uS	Lot # <u>12E 100587</u>	Exp date: <u>12/2013</u>
<u>7.07, 10.06 (calib. @ 20°C)</u>		^{10.72, 10.22, 10.21} ^{9.49} Turbidity	1 NTU or 10 NTU	Lot # <u>C251433</u>	Exp date: <u>9/13</u>
calibrated by (Print):			Residual Chlorine <u>0.23, 0.90</u>	Lot # <u>AZ187A</u>	Exp. date <u>7/2014</u>

* calibrated to 10MA std.
2.03, 2.08
3.01, 1.04
6.13

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>Influent</u> ^{MOBA}	<u>12:40</u>	<u>8.24</u> ^{8.23}	<u>5.5</u>	<u>9.14</u>	<u>74.1</u>	<u>.05</u>	24.2
Rep 2	<u>12:45</u>	<u>8.24</u> ^{8.23}	<u>5.5</u>	<u>9.18</u>	<u>74.1</u>	N/A	22.2
Rep 3	<u>12:50</u>	<u>8.24</u> ^{8.23}	<u>5.5</u>	<u>9.14</u>	<u>74.1</u>	N/A	21.0
Mean		<u>8.23</u> 0	<u>5.5</u> 0	<u>9.15</u> 0	<u>74.1</u> 0	N/A <u>0.05</u>	<u>21.47</u> 0
Water Color <u>cloudy</u> <u>H. brown</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>	

ok medel
24.2
22.2
21.0

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MOBA-1 EF</u>	<u>13:10</u>	<u>8.05</u>	<u>5.6</u>	<u>7.10</u>	<u>75.2</u>	<u>0.02</u>	<u>1.70</u>
Rep 2	<u>13:15</u>	<u>8.07</u>	<u>5.5</u>	<u>7.09</u>	<u>75.1</u>	N/A	<u>1.72</u>
Rep 3	<u>13:20</u>	<u>8.08</u>	<u>5.4</u>	<u>7.08</u>	<u>75.1</u>	N/A	<u>1.72</u>
Mean		<u>8.066</u> 0	<u>5.5</u> ^{5.6} 0	<u>7.09</u> 0	<u>75.13</u> 0	N/A <u>0.02</u>	<u>1.713</u> 0
Water Color <u>clear</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>	

Samplers name (Print): Jamie King, Ivan Medel Signature: J. Medel

7/24/12
pg. 2

Monitors = 8-KG, 1-Medel

Entered MA, ET 08-10-12

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MBRA INF	12:15	8.15	5.8	9.08	76.8	.05	19.8
Rep 2	12:21	8.15	5.8	9.10	76.6	N/A	20.1
Rep 3	12:24	8.15	5.8	9.09	76.6	N/A	20.5
Mean		8.15 0	5.8 0	9.09 0	76.67 0	N/A 0.05	20.13 0
Water Color	cloudy light brown	Debris	yes; bits of dirt	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MODA 3 BF	12:43	7.97	5.7	6.44	77.0	.03	1.35
Rep 2	12:45	7.99	5.7	6.46	77.0	N/A	1.35
Rep 3	12:50	7.99	5.7	6.45	77.1	N/A	1.35
Mean		7.98 0	5.7 0	6.45 0	77.03 0	N/A 0.03	1.35 0
Water Color	clear	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): _____ Signature: _____

Date

7/24/12

Project Name

Ocean de-watering day 2 (cont.)

Sampler Name(s)

Van Redel, Nick Cherry

see pg 1 & 2

Calibration pH 7 & 10	Yes or no	Conductivity	1 uS or 10 uS	Lot #	Exp date:
		Turbidity	1 NTU or 10 NTU	Lot #	Exp date:

calibrated by (Print):

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ MDDA INF	15:27	8.08 8.16	6.1	8.80	78.9	0.05	20.1
Rep 2		8.15	6.0	8.80	78.9	N/A	19.9
Rep 3		8.15	6.0	8.80	78.9	N/A	19.0
Mean		8.153 0	6.03 0	8.80 0	78.9 0	N/A 0.05	19.67 0
Water Color	light brown	Debris	∅	Oily sheen	∅	Odor	∅

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDDA-1 EF	15:54	7.87	5.9	6.72	77.4	0.04	1.16
Rep 2		7.90	5.9	6.74	77.3	N/A	1.15
Rep 3		7.88	5.8	6.73	77.3	N/A	1.14
Mean		7.883 0	5.86 0	6.73 0	77.33 0	N/A 0.04	1.15 0
Water Color	clear	Debris	∅	Oily sheen	∅	Odor	∅

Samplers name (Print):	Van, Nick Cherry	Signature:	
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pg. 2 & 2

Redel

Entered MA, ET 08-10-12

Date 07-25-2012 Project Name Ocean Dewatering Day 3

Sampler Name(s) MARK ABRAMSON / SUZANNE GOODE 10-01 Suzanne Goode

Calibration pH (7 & 10)	Yes or no	Conductivity	1 mS or 10 mS	Lot # <u>12E 100587</u>	Exp date: <u>12-2013</u>
	<input checked="" type="checkbox"/>	Turbidity	1 NTU or 10 NTU	Lot # <u>C 2512 11</u>	Exp date: <u>08-2013</u> batch 03-05-12
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.64</u>	Lot # <u>A 2187 A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): Mark Abramson / Suzanne Goode Sign: MA

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MODA INF</u>	<u>12:05</u>	<u>8.32</u>	<u>9.6</u>	<u>8.33</u>	<u>75.2</u>	<u>0.11</u>	<u>19.9</u>
Rep 2		<u>8.32</u>	<u>9.7</u>	<u>8.39</u>	<u>75.2</u>	N/A	<u>20.9</u>
Rep 3		<u>8.32</u>	<u>9.7</u>	<u>8.39</u>	<u>75.2</u>	N/A	<u>21.9</u>
Mean		<u>8.32</u>	<u>9.7</u>	<u>8.37</u>	<u>75.2</u>	<u>0.11</u>	<u>20.9</u>
Water Color	<u>Brown cloudy</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MOD1-EFF</u>	<u>12:30</u>	<u>8.15</u>	<u>8.2</u>	<u>6.46</u>	<u>74.7</u>	<u>0.08</u>	<u>2.26</u>
Rep 2		<u>8.15</u>	<u>8.2</u>	<u>6.39</u>	<u>74.7</u>	N/A	<u>2.25</u>
Rep 3		<u>8.15</u>	<u>8.2</u>	<u>6.38</u>	<u>74.8</u>	N/A	<u>2.20</u>
Mean		<u>8.15</u>	<u>8.2</u>	<u>6.41</u>	<u>74.7</u>	<u>0.08</u>	<u>2.24</u>
Water Color	<u>Clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): Suzanne Goode / Mark Abramson Signature: Suzanne Goode / MA

07-25-12

Entered MA, ET

08-10-12

Ocean Dewatering Day 3

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOA INF	15:15	8.21	10.2	9.37	78.6	0.09	23.7
Rep 2		8.21	10.2	9.27	78.5	N/A	22.4
Rep 3		8.21	10.3	9.24	78.5	N/A	25.6
Mean		8.21	10.2	9.29	78.5	0.09	23.9
Water Color	^{Brown} cloudy	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOA FEF	15:35	7.98	10.0	5.34	77.6	0.07	1.49
Rep 2		7.99	10.1	5.28	77.6	N/A	1.47
Rep 3		8.00	10.1	5.29	77.5	N/A	1.46
Mean		7.99	10.1	5.30	77.6	0.07	1.47
Water Color	clear	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Suzanne Goode / mark Abramson Signature: Suzanne Goode / [Signature]

Date: 7/25/12 Project Name: Maleku Lagoon
 Sampler Name(s): N. CHANG, J. KINE 712312 DU 10:0 Dewatering Day 4

Calibration pH <u>7 & 10</u> <u>Yes</u> or no	Conductivity	1 mS or 10 mS	Lot # <u>12E 100587</u>	Exp date: <u>2/2013</u>
<u>12300</u>	Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C25 1211</u>	Exp date: <u>08/13/03-05-12</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A-2 187A</u>
				Exp date: <u>07-2014</u>

calibrated by (Print): N. Chang & J. Kine Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MODA-WF</u>	<u>12:05</u>	<u>7.77</u>	<u>14.4</u>	<u>7.91</u>	<u>72.1</u>	<u>0.03</u>	<u>28.6</u>
Rep 2	<u>12:08</u>	<u>7.80</u>	<u>14.4</u>	<u>7.85</u>	<u>72.0</u>	N/A	<u>26.1</u>
Rep 3	<u>12:10</u>	<u>7.80</u>	<u>14.4</u>	<u>7.86</u>	<u>72.0</u>	N/A	<u>25.1</u>
Mean	<u>12.11</u>	<u>7.79</u>	<u>14.4</u>	<u>7.87</u>	<u>72.0</u>	<u>0.03</u>	<u>26.6</u>
Water Color	<u>cloudy (brown)</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>Myp 1-775</u>	<u>13:00</u>	<u>7.89</u>	<u>13.8</u>	<u>4.86</u>	<u>72.3</u>	<u>0.04</u>	<u>0.86</u>
Rep 2	<u>13:15</u>	<u>7.90</u>	<u>13.8</u>	<u>4.86</u>	<u>72.2</u>	N/A	<u>0.81</u>
Rep 3	<u>13:24</u>	<u>7.91</u>	<u>13.9</u>	<u>4.88</u>	<u>72.2</u>	N/A	<u>1.12</u>
Mean	<u>13.13</u>	<u>7.90</u>	<u>13.9</u>	<u>4.87</u>	<u>72.2</u>	<u>0.04</u>	<u>0.93</u>
Water Color	<u>Ø</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Samplers name (Print): J. Kine, N. Chang Signature: [Signature]

Need more gloves + swabs
 * clean turbidity part?

7/26/12

Moloka Lagoon, J. King, N. Chan

SEE PG 1 FOR CALIBRATION INFO

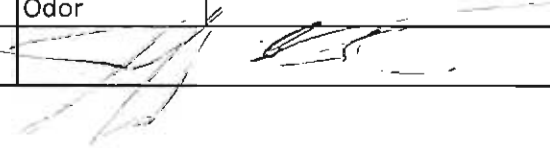
PG 2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOCA INF	18:50	7.80	13.9	8.11	74.1	0.06	21.4
Rep 2	18:55	7.84	13.9	8.22	74.1	N/A	22.0
Rep 3	19:00	7.84	13.9	8.23	74.1	N/A	22.3
Mean		7.83	13.9	8.19	74.1	0.06	21.9
Water Color	Green Cloudy	Debris	9/11/71	Oily sheen	NO	Odor	NO

THE INVERTED BOTTLES
 500 ml BOTTLES
 They invertES (what) suspended so I invert

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M. SOI EFF	17:15	7.84	14.0	5.68	74.0	0.07	1.48
Rep 2	17:20	7.84	14.0	5.40	74.0	N/A	1.56
Rep 3	17:25	7.85	14.1	5.64	74.0	N/A	1.53
Mean		7.84	14.0	5.57	74.0	0.07	1.52
Water Color	Clear	Debris	0	Oily sheen	0	Odor	0

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Jamie King, Nicole Choy Signature: 

Entered by MA, ST 08-10-12

16 days of PH left

Entered by MA, ET 8-10-12

Date 07-27-2012 Project Name Lagoon Rewatering Day 5

Sampler Name(s) Mark Abramson & Tim Mabry

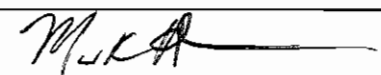
Calibration pH <u>7 & 10</u>	<input checked="" type="checkbox"/> Yes or no	Conductivity	1 mS or 10 mS	Lot # <u>12E 100587</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>08-2013</u> ^{Batch} <u>03-65-12</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.64</u>	Lot # <u>A2187A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): Mark Abramson

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MOBA INF</u>	<u>10:10</u>	<u>7.57</u>	<u>14.5</u>	<u>7.05</u>	<u>70.0</u>	<u>0.03</u>	<u>53.6</u>
Rep 2		<u>7.58</u>	<u>14.6</u>	<u>7.06</u>	<u>70.1</u>	<u>N/A</u>	<u>51.0</u>
Rep 3		<u>7.58</u>	<u>14.5</u>	<u>7.09</u>	<u>70.1</u>	<u>N/A</u>	<u>53.0</u>
Mean		<u>7.58</u>	<u>14.5</u>	<u>7.07</u>	<u>70.1</u>	<u>0.03</u>	<u>52.53</u>
Water Color	<u>Brown cloudy</u>	Debris	<u>None</u>	Oily sheen	<u>None</u>	Odor	<u>None</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MO01-EF</u>	<u>10:35</u>	<u>7.87</u>	<u>13.1</u>	<u>6.46</u>	<u>70.7</u>	<u>0.09</u>	<u>0.84</u>
Rep 2		<u>7.88</u>	<u>13.1</u>	<u>6.43</u>	<u>70.7</u>	<u>N/A</u>	<u>0.87</u>
Rep 3		<u>7.88</u>	<u>13.1</u>	<u>6.45</u>	<u>70.7</u>	<u>N/A</u>	<u>0.78</u>
Mean		<u>7.88</u>	<u>13.1</u>	<u>6.45</u>	<u>70.7</u>	<u>0.09</u>	<u>0.83</u>
Water Color	<u>clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print):	<u>MARK ABRAMSON</u>	Signature:	
	<u>TIM MABRY</u>		

07-27-2012

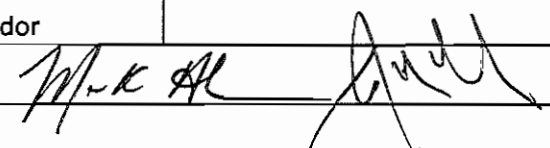
Entered MA, ET 8-10-12

pg 2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDDA - INF	15:15	7.59	13.9	8.86	76.6	0.05	26.0
Rep 2		7.57	14.0	8.72	76.6	N/A	25.7
Rep 3		7.57	14.0	8.76	76.6	N/A	26.4
Mean		7.57	14.0	8.78	76.6	0.05	26.0
Water Color	Brown cloudy	Debris	None	Oily sheen	none	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDD1 - EF	15:35	7.58	14.1	6.30	74.3	0.06	0.69
Rep 2		7.59	14.1	6.28	74.3	N/A	0.66
Rep 3		7.60	14.2	6.29	74.4	N/A	0.63
Mean		7.59	14.1	6.29	74.3	0.06	0.66
Water Color	Clear	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): MARK Abramson / John Luker Signature: 

Flow 200 gpm

Flow 800 gpm

Entered by MA, ET 08--

Date

7/30/12

Project Name

Malibu Lagoon

Sampler Name(s)

J. King

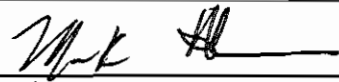
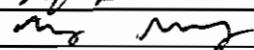
Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or 10 mS	Lot # 12E 100587	Exp date: 12/2013
		Turbidity	1 NTU or 10 NTU	Lot # C751211	Exp date: 8/2013 ^{Batch} 03/05/12
Res. Chlorine Verification 0.00	std 1: 0.22	std 2: 0.90	std 3: 1.64	Lot # A2187A	Exp date: 07-2014

calibrated by (Print): J. King

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - INF	14:45	7.72	15.7	9.06	75.7	0.07	23.2
Rep 2		7.70	15.8	8.96	75.8	N/A	22.8
Rep 3		7.71	15.8	8.97	75.9	N/A	22.7
Mean		7.71	15.8	9.00	75.8	0.07	22.9
Water Color	Brown cloudy	Debris	None	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQ 1 - EF	15:00	7.62	16.0	5.72	75.2	0.06	0.93
Rep 2		7.59	16.1	5.70	75.2	N/A	0.94
Rep 3		7.63	16.1	5.73	75.1	N/A	0.95
Mean		7.61	16.1	5.72	75.2	0.06	0.94
Water Color	Clear	Debris	None	Oily sheen	None	Odor	None

Samplers name (Print):	Max Abramson	Signature:	
	Tim Mabry		

07-30-12

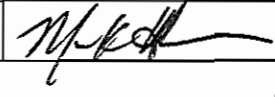
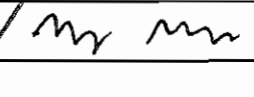
Entered by MAJET 08-10-12

Malibu Lagoon Dewatering Ocean

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOQA - IAF	15:45	7.63	15.7	9.08	76.1	0.04	27.2
Rep 2		7.63	15.8	8.98	76.2	N/A	27.2
Rep 3		7.63	15.8	8.98	76.3	N/A	27.7
Mean		7.63	15.8	9.01	76.2	0.04	27.4
Water Color	Brown Cloudy	Debris	None	Oily sheen	None	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOQ1 - EF	16:00	7.62	15.9	6.82	75.5	0.04	0.19
Rep 2		7.61	16.0	6.73	75.6	N/A	0.20
Rep 3		7.61	16.0	6.71	75.7	N/A	0.18
Mean		7.61	16.0	6.75	75.6	0.04	0.19
Water Color	Clear	Debris	None	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Mark Abramson / Tim Mabry Signature:  / 

Date

7/31/12

Project Name

Molokai Loop

pg 6 3

Sampler Name(s)

J Key IN. CHANG

Calibration pH 7 & 10	Yes or no	Conductivity	1 uS or 10 uS	Lot # 12E100587	Exp date: 12-2013
		Turbidity	1 NTU or 10 NTU	Lot # C251211	Exp date: 08-2013/3/5/1
Res. Chlorine Verification	std 1: 0.23	std 2: 0.91	std 3: 1.64	Lot # A2187A	Exp date: 07-2014

calibrated by (Print):

J Key / N Chang

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOAINF	7:45	7.63	16.3	89.47 / 7.05	22.5°C / 72.3	0.02	17.5
Rep 2	7:48	7.64	16.3	88.71 / 6.99	72.6	N/A	16.4
Rep 3	7:51	7.64	16.3	88.67 / 6.96	72.6	N/A	18.6
Mean		7.64	16.3	7.01 mg/L	72.6	N/A 0.02	17.5
Water Color	Cloudy Brown	Debris	Small particulates	Oily sheen	Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOO LEFT	8:20	7.68	16.2	5.67 / 7.41	23.16°C / 73.7	0.03	0.39
Rep 2	8:22	7.67	16.2	5.72 / 7.41	73.7	N/A	0.34
Rep 3	8:25	7.67	16.1	5.73 / 7.51	73.7	N/A	0.37
Mean		7.67	16.2	5.70	73.7	0.03	0.37
Water Color	Clear	Debris	Ø	Oily sheen	Odor	Ø	

Samplers name (Print):

Jamie Key
N-chang

Signature:

Entered by MA-21 08-10-12

Molokai Lagoon

7-31-12

pg 2 of 3

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOA INF	11:32 11:15	7.28	16.9	5.89	72.0	0.03	26.7
Rep 2		7.28	16.9	5.89	72.0	N/A	26.2
Rep 3		7.28	16.9	5.89	72.1	N/A	25.5
Mean		7.28	16.9	5.89	72.0	0.03	26.1
Water Color	brun cloudy	Debris \emptyset		Oily sheen \emptyset		Odor \emptyset	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOI EFF	11:15	7.62	16.3	6.12	73.3°	0.02	0.36
Rep 2	11:20	7.64	16.6	6.07	73.2°	N/A	0.37
Rep 3	11:20	7.64	16.6	6.09	73.2°	N/A	0.37
Mean		7.63	16.6	6.09	73.2°	0.02	0.37
Water Color	Clear	Debris \emptyset		Oily sheen \emptyset		Odor \emptyset	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Suzanne Boake NICK LIANK Signature: Suzanne Boake

Entered MA #ET 08/10/12

7/31/12

Molokai Lagoon

Entered MA, ET 08-10-12 page 3 of 3

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDDA-WF	15:50	7.32	16.8	6.23	73.2	0.03	22.4
Rep 2	16:00	7.32	16.8	6.20	73.2	N/A	22.3
Rep 3	16:00	7.32	16.8	6.19	73.2	N/A	23.6
Mean		7.32	16.8	6.21	73.2	0.03	22.8
Water Color	Brown CLOUDY	Debris	Yes	Oily sheen		Odor	SULFUR

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDDA EFF	15:30	7.45	16.8	4.79	73.1	0.03	0.36
Rep 2	15:30	7.44	16.8	4.80	73.1	N/A	0.33
Rep 3	15:30	7.44	16.8	4.77	73.1	N/A	0.33
Mean		7.44	16.8	4.79	73.1	0.03	0.34
Water Color	Clear	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color	Debris		Oily sheen		Odor		
Samplers name (Print):	NICK HARRIS	NORA WHITE		Signature:			

Entered MA, ET 08-10-12

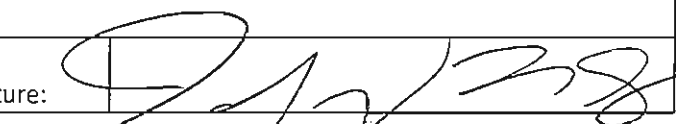
Date 8/1/12 Project Name Moleku Lagoon
 Sampler Name(s) J. King Chlorine Lot # A2187A Exp. 7/14
0.0, 0.23, 0.90, 1.64

Calibration pH 7 & 10	Yes or no	Conductivity	1 uS or 10 uS	Lot # <u>12E100587</u>	Exp date: <u>1/2/2013</u>
		Turbidity	1 NTU or 10 NTU	Lot # <u>C251211</u>	Exp date: <u>8/2013</u> <u>3/5/12</u>

calibrated by (Print): J. King Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M&D A- INF</u>	<u>7:47</u>	<u>7.18</u>	<u>17.0</u>	<u>6.20</u>	<u>71.5</u>	<u>0.05</u>	<u>18.3</u>
Rep 2	<u>7:49</u>	<u>7.18</u>	<u>17.0</u>	<u>6.21</u>	<u>71.5</u>	N/A	<u>17.9</u>
Rep 3	<u>7:51</u>	<u>7.18</u>	<u>17.0</u>	<u>6.20</u>	<u>71.5</u>	N/A	<u>17.5</u>
Mean		<u>7.18</u>	<u>17.0</u>	<u>6.20</u>	<u>71.5</u>	N/A <u>0.05</u>	<u>17.9</u>
Water Color	<u>cloudy 1 ft. Bd.</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M&D 1 - EFF.</u>	<u>8:11</u>	<u>7.39</u>	<u>17.0</u>	<u>6.11</u>	<u>72.4</u>	<u>0.02</u>	<u>1.15</u>
Rep 2	<u>8:13</u>	<u>7.39</u>	<u>17.0</u>	<u>6.10</u>	<u>72.4</u>	N/A	<u>0.45</u>
Rep 3	<u>8:15</u>	<u>7.40</u>	<u>17.0</u>	<u>6.10</u>	<u>72.4</u>	N/A	<u>0.30</u>
Mean		<u>7.39</u>	<u>17.0</u>	<u>6.10</u>	<u>72.4</u>	N/A <u>0.02</u>	<u>1.15</u>
Water Color	<u>clear</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Samplers name (Print): J. King, N. Chaney Signature: 

Entered MA, ET 08-10-12

Date 8/2/2017 Project Name Malibu Lagoon

Sampler Name(s) J. King, E. Tuttle, T. Maybury

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 uS or <input checked="" type="radio"/> 10 uS	Lot # <u>126100587</u>	Exp date: <u>12/13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u>	Exp date: <u>8/13</u> batch <u>3/5/12</u>

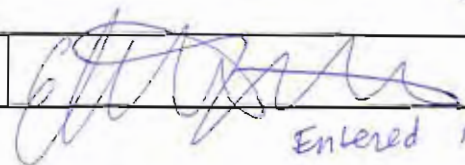
Res Chlorine verification calibrated by (Print): J. King std1: 0.00 std2: 0.23 Lot # 1.64 Exp date: 7/2014
 Sign: E. Tuttle (see original)

✓ M&A1

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>EFF</u>	<u>10:48</u>	<u>7.39</u>	<u>17.0</u>	<u>3.84</u>	<u>73.2</u>	<u>0.03</u>	<u>1.32</u>
Rep 2		<u>7.40</u>	<u>17.1</u>	<u>3.83</u>	<u>73.2</u>	N/A	<u>1.31</u>
Rep 3		<u>7.40</u>	<u>17.1</u>	<u>3.85</u>	<u>73.2</u>	N/A	<u>1.44</u>
Mean		<u>7.40</u> 0	<u>17.1</u> 0	<u>3.84</u> 0	<u>73.2</u> 0	N/A <u>0.03</u>	<u>1.35</u> 0
Water Color	<u>clear</u>	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

✓ M&A2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>INF</u>	<u>11:15</u>	<u>7.38</u>	<u>17.0</u>	<u>7.15</u>	<u>72.4</u>	<u>0.05</u>	<u>28.0</u>
Rep 2		<u>7.38</u>	<u>17.0</u>	<u>7.16</u>	<u>72.4</u>	N/A	<u>27.9</u>
Rep 3		<u>7.38</u>	<u>17.0</u>	<u>7.16</u>	<u>72.4</u>	N/A	<u>28.2</u>
Mean		<u>7.38</u> 0	<u>17.0</u> 0	<u>7.16</u> 0	<u>72.4</u> 0	N/A <u>0.05</u>	<u>28.0</u> 0
Water Color	<u>cloudy Brown</u>	Debris	<u>1 tiny twig</u>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<u>like playdoh</u> <u>"cushy seat" size</u>

Samplers name (Print): J. King E. Tuttle Signature: 

This is a copy. See original for signatures

Date

8/2/2012

Project Name

Malibu Lagoon ^{2/3}

Sampler Name(s)

E. Tuttle, I. Bernstein

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 uS or <input checked="" type="radio"/> 10 uS	Lot # 12C-100587	Exp date: 12/13
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # C251211	Exp date: 8/13 ^{Batch 2/5/12}

calibrated by (Print):

r

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ M001-EFF	13:48	7.35	17.0	5.35	74.5	0.04	0.32
Rep 2		7.35	17.0	5.34	74.6	N/A	0.28
Rep 3		7.37	17.1	5.40	74.6	N/A	0.26
Mean		7.36 ^o	17.0 ^o	5.36 ^o	74.6 ^o	N/A 0.04	0.29 ^o
Water Color	clear	Debris	☒	Oily sheen	☒	Odor	☒

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ M004-INE	14:23	7.31	16.8	6.85	74.2	0.06	20.7
Rep 2		7.31	17.1	6.87	74.4	N/A	21.5
Rep 3		7.32	17.1	6.98	74.4	N/A	21.6
Mean		7.31 ^o	17.0 ^o	6.90 ^o	74.3 ^o	N/A 0.06	21.3 ^o
Water Color	cloudy white/gray	Debris	☒	Oily sheen	☒	Odor	Chemical (not just Chlorine)

Samplers name (Print):

Ellena Tuttle, Ian Bernstein

Signature:



Entered by MA, ET 08-10-12

This is a copy. See original for signatures

Date

8/2/2012

Project Name

Malibu Lagoon

3/3

Sampler Name(s)

Noa Rische

Calibration pH 7 & 10	Yes or <input checked="" type="radio"/> no	Conductivity	1 uS or 10 uS	Lot #	Exp date:
D.O. meter was off. recalibrated using Salinity 17.0 ppt		Turbidity	1 NTU or 10 NTU	Lot #	Exp date:

calibrated by (Print):

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ M&A-EFF	18:30	7.35	17.0	5.75	72.8	0.03	0.32
Rep 2		7.36	17.1	5.76	72.8	N/A	0.37
Rep 3		7.35	17.1	5.78	72.8	N/A	0.37
Mean		7.35	17.1	5.76	72.8	N/A 0.03	0.35
Water Color	clear	Debris	☒	Oily sheen	☒	Odor	☒

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ M&A-INF	18:30	7.39	17.1	8.39	72.4	0.02	24.5
Rep 2		7.39	17.1	8.42	72.4	N/A	24.8
Rep 3		7.39	17.1	8.38	72.4	N/A	24.3
Mean		7.39	17.1	8.40	72.4	N/A 0.02	24.5
Water Color	Brown/yellow	Debris	lots of small particles	Oily sheen	☒	Odor	sulfur

Samplers name (Print):	Noa Rische	Signature:	
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This is a copy. See original for signatures

Date 08-03-2012 Project Name MALIBU Lagoon Ocean discharge

Sampler Name(s) MARK Abramson / Suzanne Goode

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or <u>(10 mS)</u>	Lot # <u>12E 100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <u>(10 NTU)</u>	Lot # <u>C251211</u> ^{Batch 3-5-12}	Exp date: <u>8/2013</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>July 2014</u>

calibrated by (Print): Suzanne Goode / Mark Abramson Sign: Suzanne Goode D.O = 0.01

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MA&A-INF</u>	<u>14:00</u>	7.51 <u>7.51</u>	<u>16.0</u>	<u>9.03</u>	<u>73.8</u>	<u>0.05</u>	<u>12.7</u>
Rep 2		<u>7.52</u>	<u>16.1</u>	<u>9.02</u>	<u>73.9</u>	N/A	<u>13.3</u>
Rep 3		<u>7.52</u>	<u>16.2</u>	<u>9.02</u>	<u>73.9</u>	N/A	<u>12.5</u>
Mean		<u>7.52</u>	<u>16.1</u>	<u>9.02</u>	<u>73.9</u>	<u>0.05</u>	<u>12.8</u>
Water Color	<u>Brown</u>	Debris	<u>none</u> ^{1 Bug}	Oily sheen	<u>none</u>	Odor	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MA01-EF</u>	<u>14:15</u>	<u>7.53</u>	<u>16.2</u>	<u>6.13</u>	<u>74.8</u>	<u>0.05</u>	<u>0.34</u>
Rep 2		<u>7.54</u>	<u>16.2</u>	<u>6.11</u>	<u>74.8</u>	N/A	<u>0.32</u>
Rep 3		<u>7.54</u>	<u>16.2</u>	<u>6.13</u>	<u>74.8</u>	N/A <u>0.05</u>	<u>0.29</u>
Mean		<u>7.54</u>	<u>16.2</u>	<u>6.12</u>	<u>74.8</u>	<u>0.05</u>	<u>0.32</u>
Water Color	<u>Clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): MARK Abramson / Suzanne Goode Signature: [Signature] Suzanne Goode

Entered MA 1 ET 08-10-12

08-03-2012

Lagoon Ocean Discharge

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ MQQA - INF	15:00	7.50	16.2	9.04	74.4	0.08	13.2
Rep 2		7.50	16.2	9.05	74.4	N/A	13.2
Rep 3		7.50	16.2	9.06	74.4	N/A	13.2
Mean		7.50	16.2	9.05	74.4	0.08	13.2
Water Color	Brown	Debris	no Bugs	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
/ MQ01 - EF	15:15	7.50	16.2	5.65	74.9	0.06	.32
Rep 2		7.50	16.2	5.64	74.9	N/A	.34
Rep 3		7.50	16.2	5.63	74.9	N/A	.30
Mean		7.50	16.2	5.64	74.9	0.06	0.32
Water Color	Clear	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Mark Abramson / Suzanne Goede Signature: *Mark Abramson* *Suzanne Goede*

Entered MAQ ET 08-10-12

MEMbrane changed D.O. meter

Flow 500 gpm

Date 08-06-12

Project Name Lagoon Ocean dewatering discharge

Sampler Name(s) Mark Abramson

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot # 12E 100587	Exp date: 12/2013
		Turbidity	1 NTU or 10 NTU	Lot # C251211 ^{Batch} 3-5-12	Exp date: 08/2013
Res. Chlorine Verification	std 1: 0.23	std 2: 0.91	std 3: 1.64	Lot # A2187A	Exp date: July 2014

calibrated by (Print): Mark Abramson / Tim Mabry Sign: *[Signature]*

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M&QA - INF	14:30	7.66	13.8	9.06	74.8	0.08	19.1
Rep 2		7.66	13.8	9.04	74.9	N/A	18.7
Rep 3		7.66	13.8	9.08	74.9	N/A	18.5
Mean		7.66	13.8	9.06	74.9	0.08	18.78
Water Color	Brown Cloudy	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M&Q1 - EF	14:50	7.68	14.1	5.60	75.4	0.04	0.30
Rep 2		7.68	14.1	5.57	75.5	N/A	0.29
Rep 3		7.68	14.1	5.57	75.5	N/A	0.30
Mean		7.68	14.1	5.58	75.5	0.04	0.30
Water Color	Clear	Debris	None	Oily sheen	none	Odor	none

Samplers name (Print): Mark Abramson Signature: *[Signature]*
 Suzanne Goode

Entered MA, ET 08-10-12

08-06-12

Flow = 600 g/s

Lagoon Ocean discharge

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M00A-INF	15:40	7.64	13.8	8.93	74.0	0.10	17.2
Rep 2		7.64	13.9	8.93	74.0	N/A	17.6
Rep 3		7.63	13.9	8.89	74.0°	N/A	17.5
Mean		7.64	13.9	8.92	74.0°	0.10	17.43
Water Color	Brown cloudy	Debris	2 bugs	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M001-EF	15:50	7.64	13.9	5.62	74.7°	0.04	0.45 17.2
Rep 2		7.64	13.9	5.57	74.7°	N/A	17.6 ^{0.48}
Rep 3		7.64	13.9	5.59	74.7°	N/A	17.5 ^{0.51}
Mean		7.64	13.9	5.59	74.7	0.04	0.48
Water Color	Clear	Debris	None	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Mark Abramson Suzanne Goode Signature: Suzanne Goode / Mark

DO test = 0.01 mg/L

Entered MAJET 08-10-12

flow = 540 gpm

Date 08-07-12

Project Name Lagoon dewatering/ocean discharge

Sampler Name(s) Suzanne Goode

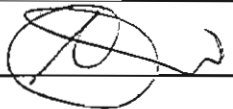
Calibration pH 7 & 10	Yes <input checked="" type="radio"/> or no	Conductivity	1 mS or 10 mS	Lot # <u>12 E 100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or 10 NTU	Lot # <u>C 251211</u> ^{Back} <u>3-5-12</u>	Exp date: <u>08/2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A 2154</u>	Exp date: <u>07/2014</u>

calibrated by (Print): Suzanne Goode

Sign: Suzanne Goode

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M004 - INF</u>	<u>1545</u>	<u>7.48</u>	<u>13.6</u>	<u>10.40</u>	<u>77.0</u>	<u>0.08</u>	<u>21.3</u>
Rep 2		<u>7.40</u>	<u>13.6</u>	<u>10.32</u>	<u>77.0</u>	N/A	<u>23.3</u>
Rep 3		<u>7.48</u>	<u>13.6</u>	<u>10.38</u>	<u>77.0</u>	N/A	<u>23.6</u>
Mean		<u>7.48</u>	<u>13.6</u>	<u>10.36</u>	<u>77.0</u>	<u>0.08</u>	<u>68.2</u> / 3
Water Color	<u>very cloudy brownish</u>	<u>Debris</u>	<u>Oily sheen</u>	<u>Debris</u>	<u>Odor</u>	<u>Debris</u>	<u>22.7</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001 - EFF</u>	<u>1600</u>	<u>7.25</u>	<u>13.7</u>	<u>4.96</u>	<u>77.2</u>	<u>0.03</u>	<u>0.46</u>
Rep 2		<u>7.25</u>	<u>13.7</u>	<u>4.97</u>	<u>77.2</u>	N/A	<u>0.49</u>
Rep 3		<u>7.25</u>	<u>13.7</u>	<u>4.98</u>	<u>77.7</u>	N/A	<u>0.50</u>
Mean		<u>7.25</u>	<u>13.7</u>	<u>4.97</u>	<u>77.2</u>	<u>0.03</u>	<u>0.48</u>
Water Color	<u>clear</u>	<u>Debris</u>	<u>Oily sheen</u>	<u>Debris</u>	<u>Odor</u>	<u>Debris</u>	

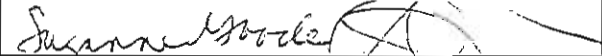
Samplers name (Print):	<u>Suzanne Goode Noa Riske</u>	Signature:	<u>Suzanne Goode</u> 
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Entered MA, ET 08-10-12

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
✓ M00A-1WF	1640	7.48	13.7	11.39	76.9	0.05	18.9
Rep 2		7.48	13.7	11.36	76.9	N/A	19.1
Rep 3		7.48	13.7	11.34	76.9	N/A	19.0
Mean		7.48	13.7	11.34	76.9	0.05	19.0
Water Color	Cloudy Brown	Debris	⊗	Oily sheen	⊗	Odor	Slightly Funky

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M001-EFF	16:55	7.29	13.7	5.66	77.0	0.03	0.29
Rep 2		7.29	13.7	5.65	77.0	N/A	0.29
Rep 3		7.29	13.7	5.63	77.0	N/A	0.31
Mean		7.29	13.7	5.65	77.0	0.03	0.30
Water Color	Clear	Debris	⊗	Oily sheen	⊗	Odor	⊗

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Suzanne Goode Naa Rische Signature: 

Entered by ma, ET 08-10-12

Date 08-08-2012 Project Name Lagoon Ocean Discharge

Sampler Name(s) MARK ABRAMSON

Calibration pH 7 & 10	<u>Yes</u> or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E 100567</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C2512 II</u> ^{Batch} <u>3-5-12</u>	Exp date: <u>08-2013</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): NICK CHANG / MARK ABRAMSON Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA-INF</u>	<u>8:30</u>	<u>7.56</u>	<u>13.7</u>	<u>7.98</u>	<u>73.6</u>	<u>0.09</u>	<u>10.69</u>
Rep 2		<u>7.59</u>	<u>13.7</u>	<u>8.02</u>	<u>73.6</u>	N/A	<u>11.0</u>
Rep 3		<u>7.59</u>	<u>13.7</u>	<u>8.02</u>	<u>73.6</u>	N/A	<u>10.70</u>
Mean		<u>7.58</u>	<u>13.7</u>	<u>8.00</u>	<u>73.6</u>	<u>0.09</u>	<u>10.80</u>
Water Color	<u>[scribble]</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQR1-EF</u>	<u>8:50</u>	<u>7.48</u>	<u>13.8</u>	<u>7.55</u>	<u>74.8</u>	<u>0.03</u>	<u>0.65</u>
Rep 2		<u>7.47</u>	<u>13.7</u>	<u>7.53</u>	<u>74.8</u>	N/A	<u>0.79</u>
Rep 3		<u>7.50</u>	<u>13.6</u>	<u>7.53</u>	<u>74.7</u>	N/A	<u>0.68</u>
Mean		<u>7.48</u>	<u>13.7</u>	<u>7.54</u>	<u>74.8</u>	<u>0.03</u>	<u>0.70</u>
Water Color	<u>clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): NICK CHANG / MARK ABRAMSON Signature: [Signature]

Entered by MAFET, 8-10-12

Date 08-09-12 Project Name Lagoon Ocean Discharge

Sampler Name(s) MARK Abramson / IVAN Medel

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E 100587</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or 10 NTU	Lot # <u>C251211</u> ^{March} <u>3-5-12</u>	Exp date: <u>08-2013</u>
Res. Chlorine Verification	std 1: <u>0.13</u>	std 2: <u>0.91</u>	std 3: <u>1.64</u>	Lot # <u>A2187A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): MARK Abramson / IVAN Medel Sign: M.A. / I. Medel

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A - INF</u>	<u>09:30</u>	<u>8.036</u>	<u>13.9</u>	<u>9.86</u>	<u>75.2</u>	<u>0.03</u>	<u>22.6</u>
Rep 2		<u>8.07</u>	<u>13.9</u>	<u>9.86</u>	<u>75.2</u>	N/A	<u>23.5</u>
Rep 3		<u>8.07</u>	<u>13.9</u>	<u>9.87</u>	<u>75.2</u>	N/A	<u>24.3</u>
Mean		<u>8.07</u>	<u>13.9</u>	<u>9.86</u>	<u>75.2</u>	<u>0.03</u>	<u>23.5</u>
Water Color	<u>Brown cloudy</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

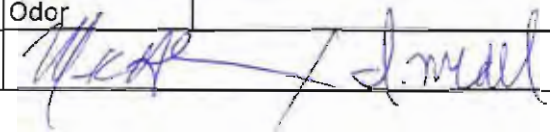
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001 - EF</u>	<u>09:50</u>	<u>7.92</u>	<u>13.9</u>	<u>5.69</u>	<u>76.5</u>	<u>0.03</u>	<u>1.46</u>
Rep 2		<u>7.94</u>	<u>13.9</u>	<u>5.63</u>	<u>76.4</u>	N/A	<u>1.46</u>
Rep 3		<u>7.94</u>	<u>13.9</u>	<u>5.60</u>	<u>76.3</u>	N/A	<u>1.54</u>
Mean		<u>7.93</u>	<u>13.9</u>	<u>5.64</u>	<u>76.4</u>	<u>0.03</u>	<u>1.49</u>
Water Color	<u>Clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): MARK Abramson / IVAN MEDEL Signature: M.A. / I. Medel

Entered by MA + ET, 8/10/12

08-09-12

Lagoon Ocean Discharge

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M&A-INF	15:00	8.14	13.8	10.55	77.7	0.03	17.4
Rep 2		8.14	13.9	10.49	77.6	N/A	17.5
Rep 3		8.17	13.9	10.48	77.6	N/A	17.6
Mean		8.15	13.9	10.51	77.6	0.03	17.6
Water Color	Brown Cloudy	Debris	none	Oily sheen	none	Odor	none
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M&A-EF	15:30	7.81	13.9	5.47	77.5	0.03	1.01
Rep 2		7.83	14.0	5.50	77.5	N/A	1.07
Rep 3		7.83	13.9	5.50	77.4	N/A	1.10
Mean		7.82	13.9	5.49	77.5	0.03	1.09
Water Color	clear	Debris	none	Oily sheen	none	Odor	none
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	
Samplers name (Print):	MARK Abramson / IVAN Medel			Signature:			

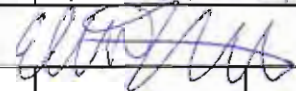
Entered by MA + ET 8-10-12

Date 08-10-12 Project Name MALIBU Lagoon Ocean Discharge

Sampler Name(s) Suzanne Goode, Elena Tuttle

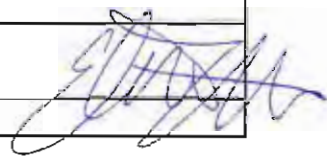
Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or no	Conductivity	1 mS or 10 mS	Lot # <u>12E 100587</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or 10 NTU	Lot # <u>C251211</u> ^{Batch} <u>03-05-12</u>	Exp date: <u>08-2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.64</u>	Lot # <u>A2187A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): MAX ABRAMSON, Elena Tuttle

Sign: Suzanne Goode 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MBSA - INF</u>	<u>11:27</u>	<u>7.79</u>	<u>13.4</u>	<u>8.08</u>	<u>75.0</u>	<u>0.05</u>	<u>20.7</u>
Rep 2		<u>7.79</u>	<u>13.8</u>	<u>8.12</u>	<u>74.8</u>	N/A	<u>20.6</u>
Rep 3		<u>7.80</u>	<u>13.7</u>	<u>8.03</u>	<u>74.9</u>	N/A	<u>21.7</u>
Mean		<u>7.79</u>	<u>13.63</u>	<u>8.08</u>	<u>74.9</u>		<u>21.0</u>
Water Color	<u>Brown/Cloudy</u>	Debris	<u>Inverts</u>	Oily sheen	<u>None</u>	Odor	<u>None</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MBSA - EF</u>	<u>11:36</u>	<u>7.62</u>	<u>13.8</u>	<u>2.42</u>	<u>75.7</u>	<u>0.02</u>	<u>0.45</u>
Rep 2		<u>7.62</u>	<u>13.8</u>	<u>2.39</u>	<u>75.7</u>	N/A	<u>0.46</u>
Rep 3		<u>7.61</u>	<u>13.8</u>	<u>2.43</u>	<u>75.7</u>	N/A	<u>0.46</u>
Mean		<u>7.62</u>	<u>13.8</u>	<u>2.41</u>	<u>75.7</u>		<u>0.46</u>
Water Color	<u>Clear</u>	Debris	<u>None</u>	Oily sheen	<u>None</u>	Odor	<u>None</u>

Samplers name (Print): Suzanne Goode, Elena Tuttle Signature: 

Entered 9/8/12

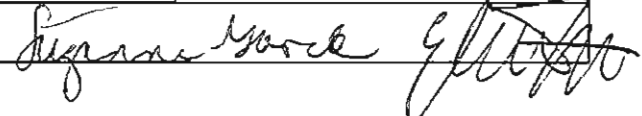
08-10-12

Page 2 of 2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MCOA-INF	15:03	7.96	13.4	11.51	75.9	0.05	17.5
Rep 2		7.97	13.8	11.60	76.7	N/A	18.0
Rep 3		7.97	13.7	11.39	76.7	N/A	17.7
Mean		7.97	13.63	11.50	76.43	0.05	17.73
Water Color	brown / cloudy	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MCO1-EFF	15:15	7.64	13.8	3.32	76.9	0.03	0.47
Rep 2		7.64	13.8	3.40	76.8	N/A	0.50
Rep 3		7.65	13.7	3.39	76.9	N/A	0.53
Mean		7.64	13.8	3.37	76.87	0.03	0.50
Water Color	clear	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Elena Tuttle Suzanne Croche Signature: Suzanne March 

Date

08/13/12

Project Name

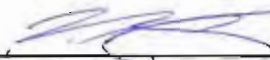
MALIBU LAGOON CLEAN UP CHALLENGE

Sampler Name(s) NICK I, SUZANNE G, TIM M.

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot # 12E 100587	Exp date: 12-2013
		Turbidity	1 NTU or 10 NTU	Lot # 1.251211	Exp date: 08-2013
Res. Chlorine Verification	std 1: 0.23	std 2: 0.90	std 3: 1.63	Lot # A2187A	Exp date: 07-2014

calibrated by (Print): NICK I, SUZANNE G, TIM M.

Sign:

Suzanne Coode


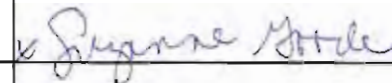
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA4 - INF	9:55	7.79	14.1	6.72	76.6	0.11	44.3
Rep 2		7.80	14.1	6.74	76.7	N/A	40.8
Rep 3		7.80	14.2	6.77	76.7	N/A	41.1
Mean		7.80	14.2	6.74	76.7	0.11	42.06
Water Color	Brown	Debris	None	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA1 - EF	10:30	7.93	14.1	3.18	75.2	0.06	0.68
Rep 2		7.94	14.2	3.19	75.2	N/A	0.55
Rep 3		7.93	14.2	3.20	75.2	N/A	0.69
Mean		7.93	14.2	3.19	75.2	0.06	0.64
Water Color	Clear	Debris	None	Oily sheen	none	Odor	none

Samplers name (Print):

Suzanne Coode

Signature:



Ocean
Lagoon Discharge

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M00A- INF	15:50	8.15	12.7	11.11	82.1°	0.06	20.8
Rep 2		8.15	12.7	11.10	82.0°	N/A	20.5
Rep 3		8.15	12.7	11.12	82.0°	N/A	20.6
Mean		8.15	12.7	11.11	82.0°	0.06	20.6
Water Color	Brown	Debris	None	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M001- EF	16:10	7.75	13.0	2.75	81.2	0.03	0.75
Rep 2		7.75	13.0	2.77	81.2	N/A	0.75
Rep 3		7.75	13.0	2.76	81.2	N/A	0.80
Mean		7.75	13.0	2.76	81.2	0.03	0.77
Water Color	Clear	Debris	None	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Mark Abramson / Suzanne Goode
 Signature: *[Handwritten Signatures]*
 Flow 200 GPM

Date

8/14/2012

Project Name

Malibu Lagoon Ocean Discharge ⁴²

Sampler Name(s)

Ivan Medel, Michael Ray

Calibration pH 7 & 10	Yes <input checked="" type="checkbox"/> or no <input type="checkbox"/>	Conductivity	1 mS or <input checked="" type="checkbox"/> 10 mS	Lot # 1ZE 100587	Exp date: 12/2013
		Turbidity	1 NTU or <input checked="" type="checkbox"/> 10 NTU	Lot # C2S1211	Exp date: 8/2013
Res. Chlorine Verification	std 10.23	std 20.91	std 3: 1.64	Lot # A2187A	Exp date: 6-7/2014

calibrated by (Print):

Michael Ray Ivan Medel

Sign:

M Ray, I. Medel

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	8:30	7.825	13.3	7.48	75.8	.04	10.84 ¹⁰⁻¹⁷
Rep 2	8:40	7.83	13.3	7.45	75.8	N/A	11.0 ¹⁰⁻¹⁵
Rep 3	8:50	7.85	13.4	7.45	75.8	N/A	10.27
Mean		7.84	13.4	7.46	75.8		10.19
Water Color	light brown	Debris	No	Oily sheen	No	Odor	No

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQ1-EF	9:00	7.69	13.3	4.06	76.4	.03	.47
Rep 2	9:10	7.72	13.3	4.05	76.3	N/A	.47
Rep 3	9:20	7.72	13.3	4.05	76.4	N/A	.43
Mean		7.71	13.3	4.05	76.3		0.46
Water Color	clear	Debris	no	Oily sheen	no	Odor	no

Samplers name (Print):

Michael Ray, Ivan Medel

Signature:

M Ray, I. Medel

8/14/12

NICK CHANG, MICHAEL RAY

212

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-1NP	13:50	7.89	13.2	10.35	77.2	0.05	13.4
Rep 2	13:50	7.92	13.3	10.3	77.2	N/A	12.8
Rep 3	13:55	7.92	13.3	10.3	77.2	N/A	13.8
Mean		7.91	13.3	10.3	77.2	0.05	13.3
Water Color	TAN	Debris	SOIL PARTICLES	Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQ1-EX	14:06	7.77	7.2 13.3	5.84	77.3	0.06	0.82
Rep 2		7.8	13.3	5.83	77.3	N/A	0.66
Rep 3		7.8	13.3	5.84	77.3	N/A	0.78
Mean		7.8	13.3	5.84	77.3		0.75
Water Color	Clear	Debris	Small bits No wads	Oily sheen	No	Odor	No

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Michael Ray *Signature: Nick Chang* *Signature: Michael Ray*

Date 8/15/12 Project Name Malibu Lagoon Ocean Discharge

Sampler Name(s) Suzanne Goode, John Lutter

Calibration pH 7 & 10	<u>Yes</u> or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12 E 100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C2S1211</u>	Exp date: <u>8/2013</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A 2187 A</u>	Exp date: <u>7/2014</u>

calibrated by (Print): Suzanne Goode, John Lutter Sign: Suzanne Goode

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A1NF</u>	<u>1450</u>	<u>8.07</u>	<u>12.8</u>	<u>10.43</u>	<u>78.5</u>	<u>0.05</u>	<u>7.22</u>
Rep 2		<u>8.07</u>	<u>12.8</u>	<u>10.46</u>	<u>78.5</u>	N/A	<u>7.27</u>
Rep 3		<u>8.07</u>	<u>12.8</u>	<u>10.47</u>	<u>78.5</u>	N/A	<u>7.12</u>
Mean		<u>8.07</u>	<u>12.8</u>	<u>10.46</u>	<u>78.5</u>		<u>7.20</u>
Water Color	<u>Cloudy</u>	Debris	<u>∅</u>	Oily sheen	<u>∅</u>	Odor	<u>∅</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>1510</u>	<u>7.80</u>	<u>13.5</u>	<u>5.99</u>	<u>77.5</u>	<u>0.00</u>	<u>1.28</u>
Rep 2		<u>7.82</u>	<u>13.5</u>	<u>5.96</u>	<u>77.5</u>	N/A	<u>1.31</u>
Rep 3		<u>7.82</u>	<u>13.5</u>	<u>6.0</u>	<u>77.5</u>	N/A	<u>1.32</u>
Mean		<u>7.81</u>	<u>13.5</u>	<u>5.98</u>	<u>77.5</u>		<u>1.30</u>
Water Color	<u>clear</u>	Debris	<u>∅</u>	Oily sheen	<u>∅</u>	Odor	<u>∅</u>

Samplers name (Print): Suzanne Goode, John Lutter Signature: Suzanne Goode, JLU

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOA INF	1345	8.07	13.5	11.3	77.8	0.20	6.70
Rep 2		8.08	13.5	10.9	77.8	N/A	6.71
Rep 3		8.08	13.5	11.08	77.8	N/A	6.71
Mean		8.07	13.5	11.09	77.8		6.70
Water Color	cloudy	Debris	∅	Oily sheen	∅	Odor	∅

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOOA EFF	1620	7.81	13.5	5.95	78.0	0.02	0.66
Rep 2		7.81	13.5	5.91	78.0	N/A	0.65
Rep 3		7.81	13.5	5.95	78.1	N/A	0.67
Mean		7.81	13.5	5.94	78.0		0.66
Water Color	clear	Debris	∅	Oily sheen	∅	Odor	∅

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Suzanne Goode, John Luker Signature: Suzanne Goode, John Luker

8/16/12
NICK C., JOHN L.

2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	16:10	7.83	13.6	8.8	75.5	0.07	13.2
Rep 2		7.84	13.6	8.78	75.4	N/A	12.7
Rep 3		7.84	13.6	7.76	75.5	N/A	12.4
Mean		7.84	13.6	8.45	75.5	N/A	12.77
Water Color	VERY BKN	Debris	SOIL PARTICULATES	Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
ESC	16:30	7.74	13.6	5.45	76.3	0.04	0.43
Rep 2		7.75	13.6	5.45	76.4	N/A	0.33
Rep 3		7.75	13.6	5.46	76.4	N/A	0.31
Mean		7.75	13.6	5.45	76.4	N/A	0.36
Water Color	UGAR	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): NICK C., JOHN L. Signature: 

Date

8/16/12

Project Name

MALIBU (Agua) OCEAN RESERVE

Sampler Name(s)

Nick C. TM M.

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot #	12E 100587	Exp date:	12-2013
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot #	225121 ^{BATCH} 91512	Exp date:	08-2013
Res. Chlorine Verification	std 1: 0.23	std 2: 0.91	std 3: 1.63	Lot #	A21877	Exp date:	07-2014

calibrated by (Print):

Nick Chang 1

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MORA-FNF	14:40	7.85	13.6	9.96	75.4	0.08	11.1 11.1
Rep 2		7.86	13.6	9.88	75.4	N/A	10.7
Rep 3		7.86	13.6	9.91	75.4	N/A	10.9
Mean		7.86	13.6	9.92	75.4		10.9
Water Color	Brown Cloudy	Debris	PARTICULATES	Oily sheen		Odor:	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Ef1	15:00	7.68	13.7	4.42	76.7	0.06	0.99
Rep 2		7.68	13.7	4.45	76.6	N/A	0.95
Rep 3		7.68	13.7	4.40	76.6	N/A	0.96
Mean		7.68	13.7	4.42	76.6	0.06	0.97
Water Color	WASH	Debris		Oily sheen		Odor:	

Samplers name (Print):

NICK CHANG, TM M.

Signature:

Date 8/17/2012

Project Name Malibu Lagoon

Sampler Name(s) Tim Maybury Noa Risher


Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> no	Conductivity	1 mS or <input checked="" type="checkbox"/> 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <input checked="" type="checkbox"/> 10 NTU	Lot # <u>L25121</u> ^{Batch} <u>3/5/12</u>	Exp date: <u>08-2013</u>
Res. Chlorine Verification	std 1: <u>.23</u>	std 2: <u>.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>7/2014</u>

calibrated by (Print):

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>INF</u>	<u>8:30</u>	<u>8.08</u>	<u>13.7</u>	<u>9.42</u>	<u>73.9</u>	<u>0.22</u> ^{0.05}	<u>6.77</u>
Rep 2		<u>8.08</u>	<u>13.7</u>	<u>9.41</u>	<u>73.9</u>	N/A	<u>6.90</u>
Rep 3		<u>8.08</u>	<u>13.7</u>	<u>9.43</u>	<u>73.9</u>	N/A	<u>7.08</u>
Mean		<u>8.08</u>	<u>13.7</u>	<u>9.42</u>	<u>73.9</u>		<u>6.92</u>
Water Color	<u>sl. dirty yellow</u> <u>1/2 cloudy</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

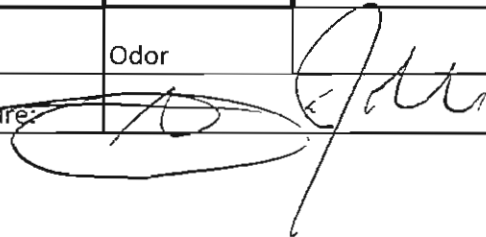
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>EF</u>	<u>9:00</u>	<u>7.86</u>	<u>13.7</u>	<u>4.80</u>	<u>74.2</u>	<u>0.03</u>	<u>1.57</u>
Rep 2		<u>7.86</u>	<u>13.7</u>	<u>4.79</u>	<u>74.2</u>	N/A	<u>1.59</u>
Rep 3		<u>7.86</u>	<u>13.7</u>	<u>4.82</u>	<u>74.2</u>	N/A	<u>1.52</u>
Mean		<u>7.86</u>	<u>13.7</u>	<u>4.80</u>	<u>74.2</u>		<u>1.56</u>
Water Color	<u>clear</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Samplers name (Print): Noa Risher & John Luker Signature: 

8/17/2012 2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	13:33	8.23	13.3	12.64	75.7	18.09	7.28 7.28
Rep 2		8.23	13.6	12.60	75.7	N/A	7.30
Rep 3		8.24	13.6	12.60	75.7	N/A	7.37
Mean		8.23	13.5	12.61	75.7		7.32
Water Color	lt yellow	Debris	A Few P-Lvs	Oily sheen	∅	Odor	∅

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	14:03	7.84	13.5	3.58	76.2		1.06
Rep 2		7.86	13.6	3.61	76.2	N/A	1.02
Rep 3		7.86	13.7	3.63	76.2	N/A	1.01
Mean		7.85	13.6	3.61	76.2		1.03
Water Color	clear	Debris	∅	Oily sheen	∅	Odor	∅

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	
Samplers name (Print):	Noa R:shel & John Luker			Signature:			

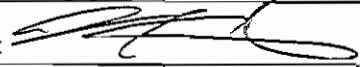
Date 08/20/12

Project Name MALIBU LAGOON OCEAN DISCHARGE

Sampler Name(s) NICK C. TIM M.

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot # <u>12E 100587</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or 10 NTU	Lot # <u>C251211</u> ^{BATCH} <u>03-05-12</u>	Exp date: <u>09-2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.63</u>	Lot # <u>A210TA</u>	Exp date: <u>07-2014</u>

calibrated by (Print): NICK C. TIM M.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-WF</u>	<u>8:30</u>	<u>7.49</u>	<u>13.6</u>	<u>9.29</u>	<u>74.8</u>	<u>0.02</u> <u>0.03</u>	<u>16.7</u>
Rep 2		<u>7.51</u>	<u>13.6</u>	<u>9.28</u>	<u>74.7</u>	N/A	<u>17.7</u>
Rep 3		<u>7.50</u>	<u>13.6</u>	<u>9.26</u>	<u>74.7</u>	N/A	<u>17.2</u>
Mean		<u>7.50</u>	<u>13.6</u>	<u>9.28</u>	<u>74.7</u>		<u>17.2</u>
Water Color	<u>light brown</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EE</u>	<u>9:00</u>	<u>7.36</u>	<u>13.6</u>	<u>3.85</u>	<u>75.4</u>	<u>0.06</u>	<u>1.16</u>
Rep 2		<u>7.38</u>	<u>13.6</u>	<u>3.81</u>	<u>75.4</u>	N/A	<u>1.36</u>
Rep 3		<u>7.35</u>	<u>13.6</u>	<u>3.84</u>	<u>75.3</u>	N/A	<u>1.13</u>
Mean		<u>7.36</u>	<u>13.6</u>	<u>3.83</u>	<u>75.4</u>		<u>1.22</u>
Water Color	<u>clear</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

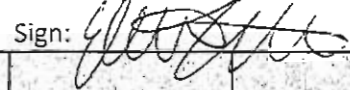
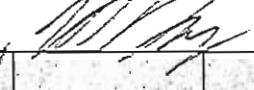
Samplers name (Print): NICK C. TIM M. Signature: 

Date 08/21/12 Project Name MAIBU LAGOON DISCHARGE

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # <u>1ZF 100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u> ^{Batch} <u>3/5/12</u>	Exp date: <u>8/2013</u>
Res. Chlorine Verification	std 1: <u>0.21</u>	std 2: <u>0.88</u>	std 3: <u>1.60</u>	Lot # <u>A2187A</u>	Exp date: <u>7/2014</u>

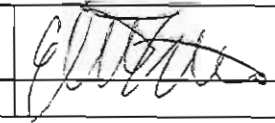
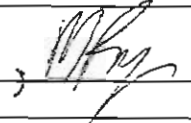
calibrated by (Print): Michael Ray, Elena Tuttle

Sign:  , 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>YQQA-INF</u>	<u>10:24</u>	<u>8.14</u>	<u>13.3</u>	<u>11.23</u>	<u>77.0</u>	<u>2.11*</u>	<u>17.8</u>
Rep 2	<u>—</u>	<u>10:27</u>	<u>8.14</u>	<u>13.4</u>	<u>11.34</u>	<u>N/A 0.11</u>	<u>18.0</u>
Rep 3	<u>—</u>	<u>8.15</u>	<u>13.5</u>	<u>11.18</u>	<u>76.8</u>	<u>N/A 0.11</u>	<u>17.1</u>
Mean	<u>—</u>	<u>8.14</u>	<u>13.4</u>	<u>11.25</u>	<u>76.9</u>		<u>17.63</u>
Water Color	<u>cloudy Brown/yellow</u>	Debris	<u>Not visible</u>	Oily sheen	<u>None</u>	Odor	<u>Yes, chemical / chlorine</u>

* was very high so @AQ C'ed

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>10:42</u>	<u>7.73</u>	<u>13.5</u>	<u>3.53</u>	<u>77.3</u>	<u>0.02</u>	<u>0.84</u>
Rep 2	<u>—</u>	<u>7.73</u>	<u>13.6</u>	<u>3.51</u>	<u>77.3</u>	<u>N/A</u>	<u>0.80</u>
Rep 3	<u>—</u>	<u>7.74</u>	<u>13.5</u>	<u>3.56</u>	<u>77.3</u>	<u>N/A</u>	<u>0.82</u>
Mean	<u>—</u>	<u>7.73</u>	<u>13.5</u>	<u>3.53</u>	<u>77.3</u>		<u>0.82</u>
Water Color	<u>Clear</u>	Debris	<u>None</u>	Oily sheen	<u>None</u>	Odor	<u>None</u>

Samplers name (Print): Elena Tuttle, Michael Ray Signature:  , 

NOTE: resin beads on road inside the dewatering plant. Some on cobbles as well.

11

Sampled by: <i>J. King, N. Chang</i>				Date: <i>8/21/12</i>			
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<i>INFL.</i>	<i>14:02</i>	<i>8.29</i>	<i>13.5</i>	<i>12.79</i>	<i>78.0</i>	<i>0.11</i>	<i>14.2</i>
Rep 2		<i>8.29</i>	<i>13.5</i>	<i>12.82</i>	<i>78.0</i>	N/A	<i>13.6</i>
Rep 3		<i>8.29</i>	<i>13.5</i>	<i>12.73</i>	<i>78.0</i>	N/A	<i>13.2</i>
Mean		<i>8.29</i>	<i>13.5</i>	<i>12.78</i>	<i>78.0</i>	N/A	<i>13.67</i>
Water Color	Debris		Oily sheen		Odor	<i>Chlorine? chemical smell</i>	
<i>hazy - yellowish Need to check chlorine meter - clean(?)</i>							
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<i>EFF</i>	<i>14:30</i>	<i>7.87</i>	<i>13.5</i>	<i>4.93</i>	<i>78.7</i>	<i>0.07</i>	<i>0.98</i>
Rep 2		<i>7.87</i>	<i>13.5</i>	<i>4.91</i>	<i>78.7</i>	N/A	<i>0.85</i>
Rep 3		<i>7.88</i>	<i>13.5</i>	<i>4.91</i>	<i>78.7</i>	N/A	<i>0.98</i>
Mean		<i>7.87</i>	<i>13.5</i>	<i>4.92</i>	<i>78.7</i>	N/A	<i>0.94</i>
Water Color	Debris		Oily sheen		Odor	<i>clear</i>	
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color	Debris		Oily sheen		Odor		
Samplers name (Print): <i>J. King, N. Chang</i>				Signature: <i>[Signature]</i>			



Date 08/22/12 Project Name MAUR LAGOON DISCHARGE

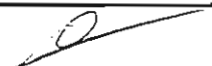
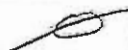

Sampler Name(s)


Calibration pH 7 & 10	<u>Yes</u> or no	Conductivity	1 mS or <u>10</u> mS	Lot # <u>12E100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <u>10</u> NTU	Lot # <u>22512113/5/12</u> <small>84709</small>	Exp date: <u>8/2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.89</u>	std 3: <u>1.62</u>	Lot # <u>A2187A</u>	Exp date: <u>7/2014</u>

calibrated by (Print): NICK CHANK

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA-INF</u>	<u>3:00</u>	<u>7.89</u>	<u>13.8</u>	<u>10.45</u>	<u>83.5</u>	<u>0.14</u>	<u>17.0</u>
Rep 2	<u>3:00</u>	<u>7.90</u>	<u>13.8</u>	<u>10.43</u>	<u>83.5</u>	N/A	<u>17.3</u>
Rep 3	<u>3:30</u>	<u>7.90</u>	<u>13.8</u>	<u>10.42</u>	<u>83.5</u>	N/A	<u>17.1</u>
Mean		<u>7.90</u>	<u>13.8</u>	<u>10.43</u>	<u>83.5</u>		<u>17.13</u>
Water Color	<u>TAN CL. ISLN</u>	Debris	<u>PARTICULATES</u>	Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA-EFF</u>	<u>3:30</u>	<u>7.91</u>	<u>13.6</u>	<u>2.45</u>	<u>80.6</u>	<u>0.02</u>	<u>2.07</u>
Rep 2	<u>3:30</u>	<u>7.92</u>	<u>13.6</u>	<u>2.46</u>	<u>80.6</u>	N/A	<u>2.07</u>
Rep 3	<u>3:30</u>	<u>7.92</u>	<u>13.6</u>	<u>2.45</u>	<u>80.6</u>	N/A	<u>2.12</u>
Mean		<u>7.92</u>	<u>13.6</u>	<u>2.45</u>	<u>80.6</u>		<u>2.09</u>
Water Color	<u>CLEAR</u>	Debris		Oily sheen		Odor	

Samplers name (Print):	<u>NICK CHANK</u> <u>Ian Bernstein</u>	Signature:	
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int. plant began operating at 15.00 hrs only 1 sample

Date August 23, 2012

Project Name Malibu Lagoon

Sampler Name(s) Noa Rische

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or no	Conductivity	1 mS or <input checked="" type="checkbox"/> 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <input checked="" type="checkbox"/> 10 NTU	Lot # <u>C291211</u>	Exp date: <u>8/2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>July 2014</u>

calibrated by (Print): Timothy Masny Janie King Sign: [Signature] [Signature]

Site ID	Time: 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>TMP</u>	<u>1630</u>	<u>8.19</u>	<u>13.6</u>	<u>9.83</u>	<u>79.5</u>	<u>0.03</u>	<u>18.5</u>
Rep 2		<u>8.19</u>	<u>13.6</u>	8.0 <u>9.84</u>	<u>79.4</u>	N/A	<u>18.4</u>
Rep 3		<u>8.19</u>	<u>13.6</u>	<u>9.81</u>	<u>79.4</u>	N/A	<u>18.3</u>
Mean		<u>8.19</u>	<u>13.6</u>	<u>9.83</u>	<u>79.4</u>		<u>18.4</u>
Water Color	Color: no cloudy	Debris	<u>small black specks</u>	Oily sheen	<u>Q</u>	Odor	<u>Q</u>

Site ID	Time: 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>EFL</u>	<u>1615</u>	<u>7.84</u>	<u>13.6</u>	<u>2.52</u>	<u>78.8</u>	<u>0.02</u>	<u>0.62</u>
Rep 2		<u>7.84</u>	<u>13.7</u>	<u>2.54</u>	<u>78.8</u>	N/A	<u>0.82</u>
Rep 3		<u>7.84</u>	<u>13.7</u>	<u>2.58</u>	<u>78.6</u>	N/A	<u>0.61</u>
Mean		<u>7.84</u>	<u>13.7</u>	<u>2.55</u>	<u>78.7</u>		<u>0.68</u>
Water Color	<u>Q</u>	Debris	<u>Very small salt like grains</u>	Oily sheen	<u>Q</u>	Odor	<u>Q</u>

Samplers name (Print): Noa Rische Signature: [Signature]

Pump started @ 1530 today so this is today's only sample.

page Pressure 150-450

Date August 24, 2018 Project Name Mt. Lygon Ocean Discharge
 Sampler Name(s) John Luker

Calibration pH 7 & 10	(Yes) or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>125 100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or 10 NTU	Lot # <u>6251211</u> <small>(Bayer 30512)</small>	Exp date: <u>08-13</u>
Res. Chlorine Verification	std 1: <u>73</u>	std 2: <u>0.90</u>	std 3: <u>1.62</u>	Lot # <u>A2187A</u>	Exp date: <u>7-11</u>

calibrated by (Print): John Luker Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>14:30 M&A-INF</u>	<u>14:30</u>	<u>8.06</u>	<u>13.5</u>	<u>7.39</u>	<u>76.9°</u>	<u>0.02</u>	<u>19.9</u>
Rep 2		<u>8.09</u>	<u>13.5</u>	<u>7.36</u>	<u>76.9°</u>	N/A	<u>18.2</u>
Rep 3		<u>8.10</u>	<u>13.6</u>	<u>7.37</u>	<u>76.9°</u>	N/A	<u>19.4</u>
Mean		<u>8.08</u>	<u>13.5</u>	<u>7.37</u>	<u>76.9°</u>		<u>19.2</u>
Water Color	<u>Brownish cloudy</u>	Debris	<u>NONE</u>	Oily sheen	<u>NONE</u>	Odor	<u>NONE</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M&A1-EFF</u>	<u>15:00</u>	<u>7.79</u>	<u>13.6</u>	<u>1.07</u>	<u>77.3°</u>	<u>0.04</u>	<u>1.20</u>
Rep 2		<u>7.82</u>	<u>13.6</u>	<u>1.14</u>	<u>77.3°</u>	N/A	<u>1.28</u>
Rep 3		<u>7.82</u>	<u>13.6</u>	<u>1.13</u>	<u>77.3°</u>	N/A	<u>1.18</u>
Mean		<u>7.81</u>	<u>13.6</u>	<u>1.11</u>	<u>77.3°</u>		<u>1.22</u>
Water Color	<u>Clear</u>	Debris	<u>None</u>	Oily sheen	<u>None</u>	Odor	<u>None</u>

Samplers name (Print): MARK ABRAMSON Signature: [Signature]
JOHN LUKER

Flow 480 gpm

Sampled by: <u>MARK ABRAMSON / JOHN LUKER</u>					Date: <u>08-24-2012</u>		
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-INF</u>	<u>15:30</u>	<u>8.09</u>	<u>13.4</u>	<u>6.95</u>	<u>76.6°</u>	<u>0.04</u>	<u>19.9</u>
Rep 2		<u>8.09</u>	<u>13.5</u>	<u>6.91</u>	<u>76.6°</u>	N/A	<u>19.8</u>
Rep 3		<u>8.09</u>	<u>13.5</u>	<u>6.89</u>	<u>76.6°</u>	N/A	<u>19.6</u>
Mean		<u>8.09</u> 0	<u>13.5</u> 0	<u>6.92</u> 0	<u>76.6°</u> 0	<u>N/A 0.04</u>	<u>19.8</u> 0
Water Color	<u>Scum Cloudy</u>	Debris	<u>NONE</u>	Oily sheen	<u>NONE</u>	Odor	<u>NONE</u>
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>16:00</u>	<u>7.80</u>	<u>13.6</u>	<u>1.26</u>	<u>77.3°</u>	<u>0.02</u>	<u>0.44</u>
Rep 2		<u>7.83</u>	<u>13.6</u>	<u>1.26</u>	<u>77.3°</u>	N/A	<u>0.43</u>
Rep 3		<u>7.83</u>	<u>13.6</u>	<u>1.27</u>	<u>77.3°</u>	N/A	<u>0.45</u>
Mean		<u>7.82</u> 0	<u>13.6</u> 0	<u>1.26</u> 0	<u>77.3°</u> 0	<u>0.02</u> N/A	<u>0.44</u> 0
Water Color	<u>CLEAR</u>	Debris	<u>NONE</u>	Oily sheen	<u>NONE</u>	Odor	<u>NONE</u>
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	
Samplers name (Print): <u>MARK ABRAMSON / JOHN LUKER</u>					Signature: <u>[Signature]</u>		

NEGATIVE D.O. TEST 0.001

Flow 500gpm

Date

8/27/12

Project Name

MAIBU Lagoon Ocean Discharge

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> no	Conductivity	1 mS or <input checked="" type="checkbox"/> 10 mS	Lot #	12E 100587	Exp date:	12/2013
		Turbidity	<input checked="" type="checkbox"/> 1 NTU or 10 NTU	Lot #	C251211	Exp date:	8/13
Res. Chlorine Verification	std 1: 0.23	std 2: 0.90	std 3: 1.63	Lot #	A2187A	Exp date:	July 2014

calibrated by (Print):

Timothy Mabry

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOQA - INF	15:20	8.04	12.1	6.70	73.7	0.07	23.4
Rep 2		8.04	12.1	6.66	73.7	N/A	23.5
Rep 3		8.04	12.1	6.66	73.7	N/A	23.8
Mean		8.04	12.1	6.67	73.7	0.07	23.6
Water Color	Brown	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MOQA MOQ1 - EFF	15:40	7.92	12.5	2.96	74.5	0.02	1.64
Rep 2		7.92	12.5	2.95	74.5	N/A	1.87
Rep 3		7.92	12.5	2.94	74.5	N/A	1.56
Mean		7.92	12.5	2.95	74.5	0.02	1.69
Water Color	Clear	Debris	none	Oily sheen	none	Odor	none

Samplers name (Print):

MARK Abramson / Suzanne Goode

Signature:

Flow 530 GPM

System off line until 2:30 only 1 sample taken

Date

8/28/12

Project Name

Malibu Lagoon Ocean discharge P1/2

Sampler Name(s)

Ivan Medel, Christine Chun.

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> no	Conductivity	1 mS or <input type="checkbox"/> 10 mS	Lot # 12E100587	Exp date: 12/2013
		Turbidity	<input type="checkbox"/> 1 NTU or <input type="checkbox"/> 10 NTU	Lot # C251211	Exp date: 8/13
Res. Chlorine Verification	std 1: .23	std 2: .90	std 3: 1.63	Lot # A2187A	Exp date: 7/2014

calibrated by (Print):

Ivan Medel, Christine Chun.

Sign:

I. Medel, C. Chun

Site ID	Time 24 hr.	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F.	Residual Chlorine (ppm)	Turbidity (NTU)
INF	9:15	7.97	11.7	6.95	72.3	0.60 .02	15.3
Rep 2	9:20	7.99	11.7	6.93	72.4	N/A	15.6
Rep 3	9:25	7.99	11.7	6.95	72.3	N/A	15.7
Mean		7.98	11.7	6.94	72.3		15.53
Water Color	Murky brown	Debris	No	Oily sheen	No	Odor	No

Site ID	Time 24 hr.	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F.	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	9:40	7.87 7.95	11.6	5.94	73.1	.06	.22
Rep 2	9:49	7.94	11.7	5.94	73.1	N/A	.27
Rep 3	9:50	7.94	11.6	5.93	73.1	N/A	.26
Mean		7.94	11.6	5.94	73.1	.06	0.25
Water Color	clear	Debris	No	Oily sheen	No	Odor	No

Samplers name (Print):

Ivan Medel, Christine Chun

Signature:

I. Medel, C. Chun

8/28/2012

P2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	12:30	7.90	11.7	5.69	74.3 74.3	.02	44.5
Rep 2		7.93	11.7	5.81	74.4	N/A	44.2
Rep 3		7.94	11.7	5.68	74.3	N/A	44.1
Mean		7.92	11.7	5.69	74.3		44.3
Water Color	very murky	Debris	NO ^{small} inverts	Oily sheen	NO	Odor	NO

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	12:50	7.92	11.8	5.76	75.1	0.02	.38
Rep 2		7.94	11.8	5.77	75.1	N/A	.40
Rep 3		7.94	11.8	5.80	75.1	N/A	.39
Mean		7.93	11.8	5.78	75.1		0.39
Water Color	clear	Debris	NO	Oily sheen	NO	Odor	NO

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Van Mendel & Tim Hagbury Signature:

Date

8/29/12

Project Name

MALIBU LAGOON

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> no	Conductivity	1 mS or <input checked="" type="checkbox"/> 10 mS	Lot #	12E100587	Exp date:	12/2013
		Turbidity	<input checked="" type="checkbox"/> 1 NTU or 10 NTU	Lot #	C251211	Exp date:	8/13
Res. Chlorine Verification	std 1: 23	std 2: 90	std 3: 1.63	Lot #	A2187A	Exp date:	10/2014

calibrated by (Print):

Timothy Mabry

Sign:



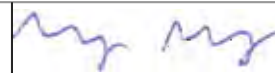
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	12:50	7.79	11.0	6.55	77.6	0.02	19.7
Rep 2		7.79	11.1	6.52	77.6	N/A	20.4
Rep 3		7.79	11.1	6.51	77.6	N/A	19.9
Mean		7.79	11.066	6.526	77.6		20.0
Water Color	light brown	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFL	13:15	7.73	11.2	5.67	78.2	0.01	0.40
Rep 2		7.75	11.2	5.63	78.2	N/A	0.41
Rep 3		7.74	11.3	5.62	78.2	N/A	0.43
Mean		7.74	11.2	5.64	78.2		0.41
Water Color	clear	Debris	none	Oily sheen	none	Odor	none

Samplers name (Print):

Timothy Mabry

Signature:



Sampled by: Tim Mabry / Inman Factory Date: 8/29/12

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>Influent</u>	<u>14:42</u>	<u>7.79</u>	<u>11.1</u>	<u>6.94</u>	<u>78.1</u>	<u>0.04</u>	<u>20.6</u>
Rep 2	<u>++</u>	<u>7.79</u>	<u>11.2</u>	<u>6.90</u>	<u>78.0</u>	N/A	<u>20.6</u>
Rep 3		<u>7.79</u>	<u>11.2</u>	<u>6.87</u>	<u>78.0</u>	N/A	<u>20.7</u>
Mean		<u>7.79</u> 0	<u>11.167</u> 0	<u>6.90</u> 0	<u>78.033</u> 0	N/A	<u>20.633</u> 0

Water Color light brown Debris none Oily sheen none Odor none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>Effluent</u>	<u>15:00</u>	<u>7.63</u>	<u>11.2</u>	<u>5.22</u>	<u>78.4</u>	<u>0.02</u>	<u>0.6</u>
Rep 2		<u>7.68</u>	<u>11.2</u>	<u>5.23</u>	<u>78.4</u>	N/A	<u>0.54</u>
Rep 3		<u>7.68</u>	<u>11.3</u>	<u>5.22</u>	<u>78.3</u>	N/A	<u>0.59</u>
Mean		<u>7.66</u> 0	<u>11.233</u> 0	<u>5.223</u> 0	<u>78.366</u> 0	N/A	<u>0.576</u> 0

Water Color clear Debris none Oily sheen none Odor none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	

Water Color Debris Oily sheen Odor

Samplers name (Print): Timothy Mabry / Inman Factory Signature: [Signature]

Date

8/30/2012

Project Name

Malibu Lagoon Restoration V2

Sampler Name(s)

Noa Rische, Charlie Pechowski, Tim Maybury

Calibration pH 7 & 10	Yes <input checked="" type="checkbox"/> or no <input type="checkbox"/>	Conductivity	1 mS or 10 mS	Lot #	12E 100587	Exp date:	12/2013
		Turbidity	1 NTU or 10 NTU	Lot #	C251211	Exp date:	8/13
Res. Chlorine Verification	std 1: 0.02 ^{0.03}	std 2: 0.90	std 3: 1.63	Lot #	A2187A	Exp date:	7/14

calibrated by (Print):

Noa Rische

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	09:30	7.84	10.5	6.69	75.8	0.05	13.5
Rep 2		7.84	10.6	6.69	75.8	N/A	13.1
Rep 3		7.84	10.6	6.69	75.8	N/A	13.1
Mean		7.84	10.6	6.69	75.8		13.3
Water Color	grayish	Debris	Ø	Oily sheen	Ø	Odor	Salty

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	10:00	7.76	10.6	4.59	77.1	0.02	0.25
Rep 2		7.77	10.6	4.59	77.1	N/A	0.28
Rep 3		7.77	10.6	4.58	77.1	N/A	0.23
Mean		7.77	10.6	4.59	77.1		0.25
Water Color	clear	Debris	Ø	Oily sheen	Ø	Odor	Ø

Samplers name (Print):

Noa Rische / Charlie Pechowski


Signature:

8/30/2012

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
IWF	1600	7.91	10.5	7.59	77.9	0.04	20.7
Rep 2		7.91	10.5	7.61	77.9	N/A	21.4
Rep 3		7.91	10.5	7.61	77.9	N/A	22.0
Mean		7.91	10.5	7.61	77.9		21.3
Water Color	cloudy grey	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
				7.59	77.9		
Rep 2				7.61	77.9	N/A	
Rep 3				7.61	77.9	N/A	
Mean							
Water Color		Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFL	1630	7.74	10.6	3.13	78.3	0.04	0.37
Rep 2		7.74	10.5	3.13	78.3	N/A	0.35
Rep 3		7.74	10.6	3.15	78.3	N/A	0.35
Mean		7.74	10.6	3.13	78.3	N/A	0.36
Water Color	clear	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Samplers name (Print): Non Kishne Tim Mayberry Signature: 

8/30/2012

Malibu Lagoon

P313

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	1800	7.88	10.3	7.79	77.8	0.07	31.8
Rep 2		7.88	10.4	7.80	77.8	N/A	30.4
Rep 3		7.88	10.4	7.78	77.8	N/A	31.2
Mean		7.88	10.4	7.79	77.8		31.3
Water Color	Very cloudy gray	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFL	1900	7.79	10.4	3.73	78.3	0.02	0.31
Rep 2		7.79	10.4	3.73	78.3	N/A	0.44
Rep 3		7.79	10.4	3.74	78.2	N/A	0.40
Mean		7.79	10.4	3.73	78.3		0.38
Water Color		Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print):

NWA Rische

Signature:



Flow 300 gpm

Date 8-31-2012 Project Name Melissa Lyman

Sampler Name(s) John Luker

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>CE 100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>8/13</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A21874</u>	Exp date: <u>5-1-14</u>

calibrated by (Print): John Luker Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA-INF</u>	<u>14:45</u>	<u>7.87</u>	<u>10.0</u>	<u>7.93</u>	<u>78.3</u>	<u>0.22</u>	<u>31.3</u>
Rep 2		<u>7.87</u>	<u>10.0</u>	<u>7.93</u>	<u>78.3</u>	N/A	<u>30.7</u>
Rep 3		<u>7.87</u>	<u>10.0</u>	<u>7.94</u>	<u>78.3</u>	N/A	<u>31.8</u>
Mean		<u>7.87</u>	<u>10.0</u>	<u>7.93</u>	<u>78.3</u>	<u>0.22</u>	<u>30.9</u>
Water Color	<u>Brown</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA1-EFF</u>	<u>15:00</u>	<u>7.76</u>	<u>10.2</u>	<u>2.94</u>	<u>78.1</u>	<u>0.03</u>	<u>0.52</u>
Rep 2		<u>7.76</u>	<u>10.2</u>	<u>2.93</u>	<u>78.1</u>	N/A	<u>0.55</u>
Rep 3		<u>7.76</u>	<u>10.2</u>	<u>2.94</u>	<u>78.1</u>	N/A	<u>0.48</u>
Mean		<u>7.76</u>	<u>10.2</u>	<u>2.94</u>	<u>78.1</u>	<u>0.03</u>	<u>0.52</u>
Water Color	<u>Clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): Mark Abramson Signature: [Signature]
John Luker

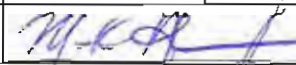
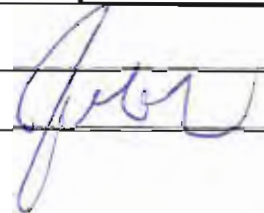
Lagoon Ocean Discharge

08-31-2012

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MS&A - INF	15:45	7.87	10.0	7.85	77.7	0.06	27.7
Rep 2		7.87	10.0	7.84	77.7	N/A	27.9
Rep 3		7.87	10.0	7.84	77.7	N/A	28.1
Mean		7.87	10.0	7.84	77.7	N/A 0.06	27.9
Water Color	BROWN	Debris	NONE	Oily sheen	NONE	Odor	NONE

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MS&I - EFF	16:00	7.89	10.1	6.38	78.1	0.02	0.36
Rep 2		7.89	10.1	6.37	78.1	N/A	0.36
Rep 3		7.96	10.1	6.39	78.2	N/A	0.33
Mean		7.89	10.1	6.38	78.1	N/A 0.02	0.35
Water Color	CLEAR	Debris	NONE	Oily sheen	NONE	Odor	NONE

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): John Luker / mark Abramson Signature:  

Flow = 150 gpm

Date

9/4/2012

Project Name

Malibu Lagoon Dewatering

Sampler Name(s)

Calibration pH 7 & 10	Yes <input checked="" type="checkbox"/> or no <input type="checkbox"/>	Conductivity	1 mS or <input checked="" type="checkbox"/> 10 mS	Lot # 12E 100587	Exp date: 12/2013
		Turbidity	1 NTU or <input checked="" type="checkbox"/> 10 NTU	Lot # 3C252217	Exp date: 05/2013
Res. Chlorine Verification	std 1: .23	std 2: .91	std 3: 1.64	Lot # A2187A	Exp date: 07/14

calibrated by (Print):

Ivan

Medel

I. Medel

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	13:30	7.89	8.5	7.58	72.3	.07	12.0
Rep 2		7.91	8.6	7.60	72.3	N/A	11.9
Rep 3		7.92	8.6	7.56	72.3	N/A	12.0
Mean		7.91	8.6	7.58	72.3		11.96
Water Color	MURKY brown	Debris	NONE	Oily sheen	NONE	Odor	NONE

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	13:45	7.91	8.7	6.10	74.0	.02	.31
Rep 2		7.93	8.7	6.08	74.0	N/A	.35
Rep 3		7.93	8.7	6.05	74.0	N/A	.32
Mean							
Water Color	clean	Debris	NO	Oily sheen	NO	Odor	NO

Samplers name (Print):

Ivan Medel, Tim Mabry

Signature:

I. Medel, T. Mabry

9/4/2012

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	15:10	7.98	8.6	8.04	73.5	.06	10.48
Rep 2		7.98	8.6	7.99	73.5	N/A	10.54
Rep 3		7.99	8.6	7.97	73.5	N/A	10.44
Mean		7.98	8.6		73.5		10.47
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	15:25	7.94	8.7	6.48	74.3	.02	.26
Rep 2		7.95	8.6 8.7	6.46	74.3	N/A	.23
Rep 3		7.96	8.7	6.45	74.3	N/A	.28
Mean		7.95	8.7		74.3		.24
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color	Debris		Oily sheen		Odor		

Samplers name (Print): Ivan Medel, Tim Mabry Signature: I. Medel, [Signature]

Date

9/5/12

Project Name

Malib. Lagoon

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>C2E 100587</u>	Exp date: <u>12-2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C2E C251211</u>	Exp date: <u>8-2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.62</u>	Lot # <u>A2187A</u>	Exp date: <u>July 2014</u>

calibrated by (Print):

Timothy Mabry, NICK (NAB) ^{Steve} _{Harrison}

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-INF</u>	<u>09:20</u>	<u>7.84</u>	<u>8.0</u>	<u>6.86</u>	<u>73.0</u>	<u>0.13</u>	<u>8.02</u>
Rep 2		<u>7.84</u>	<u>8.7</u>	<u>6.07</u>	<u>73.0</u>	N/A	<u>7.80</u>
Rep 3		<u>7.84</u>	<u>8.7</u>	<u>6.84</u>	<u>72.9</u>	N/A	<u>7.78</u>
Mean		<u>7.84</u>	<u>8.7</u>	<u>6.86</u>	<u>73.0</u>		<u>7.86</u>
Water Color	<u>brown murky</u>	Debris:	<u>none</u>	Oily sheen	<u>none</u>	Odor:	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>9:45</u>	<u>7.78</u>	<u>8.6</u>	<u>6.28</u>	<u>73.1</u>	<u>0.08</u>	<u>1.19</u>
Rep 2		<u>7.83</u>	<u>8.6</u>	<u>6.29</u>	<u>73.0</u>	N/A	<u>0.92</u>
Rep 3		<u>7.83</u>	<u>8.6</u>	<u>6.28</u>	<u>73.1</u>	N/A	<u>1.22</u>
Mean		<u>7.81</u>	<u>8.6</u>	<u>6.28</u>	<u>73.1</u>		<u>1.11</u>
Water Color	<u>clear</u>	Debris:	<u>none</u>	Oily sheen	<u>none</u>	Odor:	<u>none</u>

Samplers name (Print):

Timothy Mabry, NICK (NAB)

Signature:

Plant not operating after 1:00 pm only one sample

Tests taken 20 minutes after backflushing

Date

9/16/12

Project Name

MALIBU LAGOON

M182

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot #	125 100587	Exp date:	12/2013
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot #	C251211	Exp date:	08/13
Res. Chlorine Verification	std 1: 0.09	std 2: 0.90	std 3: 1.63	Lot #	A2187A	Exp date:	07/14

calibrated by (Print): NICK CHANG

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	10:25	7.76	8.2 8.2	7.86	72.4	0.06	11.2
Rep 2		7.75	8.3	7.83	72.5	N/A	11.3
Rep 3		7.79	8.3	7.81	72.5	N/A	11.4
Mean							
Water Color	brown	Debris	none	Oily sheen	none	Odor	none

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-EFF	10:45	7.70	8.4	4.39	73.5	0.04	0.46
Rep 2		7.73	8.4	4.37	73.5	N/A	0.44
Rep 3		7.73	8.4	4.40	73.6	N/A	0.51
Mean							
Water Color	clear	Debris	none	Oily sheen	none	Odor	none

Samplers name (Print):

NICK CHANG

Timothy Mabry

Signature:



Sampled by: *9/6/12 Tim Mayberry S. Harrison* Date: *9/16/12 pg 2 of 2*

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<i>INF</i>	<i>14:30</i>	<i>7.90</i>	<i>8.3</i>	<i>8.89</i>	<i>74.3</i>	<i>0.10</i>	<i>17.6</i>
Rep 2		<i>7.91</i>	<i>8.3</i>	<i>8.86</i>	<i>74.3</i>	N/A	<i>16.0</i>
Rep 3		<i>7.91</i>	<i>8.3</i>	<i>8.79</i>	<i>74.3</i>	N/A	<i>16.4</i>
Mean		<i>7.91</i> 0	<i>8.3</i> 0	<i>8.84</i> 0	<i>74.3</i> 0	N/A	<i>16.7</i> 0
Water Color	<i>brown</i>	Debris	<i>Ø</i>	Oily sheen	<i>Ø</i>	Odor	<i>Ø</i>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
	<i>15:00</i>	<i>7.79</i>	<i>8.4</i>	<i>5.78</i>	<i>75.7</i>	<i>0.04</i>	<i>0.18</i> <i>0.63</i>
Rep 2		<i>7.80</i>	<i>8.4</i>	<i>5.79</i>	<i>75.8</i>	N/A	<i>0.51</i>
Rep 3		<i>7.80</i>	<i>8.4</i>	<i>5.80</i>	<i>75.8</i>	N/A	<i>0.79</i>
Mean		<i>7.8</i> 0	<i>8.4</i> 0	<i>5.79</i> 0	<i>75.8</i> 0	N/A	<i>0.64</i> 0
Water Color	<i>clear</i>	Debris	<i>none</i>	Oily sheen	<i>none</i>	Odor	<i>none</i>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): *Timothy Mayberry Steve Harrison* Signature: *my my Steve Harrison*

78 1/2

Date 9/7/12 Project Name MAUI LAGOON

Sampler Name(s)


Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	2E 100587	Exp date:	12/2013
		Turbidity	1 NTU or 10 NTU	Lot #	125 1211	Exp date:	08/13
Res. Chlorine Verification	std 1: 0.23	std 2: 0.90	std 3: 1.63	Lot #	A2187A	Exp date:	07/14

calibrated by (Print): NICK CHANGE CHRISTINE CHUN

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDQA-INF	08:30	7.93	8.5	8.63	73.0 76	0.04	9.04
Rep 2	08:35	7.93	8.5	8.61	73.6	N/A	9.43
Rep 3	0	7.93	8.5	8.62	73.6	N/A	9.08
Mean							
Water Color	TAN / LT. BRN	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MDRI-ESS	09:00	7.72	8.6	3.48	73.5	0.03	0.55
Rep 2	09:05	7.73	8.5	3.46	73.5	N/A	0.51
Rep 3		7.73	8.5	3.46	73.5	N/A	0.43
Mean		7.73	8.5	3.47	73.5	0.03	
Water Color	clear	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Samplers name (Print): NICK CHANGE CHRISTINE CHUN Signature: 

FILTER CHANGE AT 08:00PM

9-7-12

78 3/4

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA - INF	15:00	8.24	8.4	11.91	77.9	0.05	16.3
Rep 2	15:05	8.25	8.4	11.84	77.9	N/A	16.5
Rep 3	15:10	8.25	8.5	11.86	77.9	N/A	16.4
Mean							
Water Color	POUR GREEN	Debris	SW	Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA - EFF	15:30	7.76	8.5	2.94	76.1	0.05	0.30
Rep 2	15:30	7.77	8.5	2.90	76.1	N/A	0.28
Rep 3	15:35	7.77	8.5	2.92	76.0	N/A	0.25
Mean							
Water Color	CLEAR	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): NICK CHANG Signature: 

Date 9/10/2012 Project Name SAR MALIBA-LAGOON

Sampler Name(s) Charlie Piechowski, IMAN JAFARY

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E100587</u>	Exp date: <u>12-2013</u>
		Turbidity	<u>1 NTU</u> or <u>10 NTU</u>	Lot # <u>C25121</u>	Exp date: <u>8-2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): Charlie Piechowski, Iman Jafary Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-INF</u>	<u>11:20</u>	<u>7.46</u>	<u>14.29</u> / <u>8.4</u>	<u>9.78</u>	<u>75.9</u>	<u>0.09</u> / <u>15.0</u>	<u>16.0</u>
Rep 2		<u>7.45</u>	<u>14.41</u> / <u>8.4</u>	<u>9.77</u>	<u>75.8</u>	N/A	<u>15.7</u>
Rep 3		<u>7.45</u>	<u>14.42</u> / <u>8.4</u>	<u>9.76</u>	<u>75.7</u>	N/A	<u>14.8</u> / <u>15.9</u>
Mean		<u>7.453</u>	<u>8.4</u>	<u>9.77</u>	<u>75.8</u>		<u>15.87</u>
Water Color	<u>Slight Turbidity yellow</u>	Debris	<u>NO</u>	Oily sheen	<u>NO</u>	Odor	<u>NO</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>11:45</u>	<u>7.45</u>	<u>8.4</u>	<u>5.79</u>	<u>76.4</u>	<u>0.07</u>	<u>0.43</u>
Rep 2		<u>7.46</u>	<u>8.4</u>	<u>5.8</u>	<u>76.4</u>	N/A	<u>0.46</u>
Rep 3		<u>7.46</u>	<u>8.4</u>	<u>5.76</u>	<u>76.4</u>	N/A	<u>0.44</u>
Mean		<u>7.456</u>	<u>8.4</u>	<u>5.78</u>	<u>76.4</u>		<u>.443</u>
Water Color	<u>clear</u>	Debris	<u>NO</u>	Oily sheen	<u>NO</u>	Odor	<u>NO</u>

Samplers name (Print): Charlie Piechowski, Iman Jafary Signature: [Signature]


1

9/10/12 - Test #2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFFLUENT	START: 2:43 END: 2:54	7.54	8.4	11.56	77.1	.18	16.7
Rep 2		7.54	8.4	11.47	77.1	N/A	15.5
Rep 3		7.55	8.4	11.47	77.1	N/A	16.8
Mean		7.543	8.4	11.5	77.1		16.3
Water Color	Slightly Yellow	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFFLUENT	START 3:03 END	7.53	8.4 8.4	5.92	77.6	.09	.42
Rep 2		7.53	8.4	5.94	77.6	N/A	.44
Rep 3		7.53	8.4	5.94	77.6	N/A	.41
Mean		7.53	8.4	5.93	77.6		.423
Water Color		Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Charles Piechowski / Imam Jafary Signature: 



Date 9-11-12 Project Name Malden Lagoon # 1 of 2

Sampler Name(s) Steve Harmon Jky

Calibration pH 7 & 10	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> no	Conductivity	1 mS or 10 mS	Lot #	12510587	Exp date:	12/2013
		Turbidity	1 NTU or 10 NTU	Lot #	C251211	Exp date:	8/13 - batch 8/06
Res. Chlorine Verification	std 1: <u>0.2</u>	std 2: <u>0.89</u>	std 3: <u>1.62</u>	Lot #	164	Exp date:	3/14

calibrated by (Print): SKJ, S Harmon Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>influent</u>	<u>10:15</u>	<u>7.97</u>	<u>8.3</u>	<u>9.17</u>	<u>76.0</u>	<u>0.17</u>	<u>11.7</u>
Rep 2		<u>7.98</u>	<u>8.3</u>	<u>9.15</u>	<u>76.1</u>	N/A	<u>11.1</u>
Rep 3		<u>7.98</u>	<u>8.3</u>	<u>9.12</u>	<u>76.0</u>	N/A	<u>11.3</u>
Mean		<u>7.98</u>	<u>8.3</u>	<u>9.15</u>	<u>76.0</u>	<u>0.17</u>	<u>11.4</u>
Water Color	<u>light brown cloudy</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>effluent</u>	<u>12:00</u>	<u>7.80</u>	<u>8.4</u>	<u>6.14</u>	<u>76.3</u>	<u>0.06</u>	<u>1.35</u>
Rep 2		<u>7.84</u>	<u>8.4</u>	<u>6.18</u>	<u>76.3</u>	N/A	<u>1.27</u>
Rep 3		<u>7.88</u>	<u>8.4</u>	<u>6.07</u>	<u>76.3</u>	N/A	<u>1.27</u>
Mean		<u>7.84</u>	<u>8.4</u>	<u>6.13</u>	<u>76.3</u>	<u>0.06</u>	<u>1.30</u>
Water Color	<u>clr</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Samplers name (Print): Jameky S Harmon Signature: [Signature]

Date

9/11/12

Project Name

Mellona Lagoon

2/2

Sampler Name(s)

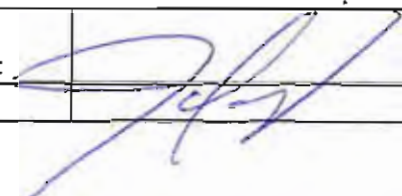
Calibration pH 7 & 10	Yes <input checked="" type="checkbox"/> or <input type="checkbox"/> no	Conductivity	1 mS or 10 mS	Lot #	Exp date: 12/13
		Turbidity	1 NTU or 10 NTU	Lot #	Exp date: 8
Res. Chlorine Verification	std 1:	std 2:	std 3:	Lot #	Exp date:

calibrated by (Print):

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
influent	15:15	8.04	8.4	11.25	76.5	0.08	15.9
Rep 2		7.99	8.4	11.23	76.5	N/A	16.8
Rep 3		8.03	8.4	11.26	76.5	N/A	16.5
Mean		8.02	8.4	11.24	76.5	0.08	16.4
Water Color	Hazy green	Debris	X	Oily sheen	X	Odor	X

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
effluent	3:00 15:00	7.99	8.4	6.21	77.2	0.05	2.92
Rep 2	15:00	8.00	8.4	6.32	77.1	N/A	2.92
Rep 3		8.00	8.4	6.30	77.1	N/A	2.83
Mean		8.00	8.4	6.30	77.1	0.05	2.89
Water Color	Ø	Debris	Ø	Oily sheen	Ø	Odor	Ø

Samplers name (Print):	J. Key S. Hansen	Signature:	
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Date

9/21/12

Project Name

MALIBU

LABOR

Sampler Name(s)


Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	12E 100587	Exp date:	12/20/13
		Turbidity	1 NTU or 10 NTU	Lot #	C251211	Exp date:	08/13
Res. Chlorine Verification	std 1: 0.23	std 2: 0.00	std 3: 1.63	Lot #	A 2187A	Exp date:	07/14

calibrated by (Print):

Christine Chum

Steve Harrison

Sign:



Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA-1NF	11:08	8.02	8.3	8.42	75.8	0.04	14.9
Rep 2	11:08	8.02	8.3	8.43	75.8	N/A	13.8
Rep 3	11:09	8.02	8.3	8.45	75.8	N/A	13.9
Mean		8.02	8.3	8.43	75.8	0.04	14.1
Water Color	Brown	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA 1-EFF	12:00	7.95	8.3	6.05	76.1	0.03	1.01
Rep 2		7.99	8.3	6.06	76.1	N/A	1.07
Rep 3		7.97	8.3	6.03	76.0	N/A 0.03	1.16
Mean		7.97	8.3	6.05	76.1	0.03	1.07
Water Color	clear	Debris	Ø	Oily sheen	Ø	Odor	Ø

Samplers name (Print):

 Timothy Mabry Steve Harrison
 Christine Chum

Signature:



9/12/12

Flow 500 gpm

MARK ABRAMSON STEVE HARRISON

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	16:45	8.02	8.3	9.17	77.9	0.10	13.8
Rep 2		8.02	8.3	9.09	77.9	N/A	13.8
Rep 3		8.03	8.3	9.12	77.9	N/A	13.4
Mean		8.02	8.3	9.13	77.9	N/A 0.10	13.6
Water Color	Light Brown	Debris	None	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQRI-ETP	17:20	8.39	8.3	4.72	76.5	0.01	0.89
Rep 2		8.41	8.3	4.72	76.5	N/A	0.80
Rep 3		8.41	8.3	4.72	76.5	N/A	0.77
Mean		8.40	8.3	4.72	76.5	N/A 0.01	0.82
Water Color	Clear	Debris	None	Oily sheen	None	Odor	None

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
						0.01	
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	
Samplers name (Print):	Steve HARRISON			Signature:		Steve Harrison	

MARK ABRAMSON

O-dissolved oxygen test 0.02

Mark

CHLORINE: STD 1: 0.22 STD 2: 0.89 STD 3: 1.62 |

CALIBRATION 7/3/10: YES

LOT#: 12E100587

EXP DATE: 12/2013

CONDUCTIVITY: 1 MS OR 10 MS

LOT#: C251211

EXP DATE: 08/13

TURBIDITY: 1 NTU OR 10 NTU

LOT#: A2187A

EXP DATE: 07/14

CALIBRATED BY: NICK CHANE

SIGN: 

09-13-2012 Cal. Log

9/3/12 N CHANG

see calibration on Lake

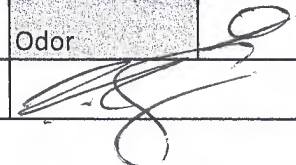
ENTERED LT 11/2/12 TAYOU LAGOON

1/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQDA-WF	8:30	8.03	8.3	7.3	74.2	0.03	7.55
Rep 2		8.03	8.2	7.28	74.2	N/A	7.38
Rep 3		8.03	8.2	7.32	74.1	N/A	7.43
Mean		8.03	8.2	7.3	74.2	0.03	7.45
Water Color	slightly cloudy light brown	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQDA-EFF	9:20	8.11	8.3	6.1	74.6	0.01	0.73
Rep 2		8.13	8.3	6.13	74.5	N/A	0.65
Rep 3		8.13	8.3	6.14	74.5	N/A	0.79
Mean		8.12	8.3	6.12	74.5		0.72
Water Color	clear	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQDA-WF	2:30	7.99	7.8	8.07	75.4	0.03	6.63
Rep 2		8.0	8.2	8.05	75.4	N/A	6.17
Rep 3		8.01	8.2	8.01	75.3	N/A	6.48
Mean		8.0	8.06	8.04	75.4	N/A	6.43
Water Color	slight brown	Debris	Ø	Oily sheen	Ø	Odor	Ø

Samplers name (Print): Nicole Chang Steve Hamm Signature: 

9/13/12 N. CHANG J. HARRISON

ENTERED LT 11/2/12 PG 2 of 2

Site ID		Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQ1_EH		3:00	8.04	8.2	6.21	75.4	0.02	0.41
Rep 2			8.04	8.2	6.15	75.4	N/A	0.33
Rep 3			8.05	8.2	6.19	75.4	N/A	0.32
Mean			8.04	8.2	6.18	75.4		0.35
Water Color	CLEAR	Debris		Oily sheen		Odor		

Site ID		Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2							N/A	
Rep 3							N/A	
Mean								
Water Color		Debris		Oily sheen		Odor		

Site ID		Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2							N/A	
Rep 3							N/A	
Mean			0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor		

Samplers name (Print): _____ Signature: _____

Date 9/14/12 Project Name MAJIBU LABON

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> yes or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E100587</u>	Exp date: <u>12/2013</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>08/13</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

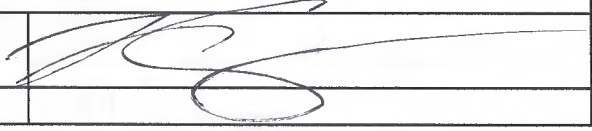
calibrated by (Print): NICK CHANG Sign: 

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA - JNF</u>	<u>08:30</u>	<u>8.16</u>	<u>8.2</u>	<u>7.67</u>	<u>73.9</u>	<u>0.02</u>	<u>5.51</u>
Rep 2	<u>08:35</u>	<u>8.17</u>	<u>8.2</u>	<u>7.65</u>	<u>73.9</u>	N/A	<u>5.82</u>
Rep 3		<u>8.17</u>	<u>8.2</u>	<u>7.66</u>	<u>73.9</u>	N/A	<u>5.92</u>
Mean		<u>8.17</u>	<u>8.2</u>	<u>7.66</u>	<u>73.9</u>		<u>5.75</u>
Water Color	<u>SLIGHTLY CLOUDY</u> <u>LT. BROWN</u>	Debris	<u>0</u>	Oily sheen	<u>0</u>	Odor	<u>0</u>

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA - EFF</u>	<u>08:45</u>	<u>8.15</u>	<u>8.2</u>	<u>6.45</u>	<u>74.9</u>	<u>0.01</u>	<u>0.32</u>
Rep 2		<u>8.15</u>	<u>8.2</u>	<u>6.39</u>	<u>74.9</u>	N/A	<u>0.324</u>
Rep 3		<u>8.15</u>	<u>8.2</u>	<u>6.38</u>	<u>74.8</u>	N/A	<u>0.34</u>
Mean		<u>8.15</u>	<u>8.2</u>	<u>6.41</u>	<u>74.9</u>		<u>0.33</u>
Water Color	<u>CLEAR</u>	Debris	<u>0</u>	Oily sheen	<u>0</u>	Odor	<u>0</u>

Samplers name (Print): NICK CHANG Signature: 

ENTERED LT 11/2/12

PO 2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA_INF	13:10	8.07	8.1	7.82	75.1	0.02	5.83
Rep 2		8.08	8.2	7.86	75.1	N/A	5.82
Rep 3		8.08	8.2	7.87	75.1	N/A	6.12
Mean		8.08	8.2	7.85	75.1		5.92
Water Color	LIGHT BROWN	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQ1_EFF	13:35	8.07	8.2	6.26	75.9	0.05	0.35
Rep 2		8.07	8.2	6.24	75.9	N/A	0.50
Rep 3		8.08	8.2	6.21	75.9	N/A	0.40
Mean		8.07	8.2	6.24	75.9		0.42
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): NICK CHANG Signature: 

flow 300 gpm

ENTERED LT 11/2/12 pg 1/2

Date 9-17-2012

Project Name MALIBU LAGOON

Sampler Name(s) John Luker Suzanne Goode

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	12E 100587	Exp date:	12-20-13
		Turbidity	1 NTU or 10 NTU	Lot #	C251211	Exp date:	08-13
Res. Chlorine Verification	std 1: 0.23	std 2: 0.90	std 3: 1.63	Lot #	A2187A	Exp date:	Jul-14

calibrated by (Print): John Luker

Sign: [Signature]

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF M00A	12:10	7.86	8.2	7.82	75.7	0.08	4.17
Rep 2		7.88	8.2	7.82	75.7	N/A	4.74
Rep 3		7.88	8.2	7.82	75.7	N/A	4.79
Mean		7.873	8.2	7.82	75.7		4.5666
Water Color	Slightly cloudy w. Brown	Debris	∅	Oily sheen	∅	Odor	∅

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EPL M001	12:30	7.84	8.2	5.35	76.3	0.02	0.46
Rep 2		7.82	8.2	5.38	76.3	N/A	0.47
Rep 3		7.84	8.2	5.37	76.3	N/A	0.48
Mean		7.83	8.2	5.37	76.3		0.47
Water Color	clean	Debris	∅	Oily sheen	∅	Odor	∅

Samplers name (Print):	Suzanne Goode	Signature:	[Signature]
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John Luker

[Signature]

EMBED LT 11/2/12 9-17-12 2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M00A-INF	14:58	7.96	8.2	8.52	77.8	0.08	5.60
Rep 2		7.96	8.2	8.78	77.9	N/A	5.44
Rep 3		7.96	8.2	8.79	78.0	N/A	5.83
Mean		7.96	8.2	8.69666	77.9		5.6333
Water Color	lightly cloudy	Debris	Ø	Oily sheen	Ø	Odor	Ø

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M001 EFF	15:11	7.92	8.2	6.18	76.7	0.02	0.68
Rep 2		7.93	8.2	6.19	76.7	N/A	0.68
Rep 3		7.94	8.2	6.21	76.7	N/A	0.61
Mean		7.93	8.2	6.19333	76.7		0.6566
Water Color	clear	Debris	Ø	Oily sheen	Ø	Odor	Ø

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Suzanne Grode
 John Laker
 Signature: Suzanne Grode
 JML

ENTERED LT 11/2/12 PG. 12

Date 9/11/12 Project Name MALIBU LAGOON

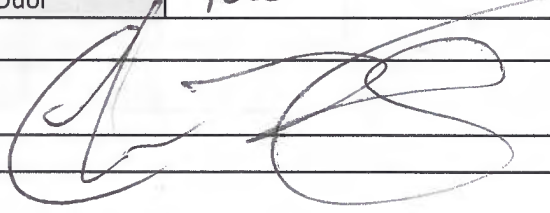
Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <u>10</u> mS	Lot # <u>12E100587</u>	Exp date: <u>12-20-13</u>
		Turbidity	1 NTU or <u>10</u> NTU	Lot # <u>C251211</u>	Exp date: <u>08-13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.64</u>	Lot # <u>A2187A</u>	Exp date: <u>07-14</u>

calibrated by (Print): NICK C. JAMIE K., CP Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQRA-INF</u>	<u>07:15</u>	<u>7.98</u>	<u>8.2</u>	<u>8.06</u>	<u>72.4</u>	<u>0.05</u>	<u>3.47</u>
Rep 2		<u>8.01</u>	<u>8.2</u>	<u>8.07</u>	<u>72.4</u>	N/A	<u>3.44</u>
Rep 3		<u>8.02</u>	<u>8.2</u>	<u>8.01</u>	<u>72.3</u>	N/A	<u>3.58</u>
Mean		<u>8.00</u>	<u>8.2</u>	8.04	<u>72.36</u>		<u>3.49</u>
Water Color	<u>clear</u>	Debris	<u>NO</u>	Oily sheen	<u>NO</u>	Odor	<u>N</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MAL1-EFF</u>	<u>07:30</u>	<u>8.06</u>	<u>8.3</u>	<u>5.63</u>	<u>72.4</u>	<u>0.02</u>	<u>0.47</u>
Rep 2		<u>8.06</u>	<u>8.3</u>	<u>5.69</u>	<u>72.3</u>	N/A	<u>0.50</u>
Rep 3		<u>8.01</u>	<u>8.3</u>	<u>5.69</u>	<u>72.3</u>	N/A	<u>0.45</u>
Mean		<u>8.06</u>	<u>8.3</u>	<u>5.636</u>	<u>72.33</u>		<u>0.473</u>
Water Color	<u>clear</u>	Debris	<u>NO</u>	Oily sheen	<u>NO</u>	Odor	<u>N</u>

Samplers name (Print): CHARLIE NICK HANK Signature: 

ENTERED 11/2/12

Date 9/18/12 Project Name SMBRA LAGOON

Sampler Name(s) NICK, CHARLIE

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	Exp date:
		Turbidity	1 NTU or 10 NTU	Lot #	Exp date:
Res. Chlorine Verification	std 1:	std 2:	std 3:	Lot #	Exp date:

calibrated by (Print): Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	1:30	8.08	8.2	9.35	74.3	0.09	2.67
Rep 2		8.10	8.2	9.40	74.3	N/A	2.68
Rep 3		8.10	8.2	9.35	74.3	N/A	2.70
Mean		8.09	8.2	9.40	74.3		2.67
Water Color	Blue	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	1:30	8.06	8.2	6.18	74.6	0.04	0.47
Rep 2		8.06	8.2	6.17	74.5	N/A	0.46
Rep 3		8.06	8.2	6.16	74.5	N/A	0.42
Mean		8.06	8.2	6.17	74.5		0.45
Water Color		Debris		Oily sheen		Odor	

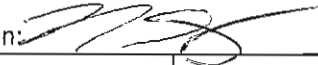
Samplers name (Print):	Signature:

Date 9/19/12 Project Name MALIBU LAGOON

Sampler Name(s)

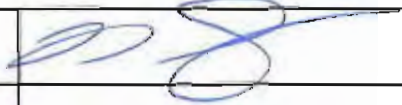
Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E100587</u>	Exp date: <u>12-20-13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>6251211</u>	Exp date: <u>08-13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07-14</u>

calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA-INF</u>	<u>07:30</u>	<u>7.55</u>	<u>8.2</u>	<u>8.34</u>	<u>69.7</u>	<u>0.04</u>	<u>2.92</u>
Rep 2		<u>7.56</u>	<u>8.2</u>	<u>8.33</u>	<u>69.7</u>	N/A	<u>2.94</u>
Rep 3		<u>7.55</u>	<u>8.2</u>	<u>8.32</u>	<u>69.6</u>	N/A	<u>2.94</u>
Mean							<u>2.9</u>
Water Color	<u>LIGHT BPN</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQGI-EFF</u>		<u>7.6</u>	<u>8.2</u>	<u>7.27</u>	<u>69.8</u>	<u>0.02</u>	<u>0.67</u>
Rep 2		<u>7.61</u>	<u>8.2</u>	<u>7.28</u>	<u>69.8</u>	N/A	<u>0.55</u>
Rep 3		<u>7.61</u>	<u>8.2</u>	<u>7.29</u>	<u>69.7</u>	N/A	<u>0.47</u>
Mean							
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Nick Chang Signature: 

Sep 19, 2012

2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	1530	7.65	8.2	10.21	75.2	0.06	2.74
Rep 2		7.65	8.2	10.23	75.2	N/A	2.69
Rep 3		7.65	8.2	10.22	75.3	N/A	2.65
Mean		7.65	8.2	10.22	75.2		2.69
Water Color	Clear	Debris	☉	Oily sheen	☉	Odor	☉

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFL	1600	7.50	8.2	4.80	74.5	0.02	0.22
Rep 2		7.50	8.3	4.84	74.5	N/A	0.22
Rep 3		7.50	8.3	4.82	74.6	N/A	0.18
Mean		7.50	8.3	4.82	74.5		0.21
Water Color	Clear	Debris	☉	Oily sheen	☉	Odor	☉

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Noa Rische Signature: 

ENTERED LT 11/2/12

PG 1/2

Date 9/20/12

Project Name MALIBU LAGOON

Sampler Name(s)


Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12-20-13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u>	Exp date: <u>08-13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.64</u>	Lot # <u>A2187A</u>	Exp date: <u>07-14</u>

calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA-INF</u>	<u>07:40</u>	<u>7.92</u>	<u>8.3</u>	<u>8.20</u>	<u>70.7</u>	<u>0.04</u>	<u>2.41</u>
Rep 2		<u>7.95</u>	<u>8.2</u>	<u>8.25</u>	<u>70.7</u>	N/A	<u>2.47</u>
Rep 3		<u>7.96</u> 7.6	<u>8.2</u>	<u>8.24</u>	<u>70.7</u>	N/A	<u>2.56</u>
Mean		<u>7.94</u>	<u>8.2</u>	<u>8.23</u>	<u>70.7</u>		<u>2.48</u>
Water Color	<u>LIGHT TAN</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA-EFF</u>	<u>08:10</u>	<u>8.01</u>	<u>8.3</u>	<u>7.17</u>	<u>70.7</u>	<u>0.02</u>	<u>0.27</u>
Rep 2		<u>8.02</u>	<u>8.3</u>	<u>7.17</u>	<u>70.7</u>	N/A	<u>0.30</u>
Rep 3		<u>8.02</u>	<u>8.3</u>	<u>7.20</u>	<u>70.6</u>	N/A	<u>0.29</u>
Mean		<u>8.02</u>	<u>8.3</u>	<u>7.18</u>	<u>70.7</u>		<u>0.29</u>
Water Color	<u>CLEAR</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Samplers name (Print): NICK C. Signature: 

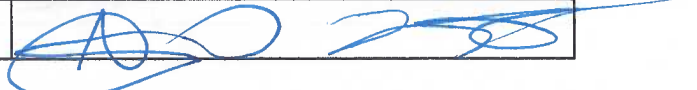
* 700 PSI pump

Sept 20, 2012 ENTERED LT 11/2/12/2/12

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	1100	7.99	8.3	8.73	72.5	0.05	2.25
Rep 2		8.00	8.3	8.72	72.5	N/A	2.28
Rep 3		8.00	8.3	8.75	72.5	N/A	2.26
Mean		8.00	8.3	8.73	72.5		2.26
Water Color	clear	Debris	☉	Oily sheen	☉	Odor	☉

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFL	1115	7.94	8.3	6.02	72.6	0.03	0.05 0.05
Rep 2		7.94	8.3	6.02	72.6	N/A	0.02 0.02
Rep 3		7.94	8.3	6.02	72.6	N/A	0.02 0.02
Mean		7.94	8.3	6.02	72.6		0.02
Water Color	clear	Debris	☉	Oily sheen	☉	Odor	☉

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): Noa Riste Nick Chang Signature: 

EMBERED UT 11/2/12

Date 9/20/12 Project Name MALIBU/ABOON

Sampler Name(s)

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	Exp date:
		Turbidity	1 NTU or 10 NTU	Lot #	Exp date:
Res. Chlorine Verification	std 1:	std 2:	std 3:	Lot #	Exp date:

calibrated by (Print): _____ Sign: _____

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M.QQA_INF	13:50	8.00	8.2	9.73	74.0	0.11	2.34
Rep 2		8.01	8.2	9.73	74.0	N/A	2.20
Rep 3		8.00	8.2	9.73	74.0	N/A	2.18
Mean		8.0	8.2	9.73	74		2.24
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M.QQI_EFF	14:10	7.95	8.2	7.06	74.3	0.02	0.21
Rep 2		7.96	8.2	7.04	74.3	N/A	0.23
Rep 3		7.96	8.2	7.05	74.3	N/A	0.23
Mean		7.96	8.2	7.05	74.3		0.22
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Samplers name (Print): NICK CHANG Noa Rische Signature: _____


ENTERED LT 11/2/12

Date 9/21/12 Project Name MALIBU LAGOON

Sampler Name(s) N. CHANG

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12-20-13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u>	Exp date: <u>08-13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07-14</u>

calibrated by (Print): NICK CHANG


Sign: 

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA-INF</u>	<u>07:35</u>	<u>7.63</u>	<u>8.3</u>	<u>8.12</u>	<u>70.9</u>	<u>0.04</u>	<u>2.26</u>
Rep 2		<u>7.68</u>	<u>8.2</u>	<u>8.21</u>	<u>70.9</u>	N/A	<u>2.45</u>
Rep 3		<u>7.69</u>	<u>8.3</u>	<u>8.16</u>	<u>70.9</u>	N/A	<u>2.20</u>
Mean		<u>7.67</u>	<u>8.3</u>	<u>8.16</u>	<u>70.9</u>		<u>2.30</u>
Water Color	<u>CLEAR</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQQA1-EFF</u>	<u>08:00</u>	<u>7.73</u>	<u>8.3</u>	<u>6.74</u> <u>6.67</u>	<u>71.6</u>	<u>0.03</u>	<u>0.10</u>
Rep 2		<u>7.73</u>	<u>8.3</u>	<u>6.71</u>	<u>71.6</u>	N/A	<u>0.15</u>
Rep 3		<u>7.74</u>	<u>8.3</u>	<u>6.75</u>	<u>71.5</u>	N/A	<u>0.14</u>
Mean		<u>7.73</u>	<u>8.3</u>	<u>6.73</u>	<u>71.6</u>		<u>0.13</u>
Water Color	<u>CLEAR</u>	Debris	<u>Ø</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Samplers name (Print): NICK CHANG Signature: 

ENTERED LT 11/2/12

RG-2/3

✓

✓

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	13:40	7.73	7.8	8.95	74.4	0.05	2.68
Rep 2		7.73	8.2	8.95	74.4	N/A	2.55
Rep 3		7.73	8.2	8.95	74.4	N/A	2.51
Mean		7.73	8.2	8.95	74.4		
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA1-EFF	14:00	7.74	8.2	7.11	74.5	0.04	0.13
Rep 2		7.74	8.2	7.07	74.5	N/A	0.08
Rep 3		7.74	8.2	7.05	74.5	N/A	0.07
Mean		7.74	8.2	7.08	74.5		0.09
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): NICK C. Signature: 

Date 09-24-2012

Project Name MALIBU Lagoon Dewatering

Sampler Name(s)

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12-20-13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>08-13-</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07-14</u>

calibrated by (Print): MARK Abramson

Sign: M.A.

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-INF</u>	<u>8:40</u>	<u>7.64</u>	<u>8.3</u>	<u>7.89</u>	<u>73.4</u>	<u>0.11</u>	<u>2.85</u>
Rep 2		<u>7.64</u>	<u>8.3</u>	<u>7.87</u>	<u>73.4</u>	N/A	<u>2.89</u>
Rep 3		<u>7.65</u>	<u>8.3</u>	<u>7.86</u>	<u>73.4</u>	N/A	<u>3.08</u>
Mean		<u>7.64</u>	<u>8.3</u>	<u>7.87</u>		<u>0.11</u>	<u>2.94</u>
Water Color	<u>light Brown</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>09:00</u>	<u>7.71</u>	<u>8.3</u>	<u>5.38</u>	<u>73.6</u>	<u>0.09</u>	<u>0.40</u>
Rep 2		<u>7.72</u>	<u>8.3</u>	<u>5.38</u>	<u>73.5</u>	N/A	<u>0.46</u>
Rep 3		<u>7.72</u>	<u>8.3</u>	<u>5.37</u>	<u>73.5</u>	N/A	<u>0.50</u>
Mean		<u>7.72</u>	<u>8.3</u>	<u>5.38</u>	<u>73.5</u>	<u>0.09</u>	<u>0.45</u>
Water Color	<u>clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print):	<u>Mark Abramson</u>	Signature:	<u>M.A.</u>
	<u>Suzanne Coocke</u>		<u>Suzanne Coocke</u>

Flow 600 gpm

09-24-12

Pg 2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQA-INF	10:05	7.68	8.3	8.14	73.6	0.03	3.20
Rep 2		7.69	8.3	8.10	73.6	N/A	3.21
Rep 3		7.69	8.3	8.10	73.6	N/A	3.20
Mean		7.69	8.3	8.11	73.6	0.03	3.20
Water Color		Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M007-EFF	10:15	7.63	8.3	8.11 5.60	73.6 74.1	0.01	1.18
Rep 2		7.64	8.3	5.58	73.6 74.1	N/A	1.18
Rep 3		7.64	8.3	5.59	73.6 74.1	N/A	1.18
Mean		7.64	8.3	5.59	74.1°	0.01	1.18
Water Color		Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): MARK Abramson Signature: [Signature]

Flow 600 gpm

Suzanne Goode

Suzanne Goode

Date

9/25/12

Project Name

Moleba Canyon

LDJ

Sampler Name(s)

J. Ky Alexis Francis

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	Exp date:
0:0:00	(Yes)	9.95	(10 mS)	12 E100587	12/20/13
		Turbidity	1 NTU or 10 NTU	Lot #	Exp date:
				C251211	8/13
Res. Chlorine Verification	std 1:	std 2:	std 3:	Lot #	Exp date:
	0.23	0.90	1.62	A2187A	7/14

calibrated by (Print):

J Ky A Francis

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	16:15	7.85	8.3	9.03	75.7	0.08	3.06 NTU
Rep 2		7.86	8.3	8.80	75.8	N/A	3.14
Rep 3		7.86	8.3	8.94	75.8	N/A	3.17
Mean							
Water Color	cloudy	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	16:30	8.3	7.80	5.93	74.7	0.03	0.14
Rep 2		8.3	7.81	5.96	74.7	N/A	0.16
Rep 3		8.3	7.81	5.93	74.8	N/A	0.13
Mean							
Water Color	Ø	Debris	Ø	Oily sheen	Ø	Odor	Ø

Samplers name (Print): Jamie Ky Alexis Francis
Adam Mainz

Signature:

FB 1/1

Date 9/26/12 Project Name MAIBU LAGOON

Sampler Name(s)

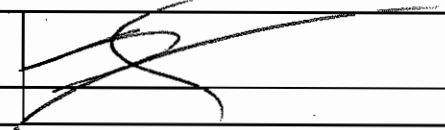
Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	12E100587	Exp date:	12/20/13
		Turbidity	1 NTU or 10 NTU	Lot #	C251211	Exp date:	8/13
Res. Chlorine Verification	std 1: 0.23	std 2: 0.90	std 3: 1.63	Lot #	A2187A	Exp date:	7/14

calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	15:30	7.72	8.3	8.59	73.7	0.10	3.01
Rep 2		7.73	8.3	8.57	73.7	N/A	3.19
Rep 3		7.74	8.3	8.59	73.7	N/A	3.18
Mean		7.73	8.3	8.58	73.7		3.13
Water Color	CLEAR	Debris		Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
	15:40	7.75	8.1	7.20	73.7	0.06	0.19
Rep 2		7.75	8.3	7.13	73.7	N/A	0.16
Rep 3		7.76	8.3	7.16	73.7	N/A	0.13
Mean		7.75	8.2	7.16	73.7		0.16
Water Color	CLEAR	Debris		Oily sheen		Odor	

Samplers name (Print): NICK C. Signature: 

Date

9/27/12

Project Name

MARSH LABOUR

Sampler Name(s)

Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot #	Exp date:
	Yes			12E100587	12/20/13
		Turbidity	1 NTU or 10 NTU	Lot #	Exp date:
				C251211	8/13
Res. Chlorine Verification	std 1: 0.22	std 2: 0.90	std 3: 1.63	Lot #	Exp date:
				A2107A	7/14

calibrated by (Print): Nick C.

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
WF	13:40	7.80	8.0	8.97	73.7	0.31*	4.54
Rep 2		7.82	8.0	8.97	73.7	N/A	4.52
Rep 3		7.82	8.0	8.96	73.7	N/A	4.49
Mean		7.813	8.0	8.966	73.7		4.516
Water Color	cloudy	Debris	∅	Oily sheen	∅	Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF	14:11	7.78	8.0	6.27	73.6	0.05	1.06
Rep 2		7.79	8.0	6.27	73.6	N/A	1.19
Rep 3		7.80	8.0	6.26	73.6	N/A	0.92
Mean		7.79	8.0	6.266	73.6		1.056
Water Color	clear	Debris	∅	Oily sheen	∅	Odor	∅

Samplers name (Print):

John Luker

Signature:



Date 09/28/2012 Project Name MALIBU Lagoon Ocean Discharge

Sampler Name(s) Mark Abramson

Calibration pH <u>(7 & 10)</u>	<input checked="" type="checkbox"/> Yes or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E1RQ587</u>	Exp date: <u>12-20-13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>08-2013</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.91</u>	std 3: <u>11.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07-2014</u>

calibrated by (Print): Mark Abramson

Sign: M-K A

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA-INF</u>	<u>06:00</u>	<u>7.69</u>	<u>8.0</u>	<u>8.81</u>	<u>73.4</u>	<u>0.09</u>	<u>3.98</u>
Rep 2		<u>7.89</u>	<u>8.0</u>	<u>8.80</u>	<u>73.4</u>	N/A	<u>3.90</u>
Rep 3		<u>7.69</u>	<u>8.0</u>	<u>8.80</u>	<u>73.4</u>	N/A	<u>3.94</u>
Mean		<u>7.69</u>	<u>8.0</u>	<u>8.80</u>	<u>73.4</u>	<u>0.09</u>	<u>3.94</u>
Water Color	<u>Light Brown</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQA1-EFF</u>	<u>06:30</u>	<u>7.71</u>	<u>8.0</u>	<u>6.29</u>	<u>73.5</u>	<u>0.07</u>	<u>1.19</u>
Rep 2		<u>7.70</u>	<u>8.0</u>	<u>6.27</u>	<u>73.5</u>	N/A	<u>1.27</u>
Rep 3		<u>7.70</u>	<u>8.0</u>	<u>6.28</u>	<u>73.5</u>	N/A	<u>1.31</u>
Mean		<u>7.70</u>	<u>8.0</u>	<u>6.28</u>	<u>73.5</u>	<u>0.07</u>	<u>1.26</u>
Water Color	<u>clear</u>	Debris	<u>none</u>	Oily sheen	<u>none</u>	Odor	<u>none</u>

Samplers name (Print): Mark Abramson Signature: M-K A

Back flushing only 1 Sample Flow 500 cfs

800g PM

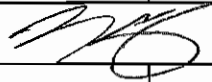
Date 10/11/12

Project Name MALIBU LAGOON

Sampler Name(s)

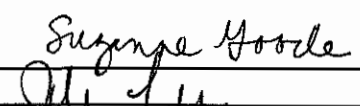
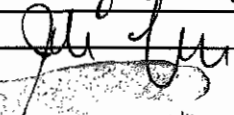
Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u>	Exp date: <u>08/13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.62</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>W1</u>	<u>13:55</u>	<u>7.91</u>	<u>8.0</u>	<u>9.57</u>	<u>74.4</u>	<u>0.06</u>	<u>4.48</u>
Rep 2		<u>7.95</u>	<u>8.0</u>	<u>9.58</u>	<u>74.3</u>	N/A	<u>4.46</u>
Rep 3		<u>7.96</u>	<u>8.0</u>	<u>9.56</u>	<u>74.4</u>	N/A	<u>4.53</u>
Mean		<u>7.94</u>	<u>8.0</u>	<u>9.57</u>	<u>74.33</u>		<u>4.49</u>
Water Color	<u>cloudy</u>	Debris <input checked="" type="checkbox"/>	Oily sheen <input checked="" type="checkbox"/>		Odor <input checked="" type="checkbox"/>		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>EFF</u>	<u>14:13</u>	<u>7.86</u>	<u>8.0</u>	<u>5.67</u>	<u>75.3</u>	<u>0.05</u>	<u>0.79</u>
Rep 2		<u>7.91</u>	<u>8.0</u>	<u>5.69</u>	<u>75.3</u>	N/A	<u>0.78</u>
Rep 3		<u>7.92</u>	<u>8.0</u>	<u>5.70</u>	<u>75.3</u>	N/A	<u>0.84</u>
Mean		<u>7.896</u>	<u>8.0</u>	<u>5.6866</u>	<u>75.3</u>		<u>0.8033</u>
Water Color	<u>clear</u>	Debris <input checked="" type="checkbox"/>	Oily sheen <input checked="" type="checkbox"/>		Odor <input checked="" type="checkbox"/>		

Samplers name (Print):	<u>Suzanne Goode</u>	Signature:	
	<u>John Laker</u>		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INF	15:00	7.99	8.0	9.70	75.1	0.17	4.50
Rep 2		8.01	8.0	9.70	75.1	N/A	4.58
Rep 3		8.01	8.0	9.70	75.1	N/A	4.50
Mean			8.0	9.70	75.1		
Water Color	cloudy	Debris \emptyset		Oily sheen \emptyset		Odor \emptyset	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFF		7.89	8.0	6.39	75.3	0.02	0.67
Rep 2		7.93	8.0	6.43	75.3	N/A	0.65
Rep 3		7.94	8.0	6.43	75.4	N/A	0.72
Mean		7.92	8.0	6.4166	75.333		0.68
Water Color	clear	Debris \emptyset		Oily sheen \emptyset		Odor \emptyset	

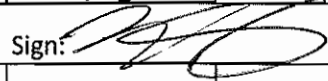
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	
Samplers name (Print):	John Luker / Suzanne Goode			Signature:	[Signature] Suzanne Goode		

Date 10/2/12 Project Name MALIBU LAGOON

Sampler Name(s)

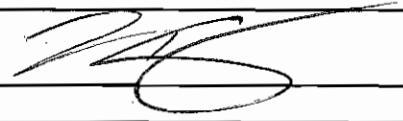
Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # 12E100587	Exp date: 12/20/13
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # C251211	Exp date: 08/13
Res. Chlorine Verification	std 1: 0.23	std 2: 0.90	std 3: 1.63	Lot # A2487A	Exp date: 07/14


calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - INF	08:10	7.93	8.0	8.11	70.9	0.12	3.72
Rep 2		7.93	8.0	8.05	70.9	N/A	3.95
Rep 3		7.94	8.0	8.02	70.8	N/A	3.75
Mean		7.93	8.0	8.00	70.9		3.81
Water Color	<u>CLEAR</u>	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - EFF	08:25	7.98	8.0	7.05	71.9	0.06	0.35
Rep 2		7.99	8.0	7.05	71.9	N/A	0.56
Rep 3		7.99	8.0	7.05	71.9	N/A	0.43
Mean		7.99	8.0	7.05	71.9		0.45
Water Color	<u>CLEAR</u>	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Samplers name (Print): NICK C. Signature: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	13:10	8.01	8.0	8.68	73.5	0.08	3.65
Rep 2		8.02	8.0	8.65	73.5	N/A	3.52
Rep 3		8.02	8.0	8.65	73.5	N/A	3.74
Mean		8.02	8.0	8.65	73.5		3.64
Water Color	LIGHT BROWN	Debris		Oily sheen		Odor	
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQL-EFF	13:17	7.97	8.0	7.01	73.9	0.07	0.43
Rep 2		7.97	8.0	7.00	73.9	N/A	0.36
Rep 3		7.98	8.0	7.02	73.9	N/A	0.30
Mean		7.97	8.0	7.01	73.9		0.36
Water Color	CLEAR	Debris		Oily sheen		Odor	
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean						N/A	
Water Color		Debris		Oily sheen		Odor	
Samplers name (Print):	NICK C.			Signature:			

Date 10/3/12 Project Name MAZIBU LAGOON

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # 12E100587	Exp date: 12/20/13
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # C251211	Exp date: 08/13
Res. Chlorine Verification	std 1: 0.24	std 2: 0.91	std 3: 1.63	Lot # A2187A	Exp date: 07/14

calibrated by (Print): NICK CHANG

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	10:00	7.83	8.1	8.31	71.3	0.11	3.59
Rep 2		7.85	8.1	8.30	71.3	N/A	3.32
Rep 3		7.86	8.1	8.29	71.3	N/A	3.29
Mean							
Water Color	<u>LIGHT TAN</u>	Debris	<u>ALGAE</u>	Oily sheen	<u>Ø</u>	Odor	<u>Ø</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQ1-EFF		7.90	8.1	7.20	71.6	0.10	0.65
Rep 2		7.91	8.1	7.21	71.6	N/A	0.56
Rep 3		7.91	8.1	7.23	71.6	N/A	0.69
Mean							
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): _____ Signature: _____

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - INF	13:30	7.93	7.9	8.76	72.0	0.12	4.38
Rep 2		7.93	8.0	8.80	72.0	N/A	4.14
Rep 3		7.93	8.0	8.76	72.0	N/A	4.29
Mean		7.93	8.0	8.76	72.0		
Water Color	CLEAR	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

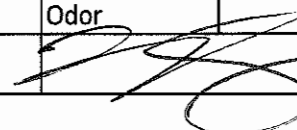
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - EFF	13:45	7.89	8.1	7.17	72.5	0.04	0.35
Rep 2		7.90	8.1	7.14	72.5	N/A	0.36
Rep 3		7.91	8.0	7.14	72.5	N/A	0.29
Mean		7.90	8.1	7.14	72.5		0.33
Water Color	CLEAR	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print):

NICK CHAN B

Signature:



Date

10/4/12

Project Name

MAYEU LAGOON

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # 12E100587	Exp date: 12/20/13
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # C251211	Exp date: 08/13
Res. Chlorine Verification	std 1: 0.25	std 2: 0.90	std 3: 1.62	Lot # A2187A	Exp date: 07/14

calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
		8.01	8.0	9.09	73.6	0.10	4.84
Rep 2		8.02	8.0	9.07	74.0	N/A	4.35
Rep 3		8.03	8.0	9.07	74.0	N/A	4.80
Mean							
Water Color	CLEAR	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

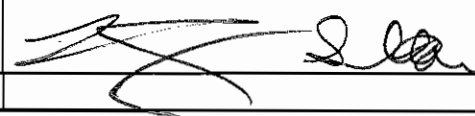
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
		8.03	8.1	8.75	73.1	0.07	0.10 0.43
Rep 2		8.03	8.1	8.74	73.1	N/A	0.11
Rep 3		8.03	8.1	8.78	73.1	N/A	0.14
Mean							
Water Color	CLEAR	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Samplers name (Print):

NICK C.

Steve Harrison

Signature:



Date 10/5/12

Project Name MALIBU LAGOON

Sampler Name(s)


Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 0 mS	Lot # <u>12E100587</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u>	Exp date: <u>08/13</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.91</u>	std 3: <u>1.64</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): J. Luke

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>INF</u>	<u>10:41</u>	<u>7.64</u>	<u>7.4</u>	<u>10.61</u>	<u>70.3</u>	<u>0.09</u>	<u>4.39</u>
Rep 2		<u>7.68</u>	<u>7.3</u>	<u>10.5</u>	<u>70.3</u>	N/A	<u>4.27</u>
Rep 3		<u>7.70</u>	<u>7.4</u>	<u>10.47</u>	<u>70.3</u>	N/A	<u>4.26</u>
Mean		<u>7.673</u>	<u>7.366</u>	<u>10.526</u>	<u>70.3</u>		<u>4.306</u>
Water Color	<u>slightly cloudy</u>	Debris <input checked="" type="checkbox"/>	Oily sheen <input checked="" type="checkbox"/>		Odor <input checked="" type="checkbox"/>		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>EFF</u>	<u>11:10</u>	<u>7.74</u>	<u>7.74</u>	<u>7.48</u>	<u>70.9</u>	<u>0.00</u>	<u>0.93</u>
Rep 2		<u>7.74</u>	<u>7.74</u>	<u>7.42</u>	<u>70.9</u>	N/A	<u>0.88</u>
Rep 3		<u>7.74</u>	<u>7.74</u>	<u>7.43</u>	<u>70.9</u>	N/A	<u>0.84</u>
Mean		<u>7.74</u>	<u>7.74</u>	<u>7.443</u>	<u>70.9</u>		<u>0.883</u>
Water Color	<u>clear</u>	Debris <input checked="" type="checkbox"/>	Oily sheen <input checked="" type="checkbox"/>		Odor <input checked="" type="checkbox"/>		

Samplers name (Print): John Luke Signature: 



Date 10/18/12 Project Name MALIBU LAGOON

Sampler Name(s)

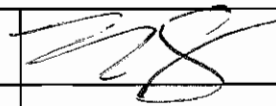
Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # <u>12E100587</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C25/211</u>	Exp date: <u>08/13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.66</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): NICK C.

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-WF</u>	<u>07:45</u>	<u>8.15</u>	<u>7.4</u>	<u>7.98</u>	<u>66.8</u>	<u>0.02</u>	<u>2.82</u>
Rep 2		<u>8.19</u>	<u>7.4</u>	<u>8.0</u>	<u>66.8</u>	N/A	<u>2.77</u>
Rep 3		<u>8.21</u>	<u>7.4</u>	<u>7.98</u>	<u>66.7</u>	N/A	<u>3.03</u>
Mean							
Water Color	<u>LIGHT TAN / BRN</u>	Debris	<u>PLANT MATTER</u>	Oily sheen		Odor	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-CAF</u>	<u>07:55</u>	<u>8.11</u>	<u>7.4</u>	<u>6.97</u>	<u>67.9</u>	<u>0.01</u>	<u>0.63</u>
Rep 2		<u>8.13</u>	<u>7.4</u>	<u>7.0</u>	<u>67.9</u>	N/A	<u>0.86</u>
Rep 3		<u>8.14</u>	<u>7.4</u>	<u>7.01</u>	<u>67.9</u>	N/A	<u>.96</u>
Mean							
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): NICK C. Signature: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - INF	13:10	8.14	7.4	8.54	72.6	0.09	4.65
Rep 2		8.19	7.4	8.57	72.6	N/A	4.91
Rep 3		8.20	7.4	8.61	72.7	N/A	5.20
Mean		8.18	7.4	8.57	72.6		
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQI - EFF	13:30	8.1	7.4	7.4	71.4	0.07	0.65
Rep 2		8.13	7.4	7.37	71.4	N/A	0.76
Rep 3		8.14	7.4	7.39	71.4	N/A	0.75
Mean			7.4		71.4		
Water Color	CLEAR	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): _____ Signature: _____

10-09-2012 Cal. Log

CALIBRATION PH 7 & 10 (Y) or N

RES. CHLORINE VERIFICATION: STD1: 0.73 / STD2: 0.91 / STD3: 1.66

CONDUCTIVITY: 1MS OR (10MS)
TURBIDITY: 1NTU OR (10NTU)

LOT#: 12E100587
LOT#: C251211
LOT#: A2187A

EXP DATE: 12/20/13
EXP DATE: 02/13
EXP DATE: 07/14

MANUSKRIPT

10/9/12 26 1/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	08:33	8.05	7.4	8.34	64.8	.06	10.34
Rep 2		8.1	7.4	8.31	64.8	N/A	11.2
Rep 3		8.12	7.4	8.31	64.8	N/A	11.5
Mean							
Water Color	Debris		Oily sheen		Odor		

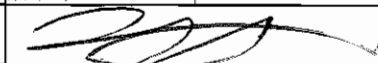
Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQI-EFF		8.11	7.5	5.85	66.9	.04	1.52
Rep 2		8.14	7.5	5.82	66.9	N/A	1.29
Rep 3		8.15	7.5	5.82	66.9	N/A	1.47
Mean							
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean		0	0	0	0	N/A	0
Water Color	Debris		Oily sheen		Odor		

Samplers name (Print):

NICK C. ALAY

Signature:



CALIBRATION PH 7 § 10 ④ or N

RES CHLORINE VERIFICATION: STD1: 0.25 / STD2: 0.90 / STD3: 1.65

CONDUCTIVITY: 1 MS OR (10 MS)
TURBIDITY: 1 NTU OR (10 NTU)

EXP DATE: 12/20/13
EXP DATE: 08/13
EXP DATE: 07/14

10-10-2012 Cal. Log

J. King 10/10/12 pg 106

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
INFLUENT	11:45	7.88	7.4	8.63	70.1	0.07	6.35
Rep 2		7.87	7.5	8.78	70.1	N/A	6.36
Rep 3		7.87	7.5	8.78	70.1	N/A	7.00
Mean							
Water Color	lt. brown	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
EFFLUENT	12:15	7.80	7.5	6.63	68.0	0.13 0.07	21.7
Rep 2		7.80	7.5	6.58	68.0	N/A	20.0
Rep 3		7.80	7.5	6.48	68.0	N/A	21.0
Mean							
Water Color	lt cloudy	Debris	Ø	Oily sheen	Ø	Odor	Ø

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): J. King & N. Signature: [Signature]

Note re-sampled chlorine as original sample right after valve refilled after pump stop JK

N. CHANG

[Handwritten signature]

10/10/12

pg 2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-1NF	15:17	7.90	7.6	9.39	75.3	0.03	6.55
Rep 2		7.96	7.6	9.3	75.2	N/A	6.41
Rep 3		7.99	7.6	9.37	75.2	N/A	6.35
Mean		7.95	7.6	9.35	75.2		6.44
Water Color	MURKY TAN	Debris	<i>[check]</i>	Oily sheen	<i>[check]</i>	Odor	<i>[check]</i>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQ01 - EFF	15:40	7.83	7.6	7.17	73.1	0.06	2.61
Rep 2		7.86	7.6	7.07	73.2	N/A	2.48
Rep 3		7.87	7.6	7.14	73.2	N/A	2.38
Mean		7.85	7.6	7.13	73.2		2.49
Water Color	<i>[check]</i>	Debris	<i>[check]</i>	Oily sheen	<i>[check]</i>	Odor	<i>[check]</i>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): N. CHANG Signature: *[Handwritten signature]*

CALIBRATION 7 3/10 (P) OR N

RES CHLORINE VERIFICATION: STD1: 0.26 | STD 2: 0.91 | STD 3: 1.66

CONDUCTIVITY: 1 MS OR 10 MS

TURBIDITY: 1 NTU OR 10 NTU

EXP DATE: 12/20/13

EXP DATE: 08/13

EXP DATE: 07/14

10-11-2012 Cal. Log

N. CHANG

10/11/12

pg 1/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-INF	07:51	8.04	7.6	7.8	63.2	0.03	8.08
Rep 2		8.08	7.6	7.81	63.0	N/A	7.43
Rep 3		8.10	7.6	7.81	62.9	N/A	7.55
Mean		8.6	7.6	7.81	63	0.03	7.68
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA-PRF	8:34	8.10	7.6	6.64	64.8	0.06	1.17
Rep 2		8.09	7.6	6.67	64.8	N/A	1.25
Rep 3		8.11	7.6	6.65	64.8	N/A	1.18
Mean		8.10	7.6	6.66	64.8	0.06	1.2
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color	Debris		Oily sheen		Odor		

Samplers name (Print): _____ Signature: _____

N CHANG

10/11/12

PG 2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M002A_INF	13:26	8.15	7.3	9.30	12.8	0.08	7.85
Rep 2		8.15	7.7	9.22	12.8	N/A	8.23
Rep 3		8.16	7.7	9.26	12.7	N/A	7.71
Mean							
Water Color	MURKY TAN	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
M001_INF	13:35	8.05	7.6	6.54	10.3	0.12	0.48
Rep 2		8.06	7.6	6.53	10.3	N/A	0.24
Rep 3		8.06	7.7	6.50	10.3	N/A	0.34
Mean							
Water Color	CLEAR	Debris	<input checked="" type="checkbox"/>	Oily sheen	<input checked="" type="checkbox"/>	Odor	<input checked="" type="checkbox"/>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color		Debris		Oily sheen		Odor	

Samplers name (Print): N CHANG Signature: 

Date 10/12/12 Project Name MAZIBU LAGOON

Sampler Name(s) Charlie P. & Andy Bearer

Calibration <u>pH 7 & 10</u>	<u>Yes</u> or no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E 100587</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C25 1211</u>	Exp date: <u>8/20/13</u>
Res. Chlorine Verification	std 1: <u>.23</u>	std 2:	std 3:	Lot # <u>AZ1 87A</u>	Exp date: <u>07/14</u>

calibrated by (Print): ANDY BEARER + CHARLIE P. Sign: Andy Bearer

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQAA INF.</u>	<u>3:30PM</u>	<u>8.41</u>	<u>8.6</u>	<u>11.91</u>	<u>71.8</u>	<u>N/A</u>	<u>9.18</u>
Rep 2		<u>8.41</u>	<u>8.6</u>	<u>11.99</u>	<u>71.8</u>	<u>N/A</u>	<u>9.18</u>
Rep 3		<u>8.42</u>	<u>8.6</u>	<u>11.99</u>	<u>72</u>	<u>N/A</u>	<u>9.18</u>
Mean							
Water Color	<u>cloudy</u>	Debris	<u>∅</u>	Oily sheen	<u>∅</u>	Odor	<u>∅</u>

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQAA EFF.</u>	<u>3:00PM</u>	<u>8.05</u>	<u>8.5</u>	<u>8.26</u>	<u>72.4</u>	<u>0.01</u>	<u>4.63</u>
Rep 2		<u>8.10</u>	<u>8.5</u>	<u>8.26</u>	<u>72.4</u>	<u>N/A</u>	<u>4.52</u>
Rep 3		<u>8.12</u>	<u>8.5</u>	<u>8.24</u>	<u>72.5</u>	<u>N/A</u>	<u>4.10</u>
Mean							
Water Color	<u>∅</u>	Debris	<u>little cloudy</u>	Oily sheen	<u>∅</u>	Odor	<u>∅</u>

Samplers name (Print): JAMES KING ANDY BEARER Signature: Andy Bearer

Date

10/15/12

Project Name

MALIBU LAGOON

Sampler Name(s)

Calibration (pH & 10)	Yes or no	Conductivity	1 mS or 10 mS	Lot # 12E 100587	Exp date: 12/20/13
		Turbidity	1 NTU or 10 NTU	Lot # C25 1211	Exp date: 08/20/13
Res. Chlorine Verification	std 1: 0.24	std 2: 0.90	std 3: 1.63	Lot # A2187A	Exp date: 07/14

calibrated by (Print): ANDY BEARER JACK DULEY

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQAA INFLUENT	3:15 PM	8.36	8.7	13.05	75.6	0.06	15.1
Rep 2		8.37	8.7	13.00	75.6	N/A	15.1
Rep 3		8.38	8.7	13.02	75.6	N/A	15.6
Mean							
Water Color	cloudy	Debris	some	Oily sheen	∅	Odor	slight

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQAA EFFLUENT	3:45	8.12	8.9	5.48	74.0	0.06	1.25
Rep 2		8.11	8.9	5.42	74.0	N/A	1.30
Rep 3		8.11	8.9	5.44	74.1	N/A	1.22
Mean							
Water Color	clear	Debris	∅	Oily sheen	∅	Odor	∅

Samplers name (Print):

ANDY BEARER JACK DULEY

Signature:

Andy Bearer

WATER SYSTEM FLOW: 400 g/m

Jack Duley

PH 7: LOT # F2-WC501116 EXP DATE: 01/13

PH 10: LOT # E2-WC501064 EXP DATE: 01/13

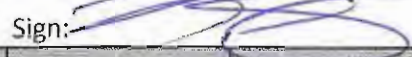
Date 10/16/12

Project Name MALIBU LAEON

Sampler Name(s)

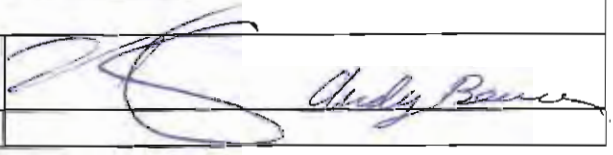
Calibration pH 7 & 10	Yes or no	Conductivity	1 mS or 10 mS	Lot # <u>12F 100 581</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>0251211</u>	Exp date: <u>08/20/13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): NICK CHAND

Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQGA - INF</u>	<u>07:23</u>	<u>7.79</u>	<u>8.0</u>	<u>6.27</u>	<u>66.5</u>	<u>0.02</u>	<u>12.3</u>
Rep 2		<u>7.85</u>	<u>8.0</u>	<u>6.21</u>	<u>66.4</u>	N/A	<u>12.0</u>
Rep 3		<u>7.86</u>	<u>8.1</u>	<u>6.19</u>	<u>66.4</u>	N/A	<u>13.0</u>
Mean							
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MQ21 - EFF</u>		<u>7.83</u>	<u>8.0</u>	<u>6.29</u>	<u>67.1</u>	<u>0.03</u>	<u>1.52</u>
Rep 2		<u>7.85</u>	<u>8.0</u>	<u>6.20</u>	<u>67.0</u>	N/A	<u>0.84</u>
Rep 3		<u>7.87</u>	<u>8.0</u>	<u>6.21</u>	<u>67.0</u>	N/A	<u>0.80</u>
Mean							
Water Color	Debris		Oily sheen		Odor		

Samplers name (Print):	<u>NICK C.</u>	<u>ANDY BEARER</u>	Signature:	
------------------------	----------------	--------------------	------------	---

FLOW RATE: 530-600 g/m.

PH 7 LOT #: F2-WLS0106 EXPIRE: 1/13
 PH 10 LOT #: E2WL501064 EXPIRE: 1/13

Date 10/17/12

Project Name MALIBU LAGOON

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E100587</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>C251211</u>	Exp date: <u>08/20/13</u>
Res. Chlorine Verification	std 1: <u>0.23</u>	std 2: <u>0.40</u>	std 3: <u>1.64</u>	Lot # <u>AZ187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): NICK C.

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MDRA-INF</u>	<u>07:35</u>	<u>7.92</u>	<u>7.9</u>	<u>7.61</u>	<u>66.8</u>	<u>0.01</u> <u>2.00T</u>	<u>10.79</u>
Rep 2		<u>7.98</u>	<u>7.8</u>	<u>7.64</u>	<u>66.8</u>	N/A	<u>10.2</u>
Rep 3		<u>7.99</u>	<u>7.8</u>	<u>7.62</u>	<u>66.7</u>	N/A	<u>11.41</u>
Mean							
Water Color: <u>LIGHT BROWN</u>	Debris	<u>0</u>	Oily sheen	<u>0</u>	Odor	<u>0</u>	

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>MDRI-EFF</u>	<u>07:40</u>	<u>7.84</u>	<u>7.9</u>	<u>4.53</u>	<u>68.4</u>	<u>0.06</u>	<u>5.22</u>
Rep 2		<u>7.87</u>	<u>7.9</u>	<u>4.5</u>	<u>68.4</u>	N/A	<u>4.89</u>
Rep 3		<u>7.89</u>	<u>7.9</u>	<u>4.53</u>	<u>68.4</u>	N/A	<u>5.27</u>
Mean							
Water Color: <u>CLEAR</u>	Debris	<u>0</u>	Oily sheen	<u>0</u>	Odor	<u>0</u>	

Samplers name (Print): NICK C. Felix Cottodi Signature:

VH 7 LOT #: F2-WLS0116 EXP DATE: 11/13
 PH 10 LOT #: F2WLS01064 EXP DATE: 11/13

150 GPM

PG 1/2

Date 10/18/12

Project Name MALIBU LAGOON

Sampler Name(s)

Calibration pH 7 & 10	<input checked="" type="radio"/> Yes or <input type="radio"/> no	Conductivity	1 mS or <input checked="" type="radio"/> 10 mS	Lot # <u>12E100581</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <input checked="" type="radio"/> 10 NTU	Lot # <u>C251211</u>	Exp date: <u>08/20/13</u>
Res. Chlorine Verification	std 1: <u>0.25</u>	std 2: <u>0.89</u>	std 3: <u>1.62</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): NICK C.

Sign:

Site ID	Time 24 hr	pH	Salinity (ppt)	Dissolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M009-INF</u>	<u>10:40</u>	<u>7.72</u>	<u>8.4</u>	<u>6.08</u>	<u>69.8</u>	<u>0.04</u>	<u>17.4</u>
Rep 2		<u>7.74</u>	<u>8.4</u>	<u>6.03</u>	<u>69.8</u>	N/A	<u>16.7</u>
Rep 3		<u>7.75</u>	<u>8.4</u>	<u>6.01</u>	<u>69.8</u>	N/A	<u>16.7</u>
Mean		<u>7.73</u>	<u>8.4</u>	<u>6.04</u>	<u>69.8</u>		<u>16.93</u>
Water Color <u>cloudy</u>	Debris <u>sample</u>		Oily sheen <u>7</u>		Odor <u>0</u>		

Site ID	Time 24 hr	pH	Salinity (ppt)	Dissolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>11:09</u>	<u>7.64</u>	<u>8.5</u>	<u>4.54</u>	<u>70.2</u>	<u>.05</u>	<u>2.26</u>
Rep 2		<u>7.68</u>	<u>8.5</u>	<u>4.53</u>	<u>70.2</u>	N/A	<u>2.26</u>
Rep 3		<u>7.70</u>	<u>8.5</u>	<u>4.53</u>	<u>70.2</u>	N/A	<u>2.13</u>
Mean		<u>7.673</u>	<u>8.5</u>	<u>4.533</u>	<u>70.2</u>		<u>2.216</u>
Water Color <u>0</u>	Debris <u>0</u>		Oily sheen <u>0</u>		Odor <u>0</u>		

Samplers name (Print): John Luker Signature:

450 GPM

10-18-12 PS-2/2

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - INF	11:40	7.74	8.5	6.23	70.4	0.04	13.0
Rep 2		7.77	8.5	6.21	70.4	N/A	12.7
Rep 3		7.78	8.5	6.20	70.4	N/A	13.2
Mean		7.763	8.5	6.213	70.4		12.966
Water Color cloudy	Debris cloudy		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
MQQA - EFF	12:14	7.56	8.5	3.20	71.0	0.04	0.92
Rep 2		7.65	8.5	3.19	71.0	N/A	1.15
Rep 3		7.67	8.5	3.19	71.0	N/A	1.30
Mean		7.626	8.5	3.193	71.0		1.123
Water Color	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Disolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
Rep 2						N/A	
Rep 3						N/A	
Mean			0	0	0	N/A	0
Water Color	Debris		Oily sheen		Odor		
Samplers name (Print):	John Luker			Signature:		[Signature]	




PH 7 LOT#: F2-WC501116 EXP DATE: 1/13
 PH 10 LOT#: E2-WC501064 EXP DATE: 1/13




Date 10/19/12 Project Name MALIBU LAGOON

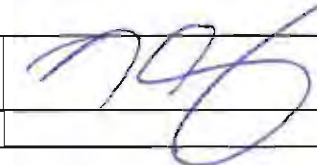
Sampler Name(s)

Calibration pH 7 & 10	Yes <input checked="" type="radio"/> or no <input type="radio"/>	Conductivity	1 mS or <u>10 mS</u>	Lot # <u>12E100587</u>	Exp date: <u>12/20/13</u>
		Turbidity	1 NTU or <u>10 NTU</u>	Lot # <u>6251211</u>	Exp date: <u>08/20/13</u>
Res. Chlorine Verification	std 1: <u>0.24</u>	std 2: <u>0.90</u>	std 3: <u>1.63</u>	Lot # <u>A2187A</u>	Exp date: <u>07/14</u>

calibrated by (Print): NICK CHANG Sign: 

Site ID	Time 24 hr	pH	Salinity (ppt)	Dissolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M00A-1NE</u>	<u>07:36</u>	<u>7.63</u>	<u>8.3</u>	<u>7.62</u>	<u>69.1</u>	<u>0.05</u>	<u>8.89</u>
Rep 2		<u>7.72</u>	<u>8.3</u>	<u>7.58</u>	<u>69.0</u>	N/A	<u>8.96</u>
Rep 3		<u>7.74</u>	<u>8.3</u>	<u>7.58</u>	<u>69.0</u>	N/A	<u>8.96</u>
Mean							
Water Color: <u>LT. TAN</u>	Debris		Oily sheen		Odor		

Site ID	Time 24 hr	pH	Salinity (ppt)	Dissolved Oxygen mg/L	Temperature F	Residual Chlorine (ppm)	Turbidity (NTU)
<u>M001-EFF</u>	<u>08:00</u>	<u>7.66</u>	<u>8.3</u>	<u>6.77</u>	<u>70.2</u>	<u>0.05</u>	<u>3.46</u>
Rep 2		<u>7.74</u>	<u>8.3</u>	<u>6.72</u>	<u>70.1</u>	N/A	<u>3.58</u>
Rep 3		<u>7.77</u>	<u>8.3</u>	<u>6.69</u>	<u>70.1</u>	N/A	<u>3.45</u>
Mean							
Water Color: <u>CLEAR</u>	Debris		Oily sheen		Odor		

Samplers name (Print): NICK C. Signature: 

Appendix C:

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



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.

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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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12		QCBatchID: QC1128116 dung
Method: SM 9221-B Coliform, Total	9000	1			MPN/100ml	07/23/12		QCBatchID: RG
Method: SM 9221-E Coliform, Fecal	500	1			MPN/100ml	07/23/12		QCBatchID: RG
Method: SM 9230-B Enterococcus	430	1			cfu/100ml	07/23/12		QCBatchID: RG

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

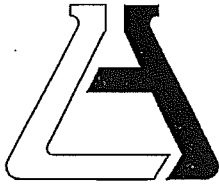
Date 7-23-2012 Page 1 of 1

307563

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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)	Received by: (Signature)	Date/Time <u>7/23/12</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 Tran</u>	Date/Time <u>7/23/12 1647</u>	
Special Instructions: <u>PO #: 7232012-JS-FORDEC-12-407</u>		Date/Time <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 Pure Effect
 Client: Pure Effect 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?	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: 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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12	QC1128116 dung
Method: SM 9221-B Prep Method: Mehtod Coliform, Total	5000	1			MPN/100ml	07/23/12	QC1128116 roxane
Method: SM 9221-E Prep Method: Method Coliform, Fecal	300	1			MPN/100ml	07/23/12	QC1128116 roxane
Method: SM 9230-B Prep Method: Method Enterococcus	141	1			cfu/100ml	07/23/12	QC1128116 roxane

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





ASSOCIATED LABORATORIES

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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)	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>Phong Tran</u>	Date/Time <u>7/23/12</u>	
Special Instructions: <u>PO #: 7232012-JS-FORDEC-12-407</u>			<u>647</u> <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

7-23-12 4:50



ASSOCIATED LABORATORIES

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

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1 Pure Effect
 Client: Pure Effect 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?	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: M. Eubank Date: 07/23/12
 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. #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

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SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect 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.)

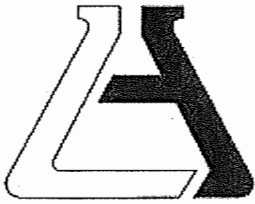
Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle 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: M. Guebert Date: 07/23/12
 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. #7232012-JS-FORDEC-12-407

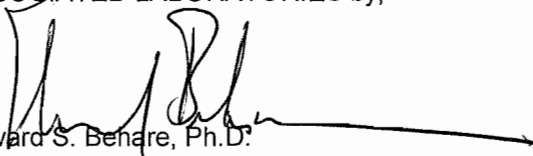
Lab Request: 307562
Report Date: 07/30/2012
Date Received: 07/23/2012
Client ID: 10043

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. 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 12:43	Site:
Sample #: 307562-001	Client Sample #: 72312-EFF-ML1
	Collector: Client

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

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





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First Sample

CHAIN OF CUSTODY RECORD

Date 7-23-2012 Page 1 of 1

307562

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	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) <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.
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>7/23/12</u>	
Special Instructions: <u>PO #: 7232012-JS-FORDEC-12-407</u>			<u>647</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: 07-23-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

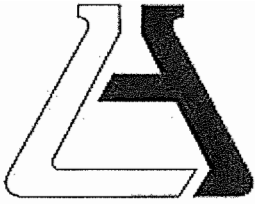
Section 2
 Was the cooler packed with: Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6.0C
 (Acceptance range is 2 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	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: M. Guebert Date: 07/23/12
 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. #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 #: 307560-001	Client Sample #: 72312-EFF-ML2
	Collector: Client

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

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





ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

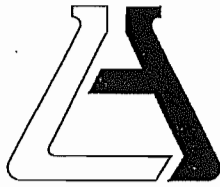
Date 7-23-2012 Page 1 of 1

307560

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
72312-EFF-ML2	Malibu Lagoon - Treated Effluent	7/23/12	2:15	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)	Received by: (Signature)	Date/Time <u>7/23/12</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>PNOWG from</u>	Date/Time <u>7/17/12 6:47</u>	
Special Instructions: <u>PO #: 7232012-JS-FORDEC-12-407</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: Pure Effect 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?	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: 07/23/12
 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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	Prep Method: Method ND	1	0.02	0.1	mg/L	07/24/12	dung	QCBatchID: QC1128116
Method: SM 9221-B Coliform, Total	Prep Method: Mehtod 7000	1			MPN/100ml	07/24/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	Prep Method: Method 140	1			MPN/100ml	07/24/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	Prep Method: Method 246	1			cfu/100ml	07/24/12	roxane	QCBatchID:

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





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First Sample

307593

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-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 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. <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 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 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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: Jawad Date: 7/24/12



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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12		QCBatchID: QC1128116 dung
Method: SM 9221-B Coliform, Total	5000	1			MPN/100ml	07/24/12		QCBatchID: RG
Method: SM 9221-E Coliform, Fecal	220	1			MPN/100ml	07/24/12		QCBatchID: RG
Method: SM 9230-B Enterococcus	267	1			cfu/100ml	07/24/12		QCBatchID: RG

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





ASSOCIATED LABORATORIES

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Second Sample

307594

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Enriquez Romo</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>Enriquez Romo</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>7/24/12 12:45</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time
Special Instructions: <u>PO #: 7242012-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: 7/24/12 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: 7.5
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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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. #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

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

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

Section 4

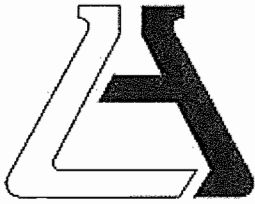
Explanations/Comments

Section 5

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

Completed By: [Signature]

Date: 7/24/12



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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

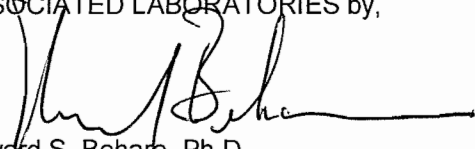
Lab Request: 307595
Report Date: 07/30/2012
Date Received: 07/24/2012
Client ID: 10043

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12		QCBatchID: QC1128116 dung
Method: SM 9221-B Coliform, Total	220	1			MPN/100ml	07/24/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	4	1			MPN/100ml	07/24/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	5	1			cfu/100ml	07/24/12		QCBatchID: 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
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307595

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature) <u>Emerique Romo</u>	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/>
		Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>

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>Emerique Romo</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>12:15</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>7/24/12</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

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



ASSOCIATED LABORATORIES

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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 2
 Was 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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: 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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/24/12		QCBatchID: QC1128116 dung
Method: SM 9221-B Coliform, Total	220	1			MPN/100ml	07/24/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/24/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	3	1			cfu/100ml	07/24/12		QCBatchID: roxane

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





ASSOCIATED LABORATORIES

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Second Sample

307501

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>
Relinquished by: (Signature)	Received by Laboratory for analysis: (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

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



ASSOCIATED LABORATORIES

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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: _____

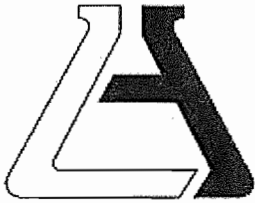
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 7° C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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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-12-412

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 #: 307660-001	Client Sample #: 72512-INF-ML
	Collector: Client

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

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: 7/25/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

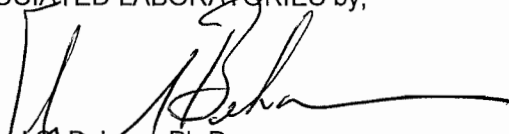
Lab Request: 307665
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

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 Chlorine, Total Residual	0.13	1	0.02	0.1	mg/L	07/25/12	dung	QCBatchID: QC1128247
Method: SM 9221-B Coliform, Total	1700	1			MPN/100ml	07/25/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	50	1			MPN/100ml	07/25/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	2600	1			cfu/100ml	07/25/12	roxane	QCBatchID:

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





ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

First Sample

307665

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 8 Hr. <input type="checkbox"/>

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	9:36 pm	x			4		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									421001 X100
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>7/25/12 12:03</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 7252012-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: 7/25/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 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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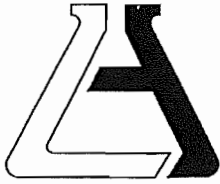
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12		QCBatchID: QC1128247 dung
Method: SM 9221-B Coliform, Total	3000	1			MPN/100ml	07/25/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	300	1			MPN/100ml	07/25/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	2730	1			cfu/100ml	07/25/12		QCBatchID: roxane

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: 7/25/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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								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								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

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SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 7/25/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

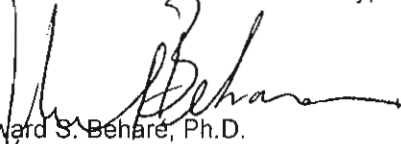
Lab Request: 307661
Report Date: 07/30/2012
Date Received: 07/25/2012
Client ID: 10043

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

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/25/2012 08:30	Site:
Sample #: 307661-001	Client Sample #: 72512-EFF-ML
	Collector: Client

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

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: 7/25/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

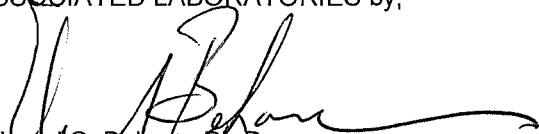
Lab Request: 307664
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

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. Bellare, Ph.D.
Lab Director

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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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/25/12	dung	QCBatchID: QC1128247
Method: SM 9221-B Coliform, Total	30	1			MPN/100ml	07/25/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/25/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	07/25/12	roxane	QCBatchID:

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: 7/25/12 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.)

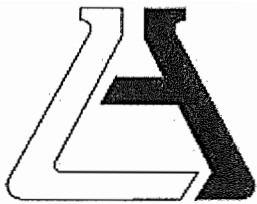
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/25/12		QCBatchID: QC1128247 dung
Method: SM 9221-B Coliform, Total	22	1			MPN/100ml	07/25/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	2	1			MPN/100ml	07/25/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	07/25/12		QCBatchID: roxane

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: 7/25/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12		QCBatchID: QC1128278 dung
Method: SM 9221-B Coliform, Total	2200	1			MPN/100ml	07/27/12		QCBatchID: RG
Method: SM 9221-E Coliform, Fecal	500	1			MPN/100ml	07/27/12		QCBatchID: RG
Method: SM 9230-B Enterococcus	503	1			cfu/100ml	07/27/12		QCBatchID: RG

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





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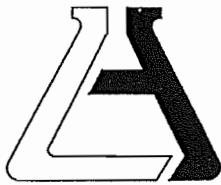
First Sample

307831

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>[Signature]</u>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Sample Day <u>24 Hr.</u> 8 Hr.					
				Regular <input checked="" type="checkbox"/> 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. <u>Jeff Sherod</u>			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>[Signature]</u>		Date/Time <u>7-27-12 jwo</u>					
Special Instructions: PO #: 7262012-JS-FORDEC-12-407									
DISTRIBUTION: White with report. Yellow to AL, Pink to Courier									



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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

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

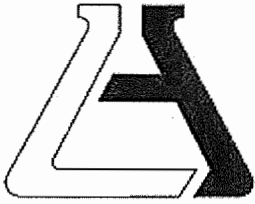
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 5.0C
 (Acceptance range is 0 to 6 Deg. C.)

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. E. [Signature] Date: 07/27/12



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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	QCBatchID: QC1128278
Method: SM 9221-B Coliform, Total	1700	1			MPN/100ml	07/27/12	nmikhael	QCBatchID:
Method: SM 9221-E Coliform, Fecal	500	1			MPN/100ml	07/27/12	nmikhael	QCBatchID:
Method: SM 9230-B Enterococcus	1272	1			cfu/100ml	07/27/12	nmikhael	QCBatchID:

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





ASSOCIATED LABORATORIES

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Second Sample

307833

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

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)	Received by: (Signature)	Date/Time <u>7/27/12 09:48</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>Nevine M. Khalil</u>	Date/Time <u>7-27-12 11:16</u>	
Special Instructions: <u>PO #: 7262012-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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 07-27-12 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?	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. [Signature] Date: 07/27/12



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. #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





ASSOCIATED LABORATORIES

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SAMPLE ACCEPTANCE CHECKLIST

Section 1 Pure Effect

Client: Pure Effect Project: _____

Date Received: 07-27-12 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 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?	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. Eshel Date: 07/27/12



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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12	dung	QCBatchID: QC1128278
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	07/27/12	nmikhael	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/27/12	nmikhael	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	07/27/12	nmikhael	QCBatchID:

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





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First Sample

307830

CHAIN OF CUSTODY RECORD

Date 7-26-2012 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
Sample 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 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) [Signature]

Received by: (Signature) [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)

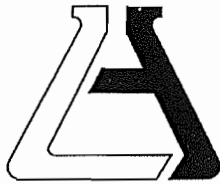
Date/Time

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

Jeff Sherod

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

[Handwritten notes]



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

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

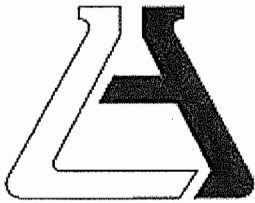
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 5.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/27/12		QCBatchID: QC1128278 dung
Method: SM 9221-B Coliform, Total	11	1			MPN/100ml	07/27/12		QCBatchID: nmikhael
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/27/12		QCBatchID: nmikhael
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	07/27/12		QCBatchID: nmikhael

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





ASSOCIATED LABORATORIES

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Second Sample

307832

CHAIN OF CUSTODY RECORD

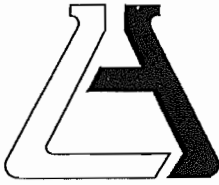
Date 7-26-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72612-EFF-ML2	Malibu Lagoon - Treated Effluent	7/26/12	1045	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. <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 7262012-JS-FORDEC-12-407</u>			DISTRIBUTION: White with report. Yellow to AL, Pink to Courier

Trn 7/27/12 11:00am.



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: 07-27-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

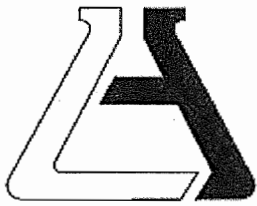
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 5.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 07/27/12



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. #7302012-JS-FORDEC-12-407

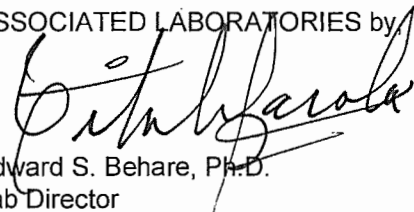
Lab Request: 307944
Report Date: 08/03/2012
Date Received: 07/30/2012
Client ID: 10043

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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




First Sample

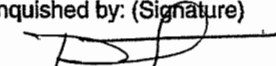

307944

CHAIN OF CUSTODY RECORD

Date 7-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
73012-INF-ML1	Malibu Lagoon - Influent Source	7/30/12	10 ⁵⁰ A	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) 	Received by: (Signature) 	Date/Time <u>7/30/12 14:47</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Revine M. Khalil</u>	Date/Time <u>7-3-12 3:50</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 7302012-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: 7/30/12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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

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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. #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 #: 307947-001	Client Sample #: 73012-INF-ML2
	Collector: Client

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

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





ASSOCIATED LABORATORIES

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Second Sample

307947

CHAIN OF CUSTODY RECORD

Date 7-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
73012-INF-ML2	Malibu Lagoon - Influent Source	7/30/12	12:35	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 <u>7/30/12 1447</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>NEWINE Michael</u>	Date/Time <u>3:50 7-30-12</u>
Special Instructions: <u>PO #: 7302012-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: 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: 10c
 (Acceptance range is 0 to 6 Deg. C.)

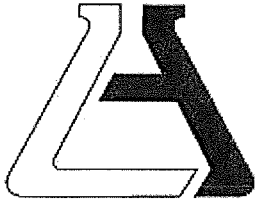
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes - were they intact?			<input checked=""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

*: 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: Judith Date: 7/30/12



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. #7302012-JS-FORDEC-12-407

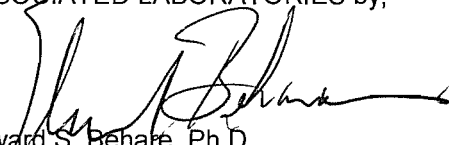
Lab Request: 307945
Report Date: 08/06/2012
Date Received: 07/30/2012
Client ID: 10043

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/30/12	hanhkhong	QCBatchID: QC1128323
Method: SM 9221-B Coliform, Total	23	1			MPN/100ml	07/30/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	2	1			MPN/100ml	07/30/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	3	1			cfu/100ml	07/30/12	roxane	QCBatchID:

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





ASSOCIATED LABORATORIES

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First Sample

307945

CHAIN OF CUSTODY RECORD

Date 7-30-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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)	Received by: (Signature)	Date/Time <u>7/30/12 14:47</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Revine Michael</u>	Date/Time <u>7-30-12 3:50</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 7302012-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: 7/30/12 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: 10C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 7/30/12



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. #7302012-JS-FORDEC-12-407

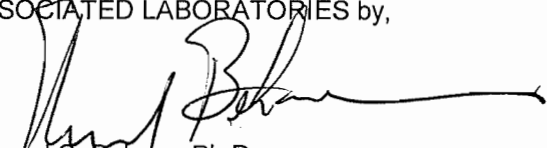
Lab Request: 307943
Report Date: 08/06/2012
Date Received: 07/30/2012
Client ID: 10043

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. 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: 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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/30/12	hanhkhong	QCBatchID: QC1128323
Method: SM 9221-B Coliform, Total	30	1			MPN/100ml	07/30/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/30/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	07/30/12	roxane	QCBatchID:

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





ASSOCIATED LABORATORIES

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Second Sample

307943

CHAIN OF CUSTODY RECORD

Date 7-30-2012 Page 1 of 1

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

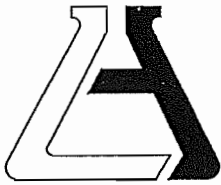
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73012-EFF-ML2	Malibu Lagoon - Treated Effluent	7/30/12	12:25	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									442105 X100
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>7/30/12 14:47</u>
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>	<u>Jewine Mikhael 7-30-12</u>	<u>7-30-12</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: 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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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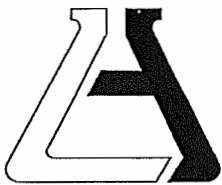
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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: 7-31-12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		-	<input checked="" type="checkbox"/>
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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

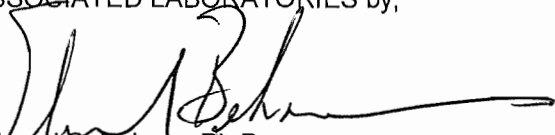
Lab Request: 307989
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

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 Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	07/31/12		QCBatchID: QC1128397 dung
Method: SM 9221-B Coliform, Total	5000	1			MPN/100ml	07/31/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	170	1			MPN/100ml	07/31/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	280	1			cfu/100ml	07/31/12		QCBatchID: 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 7-31-2012 Page 1 of 1

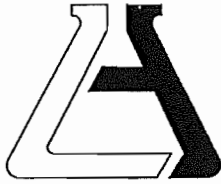
307989

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

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	8AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									446901 X100
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>7/31/12</u>	I hereby authorize the performance of the above indicated work. 1309 Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 7312012-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: 7-31-12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		-	<input checked="" type="checkbox"/>
If Yes – were they intact?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/31/12	dung	QCBatchID: QC1128397
Method: SM 9221-B Coliform, Total	9000	1			MPN/100ml	07/31/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	300	1			MPN/100ml	07/31/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	300	1			cfu/100ml	07/31/12	nmikhael	QCBatchID:

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



307987



ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

Second Sample

CHAIN OF CUSTODY RECORD

Date 7-31-2012 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)

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73112-INF-ML2	Malibu Lagoon - Influent Source	7/31/12	9:50 A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									447237 x 100
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature) plus

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 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: 7-31-12 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 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-12-412

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 #: 307988-001	Client Sample #: 73112-EFF-ML
	Collector: Client

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

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: 7-31-12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes – were they intact?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/31/12	dung	QCBatchID: QC1128397
Method: SM 9221-B Coliform, Total	11	1			MPN/100ml	07/31/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/31/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	07/31/12	nmikhael	QCBatchID:

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





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First Sample

CHAIN OF CUSTODY RECORD

Date 7-31-2012 Page 1 of 1

307990

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)

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
73112-EFF-ML1	Malibu Lagoon - Treated Effluent	7/31/12	9 AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									446901 X100
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature) phm

Date/Time 7/31/12

I hereby authorize the performance of the above indicated work.
1309

Relinquished by: (Signature)

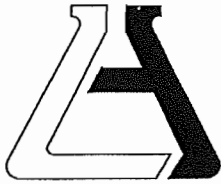
Received by Laboratory for analysis: (Signature)

Date/Time

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

Jeff 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: 7-31-12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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



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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

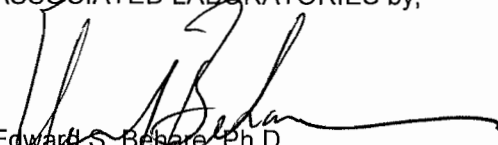
Lab Request: 307986
Report Date: 08/06/2012
Date Received: 07/31/2012
Client ID: 10043

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	07/31/12	dung	QCBatchID: QC1128397
Method: SM 9221-B Coliform, Total	6	1			MPN/100ml	07/31/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	07/31/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	07/31/12	nmikhael	QCBatchID:

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





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Second Sample

307 a86

CHAIN OF CUSTODY RECORD

Date 7-31-2012 Page 1 of 1

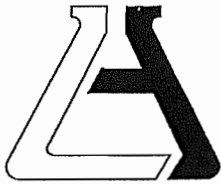
CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
73112-EFF-ML2	Malibu Lagoon - Treated Effluent	7/31/12	9:50 A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									447237X100
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) phs	Date/Time <u>7/31/12</u>	I hereby authorize the performance of the above indicated work. 1309
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 7312012-JS-FORDEC-12-407</u>			

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: 7-31-12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes – were they intact?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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

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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. #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 Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/01/12		QCBatchID: QC1128405 dung
Method: SM 9221-B Coliform, Total	1100	1			MPN/100ml	08/01/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	240	1			MPN/100ml	08/01/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	550	1			cfu/100ml	08/01/12		QCBatchID: nmikhael

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





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Second Sample

308065

CHAIN OF CUSTODY RECORD

Date 8-01-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-INF-ML2	Malibu Lagoon - Influent Source	8/01/12	7:30 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) <u>Enrique Romo</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>8/1/12 11:41</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 8012012-JS-FORDEC-12-407</u>			<u>Jeff Sherod</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: Pure Effect Project: _____
 Date Received: 8/1/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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 eel Date: 8/1/12



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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. #8012012-JS-FORDEC-12-407

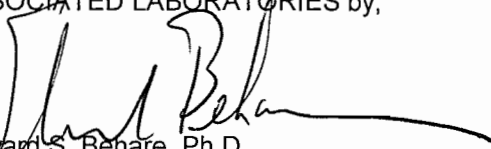
Lab Request: 308064
Report Date: 08/06/2012
Date Received: 08/01/2012
Client ID: 10043

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. Benafe, 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 #: 308064-001	Client Sample #: 80112-INF-ML1
	Collector: Client

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

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





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First Sample

308064

CHAIN OF CUSTODY RECORD

Date 8-01-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Emiguel Roman</u>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input checked="" type="checkbox"/>					
				Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>					
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) <u>Emiguel Roman</u>		Received by: (Signature) <u>Jeff Sherod</u>		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-12-407									
								<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: 8/1/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

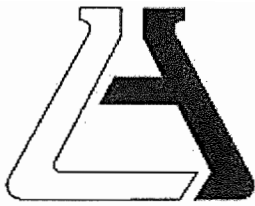
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact? ✓			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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?	✓		✓ <i>DL</i>
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 ee. Date: 8/1/12



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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/01/12		QCBatchID: QC1128405 dung
Method: SM 9221-B Coliform, Total	4	1			MPN/100ml	08/01/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/01/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/01/12		QCBatchID: 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

308066

CHAIN OF CUSTODY RECORD

Date 8-01-2012 Page 1 of 1

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

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 1741	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>Janis Ell</u>	Date/Time <u>8/1/12 1141</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	
Special Instructions: <u>PO #: 8012012-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: 8/1/12 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°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
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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. #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





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Second Sample

308067

CHAIN OF CUSTODY RECORD

Date 8-01-2012 Page 1 of 1

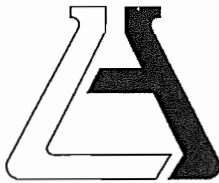
CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes _____ No _____ County Seals Intact Yes _____ No _____ Sample Ambient _____ Cooled <input checked="" type="checkbox"/> Frozen _____ Same Day _____ 24 Hr. <input checked="" type="checkbox"/> Regular _____ 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>Ernieus Romo</i>	

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>AM</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) <i>Ernieus Romo</i>	Received by: (Signature) <i>David Lee</i>	Date/Time 8/1/12 1147	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-12-407

Jeff Sherod
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ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 8/1/12 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: 20C
 (Acceptance range is 0 to 6 Deg. C.)

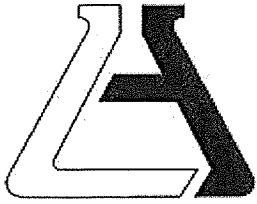
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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

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

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

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





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First Sample

308168

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

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

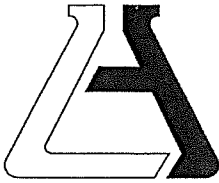
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80212-INF-ML1	Malibu Lagoon - Influent Source	8/02/12	7:45 A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									945100 X100
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>Phong</u>	Date/Time <u>8/2/12</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Phong</u>	Date/Time <u>14:00</u>
Special Instructions: <u>PO #: 8022012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: pe 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: 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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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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

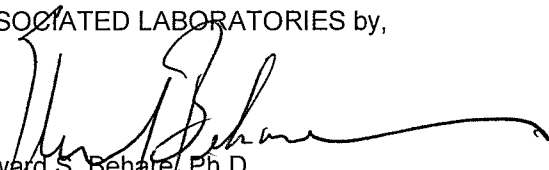
Lab Request: 308170
Report Date: 08/06/2012
Date Received: 08/02/2012
Client ID: 10043

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 Chlorine, Total Residual	ND	1	0.1	mg/L	08/02/12		QCBatchID: QC1128446 dung
Method: SM 9221-B Coliform, Total	1100	1		MPN/100ml	08/02/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	50	1		MPN/100ml	08/02/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	90	1		cfu/100ml	08/02/12		QCBatchID: 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





ASSOCIATED LABORATORIES

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Second Sample

308170

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

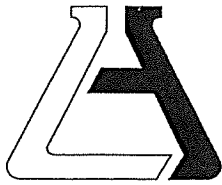
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80212-INF-ML2	Malibu Lagoon - Influent Source	8/02/12	12:30	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									458421 x 100
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>Phong Tran</u>	Date/Time <u>8/2/12 1345</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Rogues</u>	Date/Time <u>8/2/12 14:00</u>
Special Instructions: <u>PO #: 8022012-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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: pure 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: Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 3°C
 (Acceptance range is 0 to 6 Deg. C.)

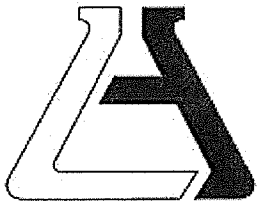
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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



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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-12-422

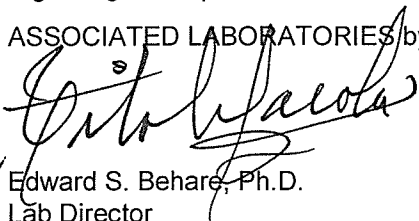
Lab Request: 308173
Report Date: 08/08/2012
Date Received: 08/02/2012
Client ID: 10043

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

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

*: 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
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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-12-422

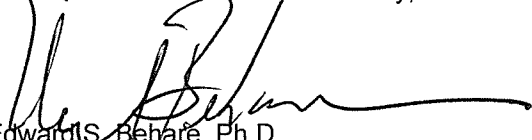
Lab Request: 308165
Report Date: 08/13/2012
Date Received: 08/02/2012
Client ID: 10043

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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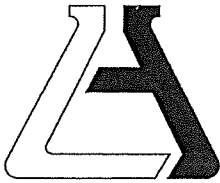
TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/02/2012 07:45	Site:
Sample #: <u>308165-001</u>	Client Sample #: 80212-EFF-ML
	Collector: Client

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

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: 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: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 6°C
 (Acceptance range is 0 to 6 Deg. C.)

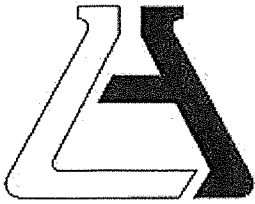
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?			<input checked="" type="checkbox"/>
If Yes – were they intact?			<input checked=""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

*: 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



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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: 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 #: 308167-001	Client Sample #: 80212-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/02/12	dung	QCBatchID: QC1128446
Method: SM 9221-B Coliform, Total	8	1			MPN/100ml	08/02/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/02/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	08/02/12	roxane	QCBatchID:

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



308167



ASSOCIATED LABORATORIES

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 8 Hr. <input type="checkbox"/>

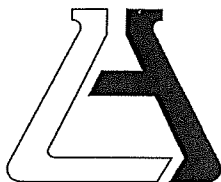
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80212-EFF-ML1	Malibu Lagoon - Treated Effluent	8/02/12	7:45 A	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									945100 X 100
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>Phong Tran</u>	Date/Time <u>8/2/12 1345</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Guerra</u>	Date/Time <u>8/2/12 14:00</u>
Special Instructions: <u>PO #: 8022012-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: 8-1-12 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: 30c
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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-12-407

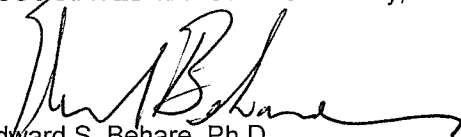
Lab Request: 308171
Report Date: 08/06/2012
Date Received: 08/02/2012
Client ID: 10043

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/02/12	dung	QCBatchID: QC1128446
Method: SM 9221-B Coliform, Total	4	1			MPN/100ml	08/02/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	2	1			MPN/100ml	08/02/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/02/12	roxane	QCBatchID:

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





ASSOCIATED LABORATORIES

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Second Sample

308171

CHAIN OF CUSTODY RECORD

Date 8-02-2012 Page 1 of 1

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

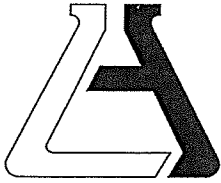
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80212-EFF-ML2	Malibu Lagoon - Treated Effluent	8/02/12	12 ³⁰ P	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									45842 / X(100)
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>Phong Tran</u>	Date/Time <u>8/2/12 1345</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>8/2/12 14:00</u>
Special Instructions: <u>PO #: 8022012-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: 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: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 3°C
 (Acceptance range is 0 to 6 Deg. C.)

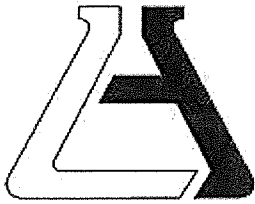
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?			<input checked="" type="checkbox"/>
If Yes – were they intact?			<input checked=""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

*: 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

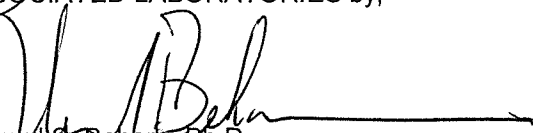
Lab Request: 308367
Report Date: 08/13/2012
Date Received: 08/06/2012
Client ID: 10043

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 #: <u>308367-001</u>	Client Sample #: 80612-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/06/12	dung	QCBatchID: QC1128547
Method: SM 9221-B Coliform, Total	600	1			MPN/100ml	08/06/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	80	1			MPN/100ml	08/06/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	180	1			cfu/100ml	08/06/12	nmikhael	QCBatchID:

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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-06-12 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 X 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?	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. Schest Date: 08/06/12

Log-in Reviewed by: _____ Date: _____



ASSOCIATED LABORATORIES

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First Sample

308367

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80612-INF-ML1	Malibu Lagoon - Influent Source	8/06/12	8:45	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									475294 x100
									All to MDL/PQL

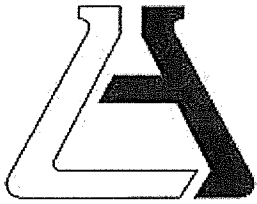
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>08-06-12</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>8:21</u>

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8062012-JS-FORDEC-12-407

Jeff Sherod

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



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. #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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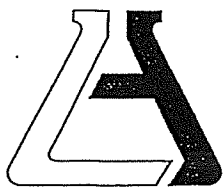
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	08/06/12		QCBatchID: QC1128547 dung
Method: SM 9221-B Coliform, Total	700	1			MPN/100ml	08/06/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	80	1			MPN/100ml	08/06/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	200	1			cfu/100ml	08/06/12		QCBatchID: 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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-06-12 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 X 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?	<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: 08/06/12
 Log-in Reviewed by: _____ Date: _____



ASSOCIATED LABORATORIES

806 N. Batavia • Orange, CA 92868
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Second Sample

308366

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
80612-INF-ML2	Malibu Lagoon - Influent Source	8/06/12	17:05 12P	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

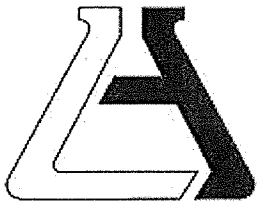
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>08/06/12</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>13:21</u>

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8062012-JS-FORDEC-12-407

Jeff Sherod

DISTRIBUTION: White with report. Yellow to AL, 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. #8062012-JS-FORDEC-12-407

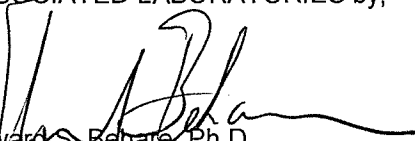
Lab Request: 308370
Report Date: 08/13/2012
Date Received: 08/06/2012
Client ID: 10043

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/06/12		QCBatchID: QC1128547 dung
Method: SM 9221-B Coliform, Total	2	1			MPN/100ml	08/06/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/06/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/06/12		QCBatchID: 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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-06-12 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°C
 (Acceptance range is 2 to 6 Deg. C.)

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

*: 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. Albert Date: 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

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 #: 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							
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/06/12	dung	QCBatchID: QC1128547
Method: SM 9221-B	Prep Method: Mehtod							
Coliform, Total	22	1			MPN/100ml	08/06/12	roxane	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	2	1			MPN/100ml	08/06/12	roxane	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	<1	1			cfu/100ml	08/06/12	nmikhael	QCBatchID:

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





ASSOCIATED LABORATORIES

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Second Sample

308368

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: <u>(Signature)</u>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>					
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80612-EFF-ML2	Malibu Lagoon - Treated Effluent	8/06/12	12:25	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									475382 x100
									All to MDL/PQL
Relinquished by: (Signature) <u>(Signature)</u>		Received by: (Signature) <u>M. Sherod</u>		Date/Time <u>08/06/12</u>		I hereby authorize the performance of the above indicated work.			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)		Date/Time <u>13:21</u>					
Special Instructions: <u>PO #: 8062012-JS-FORDEC-12-407</u>									
<u>Jeff Sherod</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: Pure Effect Project: _____
 Date Received: 08-06-12 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°C
 (Acceptance range is 2 to 6 Deg. C.)

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

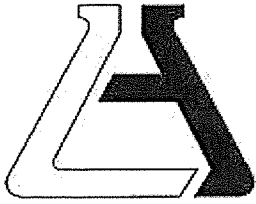
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N N/A

Completed By: M. E. [Signature] Date: 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. #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,

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: 08/07/2012 08:55	Site:
Sample #: 308412-001	Client Sample #: 80712-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/07/12		QCBatchID: QC1128583 dung
Prep Method: Method								
Method: SM 9221-B Coliform, Total	300	1			MPN/100ml	08/07/12		QCBatchID: roxane
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	80	1			MPN/100ml	08/07/12		QCBatchID: roxane
Prep Method: Method								
Method: SM 9230-B Enterococcus	430	1			cfu/100ml	08/07/12		QCBatchID: nmikhael
Prep Method: Method								

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 8-07-2012 Page 1 of 1

308412

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)

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)
Bonnie L

Received by: (Signature)
[Signature]

Date/Time
8/7/12 1245

I hereby authorize the performance of the above indicated work.

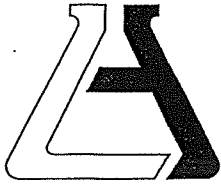
Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature)
[Signature]

Date/Time
8/7/12 13:09

Special Instructions: PO #: 8072012-JS-FORDEC-12-407

Jeff Sherod
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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: PC Project: _____
 Date Received: 8/7 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: 20
 (Acceptance range is 2 to 6 Deg. C.)

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

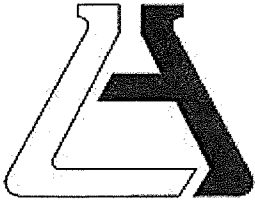
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/7

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. #8072012-JS-FORDEC-12-407

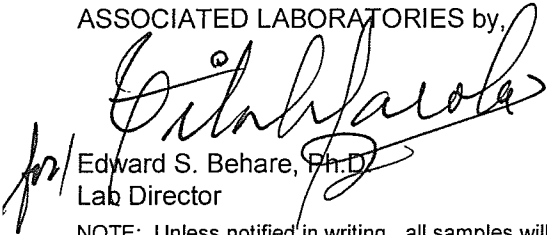
Lab Request: 308414
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

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 #: <u>308414-001</u>	Client Sample #: 80712-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/07/12	dung	QCBatchID: QC1128583
Method: SM 9221-B Coliform, Total	300	1			MPN/100ml	08/07/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	50	1			MPN/100ml	08/07/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	270	1			cfu/100ml	08/07/12	nmikhael	QCBatchID:

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: PC Project: _____
 Date Received: 8/7 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: 20
 (Acceptance range is 2 to 6 Deg. C.)

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

*: 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: 8/7

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

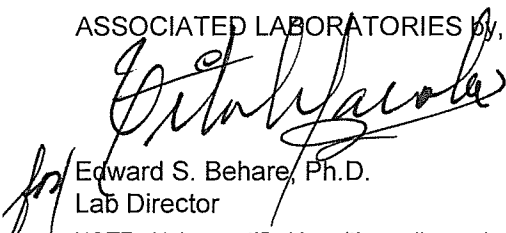
Lab Request: 308413
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/07/12	dung	QCBatchID: QC1128583
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	08/07/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/07/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/07/12	nmikhael	QCBatchID:

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 8-07-2012 Page 1 of 1

308413

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80712-EFF-ML1	Malibu Lagoon - Treated Effluent	8/07/12	^{Am} 9:10	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									480 674 x 100
									All to MDL/PQL

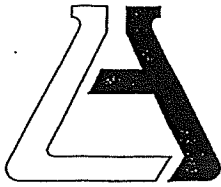
Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time 8/7 12:45
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time 8/7/12

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 8072012-JS-FORDEC-12-407

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: PE Project: _____
 Date Received: 8/7 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: 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>

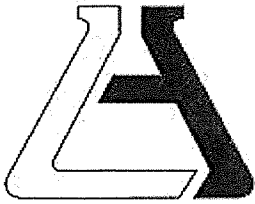
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N (N/A)

Completed By: [Signature] Date: 8/7

Log-in Reviewed by: _____ Date: _____



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. #8072012-JS-FORDEC-12-407

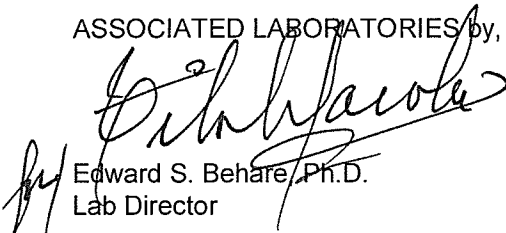
Lab Request: 308415
Report Date: 08/13/2012
Date Received: 08/07/2012
Client ID: 10043

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 #: 308415-001	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

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 2
 Was 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>

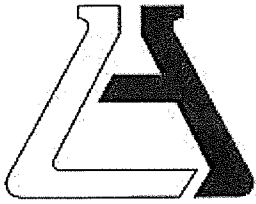
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N N/A

Completed By: [Signature] Date: 8/7

Log-in Reviewed by: _____ Date: _____



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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

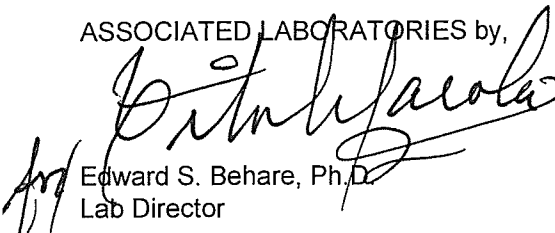
Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8082012-JS-FORDEC-12-407

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-CI <i>NELAC</i> Prep Method: Method								QCBatchID: QC1128638
Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	08/08/12	nmikhael	
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





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First Sample

CHAIN OF CUSTODY RECORD

Date 8-08-2012 Page 1 of 1

308 526

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
80812-INF-ML1	Malibu Lagoon - Influent Source	8/08/12	<i>8:30</i>	x			<i>3</i>		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

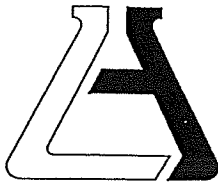
Relinquished by: (Signature) <i>Ben [Signature]</i>	Received by: (Signature) <i>[Signature]</i> <i>8/8</i>	Date/Time <i>1500</i>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Neve Mikhael</i>	Date/Time <i>8-8-12</i> <i>2:20</i>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 8082012-JS-FORDEC-12-407



ASSOCIATED LABORATORIES

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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.)

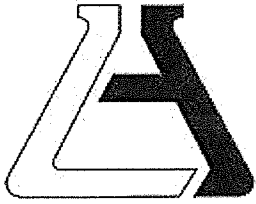
Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, 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: _____



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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

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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





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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-08-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

308530

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80812-INF-ML2	Malibu Lagoon - Influent Source	8/08/12	<u>12:01</u>	X			<u>3</u>		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									<u>486818 x 100</u>
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonus Lee</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>8/8/12 15:00</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Hillman</u>	Date/Time <u>8-8-12 3:20</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 8082012-JS-FORDEC-12-407



ASSOCIATED LABORATORIES

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

*: 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

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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

Lab Request: 308529
Report Date: 08/13/2012
Date Received: 08/08/2012
Client ID: 10043

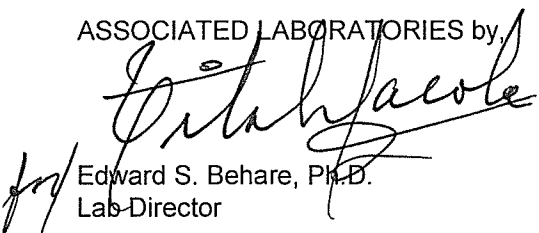
Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8082012-JS-FORDEC-12-407

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/08/2012 08:35	Site:
Sample #: 308529-001	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

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-08-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

308529

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

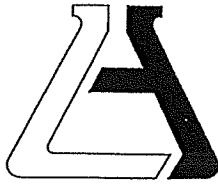
Relinquished by: (Signature) <i>Ben [Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <u>8/8/12 1500</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Nevine Michael</i>	Date/Time <u>8-8-12 3:20</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

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: 8/8 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>

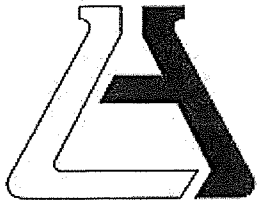
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N (N/A)

Completed By: [Signature] Date: 8/8

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

Lab Request: 308523
Report Date: 08/13/2012
Date Received: 08/08/2012
Client ID: 10043

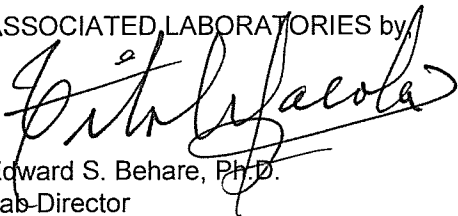
Comments: Ford E.C. - Malibu Lagoon Project - Malibu, CA
P.O. #8082012-JS-FORDEC-12-407

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

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: 08/08/2012 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





ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-08-2012 Page 1 of 1

308523

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 <input checked="" type="checkbox"/> Frozen _____ Same Day _____ 24 Hr. _____ Regular <input checked="" type="checkbox"/> 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			
80812-EFF-ML2	Malibu Lagoon - Treated Effluent	8/08/12	12:06	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

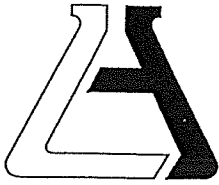
Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time 8/8/12 1500
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Mikheev</u>	Date/Time 8-8-12 2:20

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 8082012-JS-FORDEC-12-407



ASSOCIATED LABORATORIES

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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.)

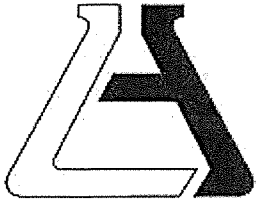
Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, 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

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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. #2092012-JS-FORDEC-12-407

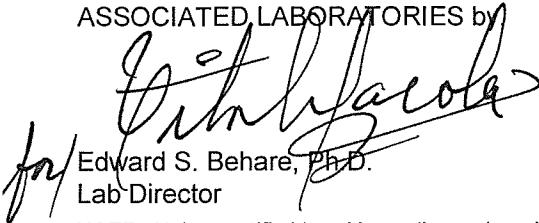
Lab Request: 308604
Report Date: 08/13/2012
Date Received: 08/09/2012
Client ID: 10043

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.

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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





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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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)	Received by: (Signature)	Date/Time <u>8/9/12 1:30</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time

I hereby authorize the performance of the above indicated work.

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: 8/9/12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

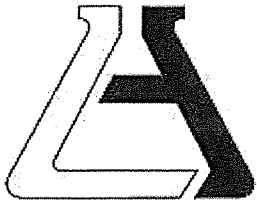
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 6.0
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. #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> Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/09/12	dung	QCBatchID: QC1128667
Method: SM 9221-B <i>NELAC</i> Coliform, Total	170	1			MPN/100ml	08/09/12	nmikhael	QCBatchID:
Method: SM 9221-E <i>NELAC</i> Coliform, Fecal	30	1			MPN/100ml	08/09/12	nmikhael	QCBatchID:
Method: SM 9230-B <i>NELAC</i> Enterococcus	130	1			cfu/100ml	08/09/12	nmikhael	QCBatchID:

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





ASSOCIATED LABORATORIES

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Second Sample

308603

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>		SAMPLES: (Signature)		

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
80912-INF-ML2	Malibu Lagoon - Influent Source	8/09/12	10 ³⁰ A	x			13		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 <u>8/9/12 13:50</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time

I hereby authorize the performance of the above indicated work.

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: 8/9/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

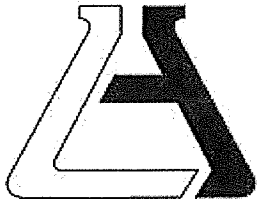
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes - were they intact?			<input checked=""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

*: 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: Jenny Date: 8/9/12



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. #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 Copper	0.002 J	1	0.001	0.01	mg/L	08/10/12	nina	J
Prep Method: EPA 3010A								QCBatchID: QC1128664
Method: SM 2130-B Turbidity	6.61	1	0.1	0.1	NTU	08/10/12	ame	
Prep Method: Method								QCBatchID:
Method: SM 2520-B Salinity	18.7	1				08/10/12	soheir	
Prep Method: Method								QCBatchID:
Method: SM 4500-H+B pH	8.08	1			pH Units	08/09/12	rvenal	
Prep Method: Method								QCBatchID:
Method: SM 4500-O-G Dissolved Oxygen	12.6	1			mg/L	08/09/12	rvenal	
Prep Method: Method								QCBatchID:

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





ASSOCIATED LABORATORIES

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308599

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
80912-INF-ML	Malibu Lagoon - Influent	8/09/12	8A	x			4		Dissolved Oxygen
	(Red Testing - Calendar)								Copper
									Turbidity
									pH
									Salinity
									491652 x100
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>8/9/12 13:50</u>
----------------------------------	------------------------------	-------------------------------

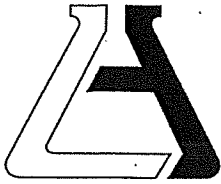
I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time
------------------------------	--	-----------

Special Instructions: PO #: 8092012-JS-FORDEC-12-412

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: 8/9/12 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: 10°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: Jerry Date: 8/9/12



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. #8092012-JS-FORDEC-12-407

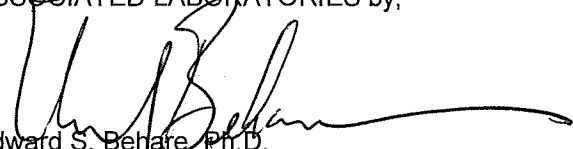
Lab Request: 308602
Report Date: 08/16/2012
Date Received: 08/09/2012
Client ID: 10043

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/09/12	dung	QCBatchID: QC1128667
Method: SM 9221-B Coliform, Total	2	1			MPN/100ml	08/09/12	nmikhael	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/09/12	nmikhael	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/09/12	nmikhael	QCBatchID:

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. Benere, 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

Method: SM 4500-Cl Client: WASH STATE
 Equipment: HANNA HI 9142 Date:
 Sample ID: WASH001017 Quantity Received: 12000.000 ml Substrate: CLM4

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	4	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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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: _____

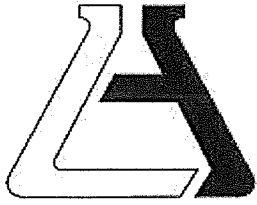
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 20.0
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental



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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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

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)	Received by: (Signature)	Date/Time <u>8/9/12 1:50</u>
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Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time
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Special Instructions: PO #: 8092012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff Sherod
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ASSOCIATED LABORATORIES

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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: 20 °C
 (Acceptance range is 0 to 6 Deg. C.)

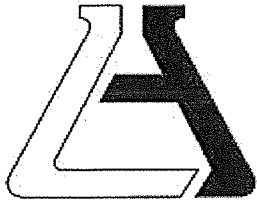
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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: Jerry Date: 8/9/12



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. #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

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 #: 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





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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

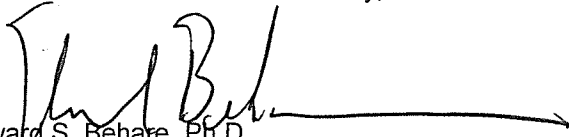
Lab Request: 308753
Report Date: 08/17/2012
Date Received: 08/13/2012
Client ID: 10043

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

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 07:20	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 Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/13/12	hanhkhong	QCBatchID: QC1128755
Method: SM 9221-B Coliform, Total	900	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	110	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	2880	1			cfu/100ml	08/13/12	roxane	QCBatchID:

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





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First Sample

308753

CHAIN OF CUSTODY RECORD

Date 8-13-2012 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

SAMPLERS: (Signature)

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

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) [Signature]

Received by: (Signature) [Signature]

Date/Time 8/13/12 13:27

Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature) [Signature]

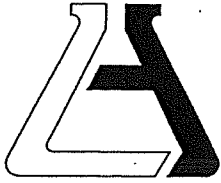
Date/Time 8/13/12 11:40

Special Instructions: PO #: 8132012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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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 Project: Ford E.C. Malibu Lagoon
 Date Received: 8/13/12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

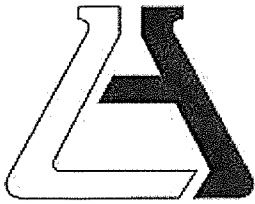
Section 2
 Was the cooler packed with: ___ Ice Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.5
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: _____



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/13/12	hanhkhong	QCBatchID: QC1128755
Method: SM 9221-B Coliform, Total	900	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	22	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	686	1			cfu/100ml	08/13/12	roxane	QCBatchID:

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





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Second Sample

308754

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature) _____	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

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			<u>3</u>		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>Bernard L. Lane</u>	Received by: (Signature) <u>Jeffery</u>	Date/Time <u>8/13/12</u> <u>13:27</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>10</u>	Date/Time <u>8/13/12</u> <u>1:40</u>
Special Instructions: PO #: 8132012-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



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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°C

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

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

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

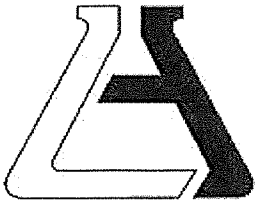
Section 4

Explanations/Comments

Section 5

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

Completed By: [Signature] Date: 8/13/12



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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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/13/12	hanhkhong	QCBatchID: QC1128755
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	5	1			cfu/100ml	08/13/12	roxane	QCBatchID:

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





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First Sample

CHAIN OF CUSTODY RECORD

Date 8-13-2012 Page 1 of 1

308756

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-EFF-ML1	Malibu Lagoon - Treated Effluent	8/13/12	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>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>8/13/12 13:27</u>
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>8/13/12 1:40</u>
Special Instructions: <u>PO #: 8132012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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ASSOCIATED LABORATORIES

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SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: Ford E.C. Malibu Lagoon
 Date Received: 8/13/12 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: 6.5
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/13/12	hanhkhong	QCBatchID: QC1128755
Method: SM 9221-B Coliform, Total	23	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/13/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	27	1			cfu/100ml	08/13/12	roxane	QCBatchID:

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





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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-13-2012 Page 1 of 1

308759

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81312-EFF-ML2	Malibu Lagoon - Treated Effluent	8/13/12	<u>AM</u> <u>1056</u>	x			<u>3</u>		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									<u>51497 X100</u>
									All to MDL/PQL

Relinquished by: (Signature) <u>Borjivo Lopez</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>8/13/12</u> <u>12:27</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>AS</u>	Date/Time <u>8/13/12</u> <u>1:40</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 8132012-JS-FORDEC-12-407

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1

Client: Pure Effect

Project: Ford E.C. Malibu Lagoon

Date Received: 8/13/12

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: 6°C

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

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

*: 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: Jenny

Date: 8/13/12



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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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/14/12	dung
Method: SM 9221-B Prep Method: Mehtod Coliform, Total	300	1			MPN/100ml	08/14/12	roxane
Method: SM 9221-E Prep Method: Method Coliform, Fecal	30	1			MPN/100ml	08/14/12	roxane
Method: SM 9230-B Prep Method: Method 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





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First 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>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

UR# 308819

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)	Received by: (Signature)	Date/Time <u>8/14/12 15:30</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>8-14-12 3:40</u>
Special Instructions: <u>PO #: 8142012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: Ford E-G Malibu Lagoon
 Date Received: 8/14/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

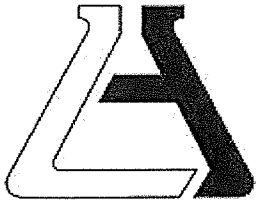
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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



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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 Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/14/12	QC1128789 dung
Method: SM 9221-B Prep Method: Mehtod Coliform, Total	110	1			MPN/100ml	08/14/12	QCBatchID roxane
Method: SM 9221-E Prep Method: Method Coliform, Fecal	23	1			MPN/100ml	08/14/12	QCBatchID roxane
Method: SM 9230-B Prep Method: Method Enterococcus	2448	1			cfu/100ml	08/14/12	QCBatchID roxane

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





ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-14-2012 Page 1 of 1

UR# 308821

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>[Signature]</i>	

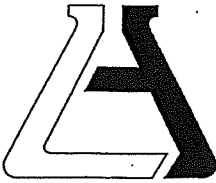
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81412-INF-ML2	Malibu Lagoon - Influent Source	8/14/12	<i>14:50</i>	x			<i>3</i>		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									<i>24.3°C</i>
									All to MDL/PQL

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <i>8/14/12 5:30</i>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time <i>8/14/12 3:50</i>
Special Instructions: <u>PO #: 8142012-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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: Ford E.C. Meribu Lagoon
 Date Received: 8/14/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: Jewdy 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: 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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First 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>		Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>					
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81412-EFF-ML1	Malibu Lagoon - Treated Effluent	8/14/12	10:30 AM	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)		Received by: (Signature)		Date/Time <u>8/14/12 5:30</u>		I hereby authorize the performance of the above indicated work.			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature)		Date/Time <u>8-14-12 3:40</u>					
Special Instructions: <u>PO #: 8142012-JS-FORDEC-12-407</u>									

Jeff Sherod
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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: Ford E.C. Malibu Lagoon
 Date Received: 8/14/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 8/14/12



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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. #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

Method: SM 4500-Cl Prep Method: Method
 Sample: 308820-02 QCBatchID: QC1128789
 Client: Collector:

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: Mehtod								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





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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-14-2012 Page 1 of 1

LR#308820

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>[Signature]</i>	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81412-EFF-ML2	Malibu Lagoon - Treated Effluent	8/14/12	<i>1:43 P</i>	x			<i>3</i>		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									<i>24.3°C</i>
									All to MDL/PQL

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <i>8/14/12 1:30</i>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time <i>8-14-12</i>

Special Instructions: PO #: 8142012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: Ford E.C. Malibu lagoon
 Date Received: 8/14/12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

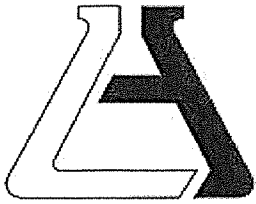
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes - were they intact?			<input checked=""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

*: 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: Jenif Date: 8/14/12



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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. #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 Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/16/12	dung	QCBatchID: QC1128845
Prep Method: Method								
Method: SM 9221-B Coliform, Total	80	1			MPN/100ml	08/15/12	roxane	QCBatchID:
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	17	1			MPN/100ml	08/15/12	roxane	QCBatchID:
Prep Method: Method								
Method: SM 9230-B Enterococcus	1270	1			cfu/100ml	08/15/12	nmikhael	QCBatchID:
Prep Method: Method								

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





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First Sample

308935

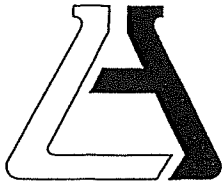
CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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	^{AM} 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)	Received by: (Signature)	Date/Time <u>8/15/12 16:25</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>8/15/12 4:50</u>	
Special Instructions: <u>PO #: 8152012-JS-FORDEC-12-407</u>			<u>Jeff Sherod</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: Pure Effect Project: _____
 Date Received: 8/15/12 Sampler's Name: Yes No
 Sample(s) received in cooler: 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.)

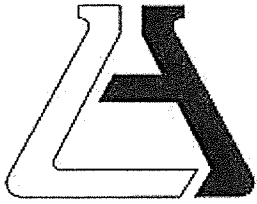
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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



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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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TESTING & CONSULTING
Chemical
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Environmental

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

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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>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-ML2	Malibu Lagoon - Influent Source	8/15/12	<i>PM</i> 2:00	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

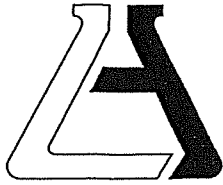
Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time 8/15/12 16:25
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time 8-15-12 4:50

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 8152012-JS-FORDEC-12-407



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 8/15/12 Sampler's Name: Yes No (Skip Section 2)
 Sample(s) received in cooler: 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?		<input checked="" type="checkbox"/>	
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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
Info@associatedlabs.com



04232CA

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

Method: SM 4500-Cl Chlorine, Total Residual
 Sample ID: 308934-001
 Client: [REDACTED]

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/16/12	dung	QCBatchID: QC1128845
Method: SM 9221-B Coliform, Total	13	1			MPN/100ml	08/15/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/15/12	roxane	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/15/12	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 308934 Page 2 of 2



508934



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First Sample

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

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	<u>Am</u> <u>8:40</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 Torres</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>8/15/12</u> <u>16:25</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>	Date/Time <u>8-15-12</u> <u>4:50</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 8152012-JS-FORDEC-12-407



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SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 8/15/12 Sampler's Name: Yes No
 Sample(s) received in cooler: 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes - were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?		<input checked="" type="checkbox"/>	
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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: Jenny Date: 8/15/12



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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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/16/12		QCBatchID: QC1128845 dung
Method: SM 9221-B Coliform, Total	2	1			MPN/100ml	08/15/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/15/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/15/12		QCBatchID: nmikhael

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





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Second Sample

508929.

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 <input checked="" type="checkbox"/> Frozen _____ Same Day _____ 24 Hr. _____ Regular <input checked="" type="checkbox"/> 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	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

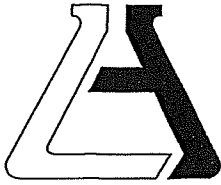
Relinquished by: (Signature) <i>Bonnie L</i>	Received by: (Signature) <i>Jeff Sherod</i>	Date/Time 8/15/12 16:25
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Jeff Sherod</i>	Date/Time 8-15-12 4:00

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8152012-JS-FORDEC-12-407

Jeff Sherod

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



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SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 8/15/12 Sampler's Name: Yes No
 Sample(s) received in cooler: 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.)

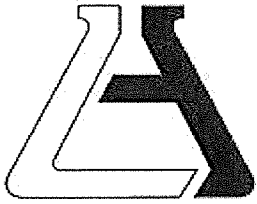
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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



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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. #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





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First Sample

309114

CHAIN OF CUSTODY RECORD

Date 8-16-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
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
									52505 x100
									24.7%
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>8/17/12 859</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 #: 8162012-JS-FORDEC-12-407</u>			



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SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 8/17/12 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.)

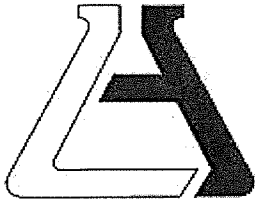
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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: David Lee Date: 8/17/12



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. #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 Chlorine, Total Residual	0.06 J	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B Coliform, Total	90	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E Coliform, Fecal	4	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B 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

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Second Sample

309113

CHAIN OF CUSTODY RECORD

Date 8-16-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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)	Received by: (Signature) <u>Januel Lee</u>	Date/Time <u>8/17/12 859</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time

Special Instructions: PO #: 8162012-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: 8/17/12 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: David Lee Date: 8/17/12



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. #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

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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 Copper	0.004 J	1	0.001	0.01	mg/L	08/20/12	nina
Prep Method: EPA 3010A						QCBatchID	QC1128914
Method: SM 2130-B Turbidity	14.8	1	0.1	0.1	NTU	08/17/12	ame
Prep Method: Method						QCBatchID	
Method: SM 2520-B Salinity	18.5	1				08/22/12	soheir
Prep Method: Method						QCBatchID	
Method: SM 4500-H+B pH	7.72	1			pH Units	08/17/12	robert
Prep Method: Method						QCBatchID	
Method: SM 4500-O-G Dissolved Oxygen	8.52	1			mg/L	08/17/12	rvenal
						QCBatchID	

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



309112



ASSOCIATED LABORATORIES

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CHAIN OF CUSTODY RECORD

Date 8-16-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>		PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>		Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
81612-INF-ML	Malibu Lagoon - Influent	8/16/12	7A	x			4		Dissolved Oxygen
	(Red Testing - Calendar)								Copper
									Turbidity
									pH
									Salinity
									525/65x106
									24.7°
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>8/17/12 859</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (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

Special Instructions: PO #: 8162012-JS-FORDEC-12-412



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: 8/17/12 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: 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



04232CA

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 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>
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	Client: Pure Effect, Inc.
Sampled: 08/16/2012 07:00	Site:
Sample #: 309116-001	Client Sample #: 81612-EFF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B 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

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First Sample

309116

CHAIN OF CUSTODY RECORD

Date 8-16-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
81612-EFF-ML1	Malibu Lagoon - Treated Effluent	8/16/12	8:4	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									525/05 x 100
									24.700
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>8/17/12 859</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 8162012-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: 8/17/12 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.)

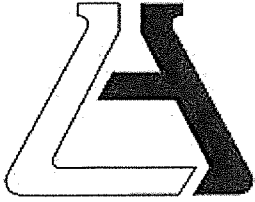
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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: David Lee Date: 8/17/12



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. #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 #: <u>309115-001</u>	Client Sample #: 81612-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/17/12	dung
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/17/12	roxane
Method: SM 9230-B 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

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Second Sample

309115

CHAIN OF CUSTODY RECORD

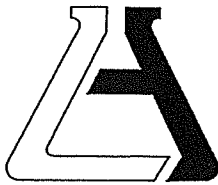
Date 8-16-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
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
									5260292
									25.3°e
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>8/17/12 559</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time	
Special Instructions: <u>PO #: 8162012-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: 8/17/12 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: David Lee Date: 8/17/12



Associated Laboratories

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Tel (714)771-6900 Fax (714)538-1209
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04232CA

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 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>
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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Copper	Prep Method: EPA 3010A ND	1	0.001	0.01	mg/L	QCBatchID 08/20/12	QC1128914 nina
Method: SM 2130-B Turbidity	Prep Method: Method 1.80	1	0.1	0.1	NTU	QCBatchID 08/17/12	ame
Method: SM 2520-B Salinity	Prep Method: Method 18.5	1				QCBatchID 08/22/12	soheir
Method: SM 4500-H+B pH	Prep Method: Method 7.64	1			pH Units	QCBatchID 08/17/12	robert
Method: SM 4500-O-G Dissolved Oxygen	Prep Method: Method 1.45	1			mg/L	QCBatchID 08/17/12	rvenal

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





ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 8/17/12 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: 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
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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

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-20-2012 Page 1 of 1

309169

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

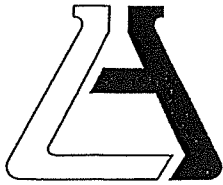
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82012-INF-ML1	Malibu Lagoon - Influent Source	8/20/12	<i>Am 8:00</i>	X			<i>3</i>		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <i>Bar [Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <i>08/20/12 13:05</i>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>TRANG NGUYEN</i>	Date/Time <i>8/20/12 134 [Signature]</i>
Special Instructions: PO #: 8202012-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: 08-20-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

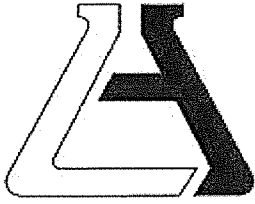
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 22.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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





ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-20-2012 Page 1 of 1

309165

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-INF-ML2	Malibu Lagoon - Influent Source	8/20/12	9:20	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) <i>Bonnie Terry</i>	Received by: (Signature) <i>M. Slaby</i>	Date/Time 08/20/12 13:05
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>TRANS</i>	Date/Time 8/20/12 1301H
Special Instructions: PO #: 8202012-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: 08-20-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

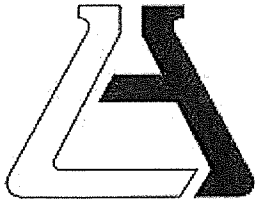
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 22.0C
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<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: 08/20/12



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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. #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 #: <u>309164-001</u>	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: 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	3	1			cfu/100ml	08/20/12	nmikhael	

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





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First Sample

CHAIN OF CUSTODY RECORD

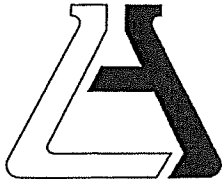
Date 8-20-2012 Page 1 of 1

3091164

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-ML1	Malibu Lagoon - Treated Effluent	8/20/12	AM 8:10	x			3		Enterococcus Fecal Coliform Total Coliform Total Residual Chlorine Need to know if Coliform is present in the sample ASAP
									542252 x 100
									All to MDL/PQL

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time 08/20/12 1:30 PM	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>TRAN & NSH</i>	Date/Time 8/20/12 1:30 PM	
Special Instructions: PO #: 8202012-JS-FORDEC-12-407			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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-20-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

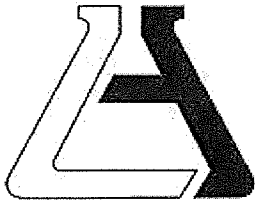
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 22.0C
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<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: 08/20/12



Associated Laboratories

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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								QCBatchID: QC1128972
Prep Method: Method								
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/20/12	hanhkhong	
Method: SM 9221-B								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	2	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	<2	1			MPN/100ml	08/20/12	nmikhael	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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





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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-20-2012 Page 1 of 1

309166

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 <input checked="" type="checkbox"/> Frozen _____ Same Day _____ 24 Hr. _____ Regular <input checked="" type="checkbox"/> 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) _____	

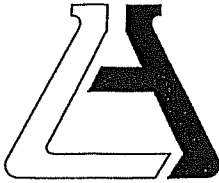
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82012-EFF-ML2	Malibu Lagoon - Treated Effluent	8/20/12	9:30 AM	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <u>08/20/12 13:05</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>TRIANY M...</i>	Date/Time <u>8/20/12 130pm</u>
Special Instructions: <u>PO #: 8202012-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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-20-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

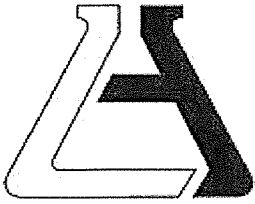
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 22.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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



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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: 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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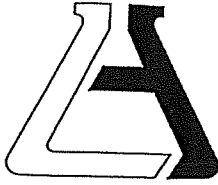
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect
 Date Received: 8/21/12
 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?	✓		
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 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. #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





ASSOCIATED LABORATORIES

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Second Sample

309224

CHAIN OF CUSTODY RECORD

Date 8-21-2012 Page 1 of 1

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

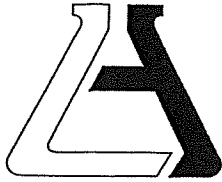
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82112-INF-ML2	Malibu Lagoon - Influent Source	8/21/12	10:30	x				3	Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>8/21/12 12:58</u>
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>		

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: 8/21/12 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.)

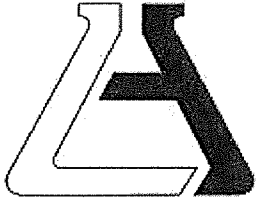
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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
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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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/21/12	dung	QCBatchID: QC1128994
Method: SM 9221-B Coliform, Total	9	1			MPN/100ml	08/21/12	nmikhael	QCBatchID:
Method: SM 9221-E Coliform, Fecal	4	1			MPN/100ml	08/21/12	nmikhael	QCBatchID:
Method: SM 9230-B Enterococcus	12	1			cfu/100ml	08/21/12	nmikhael	QCBatchID:

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





ASSOCIATED LABORATORIES

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First Sample

309225

CHAIN OF CUSTODY RECORD

Date 8-21-2012 Page 1 of 1

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

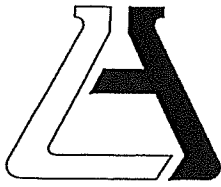
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82112-EFF-ML1	Malibu Lagoon - Treated Effluent	8/21/12	730 730	x				3	Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									FM 54607000
									All to MDL/PQL

Relinquished by (Signature)	Received by (Signature)	Date/Time <u>8/21/12 12:37</u>
Relinquished by (Signature)	Received by Laboratory for analysis: (Signature) <u>Neve Michael</u> <u>8-21-12</u>	Date/Time <u>12:55</u>
Special Instructions: <u>PO #: 8212012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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ASSOCIATED LABORATORIES

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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: _____

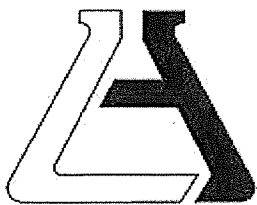
Section 2
 Was the cooler packed with: ___ Ice ___ Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

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: David 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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/21/12		QCBatchID: QC1128994 dung
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	08/21/12		QCBatchID: nmikhael
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/21/12		QCBatchID: nmikhael
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/21/12		QCBatchID: nmikhael

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



309226



ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-21-2012 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)

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	10:30	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)

Received by: (Signature)

Date/Time
8/21/12 12:55

Relinquished by: (Signature)

Received by Laboratory for analysis: 8-21-12
(Signature)
Newine Mirvanel 12:55

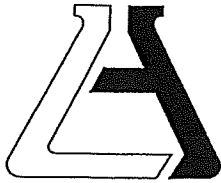
Date/Time

Special Instructions: PO #: 8212012-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: 8/21/12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

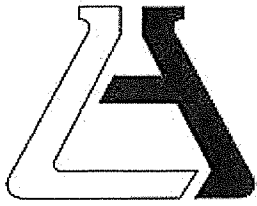
Section 2
 Was the cooler packed with: _____ Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

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: Janice 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
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

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-22-2012 Page 1 of 1

309300

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)

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) 08/22/12 12:42

Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature) 8-22-12
Nevine Michael Date/Time 1:05

Special Instructions: PO #: 8222012-JS-FORDEC-12-407

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 08-22-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

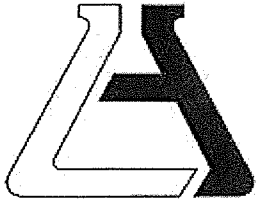
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	<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: 08/22/12



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: 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: Mehtod		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

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-22-2012 Page 1 of 1

309302

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>[Signature]</i>	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82212-INF-ML2	Malibu Lagoon - Influent Source	8/22/12	<i>10⁰⁵ 10A</i>	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

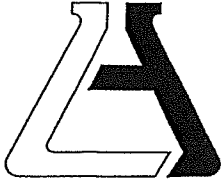
Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <i>08/22/12</i>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Nevine Mikhael</i>	Date/Time <i>8-22-12 1:05</i>
		<i>12:42</i>

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8222012-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: 08-22-12 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 X 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?	<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: 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

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-22-2012 Page 1 of 1

309299

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

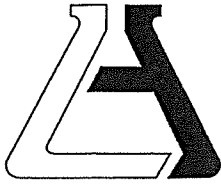
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82212-EFF-ML1	Malibu Lagoon - Treated Effluent	8/22/12	8:30 A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to 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>
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>		

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: 08-22-12 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 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. [Signature] Date: 08/22/12



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. #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

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-22-2012 Page 1 of 1

309301

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)

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)

Received by: (Signature)

Date/Time
08/22/12

I hereby authorize the performance of the above indicated work.

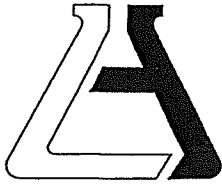
Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature)
Neve Michael 8-22-12

Date/Time
12:42

Special Instructions: PO #: 8222012-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: 08-22-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

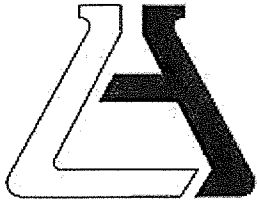
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0 °C
 (Acceptance range is 0 to 6 Deg. C.)

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. Robert Date: 08/22/12



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. #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

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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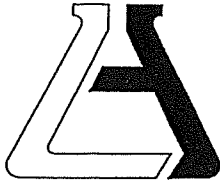
TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/23/2012 07:15	Site:
Sample #: <u>309454-001</u>	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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: pure effect Project: _____
 Date Received: 8-24-12 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 X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6°C
 (Acceptance range is 0 to 6 Deg. C.)

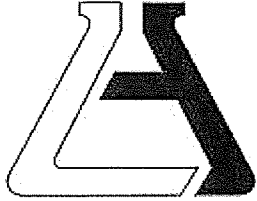
Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, 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

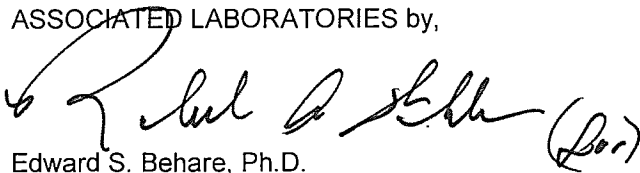
Lab Request: 309455
Report Date: 08/29/2012
Date Received: 08/24/2012
Client ID: 10043

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 Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/24/12	QC1129113 dung
Method: SM 9221-B Coliform, Total	220	1			MPN/100ml	08/24/12	QC1129113 yl
Method: SM 9221-E Coliform, Fecal	30	1			MPN/100ml	08/24/12	QC1129113 yl
Method: SM 9230-B Enterococcus	20	1			cfu/100ml	08/24/12	QC1129113 yl

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





ASSOCIATED LABORATORIES

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Second Sample

309455

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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 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) <u>[Signature]</u>	Received by: (Signature) _____	Date/Time <u>8/24/12</u>
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>8/24/12 10:57</u>
Special Instructions: PO #: 8232012-JS-FORDEC-12-407 <u>[Handwritten notes]</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: 8-24-12 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 X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6°C
 (Acceptance range is 0 to 6 Deg. C.)

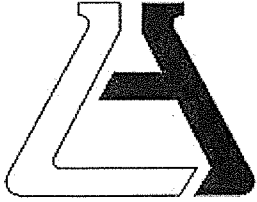
Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?			<u>X</u>
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, 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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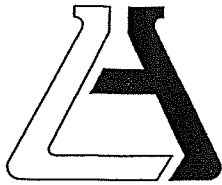
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Copper	0.018 J	5	0.005	0.05	mg/L	08/27/12	kedy
Method: SM 2130-B Turbidity	23.8	1	0.1	0.1	NTU	08/24/12	ame
Method: SM 2520-B Salinity	18.8	1				08/24/12	soheir
Method: SM 4500-H+B pH	8.07	1			pH Units	08/24/12	robert
Method: SM 4500-O-G 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

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

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: pure effect Project: _____
 Date Received: 8-24-12 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 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 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>
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							
Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/24/12	dung	QCBatchID: QC1129113
Method: SM 9221-B	Prep Method: Method							
Coliform, Total	11	1			MPN/100ml	08/24/12	yl	QCBatchID:
Method: SM 9221-E	Prep Method: Method							
Coliform, Fecal	2	1			MPN/100ml	08/24/12	yl	QCBatchID:
Method: SM 9230-B	Prep Method: Method							
Enterococcus	4	1			cfu/100ml	08/24/12	yl	QCBatchID:

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





ASSOCIATED LABORATORIES

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First Sample

309456

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 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) [Signature]

Received by: (Signature) [Signature]

Date/Time 8/24/12

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature) [Signature]

Received by Laboratory for analysis: (Signature) [Signature]

Date/Time 8/24/12 1057

Special Instructions: PO #: 8232012-JS-FORDEC-12-407 [Signature] 8/24/12 11:21

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: 8-24-12 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 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>✓</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: 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	Client: Pure Effect, Inc.
Sampled: 08/23/2012 15:15	Site:
Sample #: 309451-001	Client Sample #: 82312-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/24/12	dung
Method: SM 9221-B Coliform, Total	11	1			MPN/100ml	08/24/12	yl
Method: SM 9221-E Coliform, Fecal	2	1			MPN/100ml	08/24/12	yl
Method: SM 9230-B 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

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Second Sample

309451

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLES (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNFRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82312-EFF-ML2	Malibu Lagoon - Treated Effluent	8/23/12	3:15 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)	Received by: (Signature)	Date/Time <u>8/24/12</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>phon</u>	Date/Time <u>8/24/12</u>	
Special Instructions: <u>PO #: 8232012-JS-FORDEC-12-407</u>			<u>1.57</u> 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: 8-24-12 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 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>✓</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: phong h Date: 8-29-12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Copper	ND	5	0.005	0.05	mg/L	08/27/12	QC1129126
Prep Method: EPA 3010A							
Method: SM 2130-B Turbidity	15.1	1	0.1	0.1	NTU	08/24/12	ame
Prep Method: Method							
Method: SM 2520-B Salinity	18.6	1				08/24/12	soheir
Prep Method: Method							
Method: SM 4500-H+B pH	7.78	1			pH Units	08/24/12	robert
Prep Method: Method							
Method: SM 4500-O-G Dissolved Oxygen	0.92	1			mg/L	08/24/12	rvenal
Prep Method: Method							

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





ASSOCIATED LABORATORIES

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309452

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>					
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82312-EFF-ML	Malibu Lagoon - Treated Effluent	8/23/12	8:15 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 8/24/12		I hereby authorize the performance of the above indicated work.			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) 		Date/Time 8/24/12					
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 affect Project: _____
 Date Received: 8-24-12 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°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 8/9/12 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: 10.0
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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First Sample

CHAIN OF CUSTODY RECORD

Date 8-28-2012 Page 1 of 1

309580

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-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

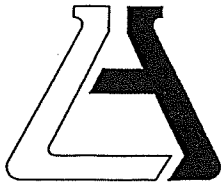
Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time 8/28/12 11:10
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time 8-28-12

I hereby authorize the performance of the above indicated work.

11:26 Jeff Sherod

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

Special Instructions: PO #: 8282012-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: Ford E.C. Matibu 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.)

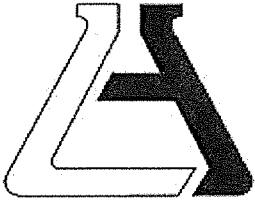
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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

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: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/28/12		QCBatchID: QC1129217 dung
Method: SM 9221-B Coliform, Total	90	1			MPN/100ml	08/28/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	17	1			MPN/100ml	08/28/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	10	1			cfu/100ml	08/28/12		QCBatchID: nmikhael

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



309582



ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 8-28-2012 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)

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82812-INF-ML2	Malibu Lagoon - Influent Source	8/28/12	8:53	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)
Bonnie...

Received by: (Signature)
Jeff Sherod

Date/Time 8/28/12 10:10

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

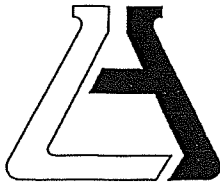
Received by Laboratory for analysis: (Signature)
Mike Slaby

Date/Time 8-28-12

11:26
Jeff Sherod

Special Instructions: PO #: 8282012-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: 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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

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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/28/12	dung	QCBatchID: QC1129217
Method: SM 9221-B Coliform, Total	8	1			MPN/100ml	08/28/12	roxane	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/28/12	roxane	QCBatchID:
Method: SM 9230-B 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





ASSOCIATED LABORATORIES

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First Sample

309581

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>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature) _____	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

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	AM 7:10	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

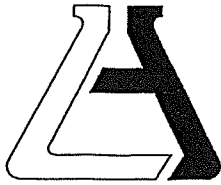
Relinquished by: (Signature) <i>Bonnie Linn</i>	Received by: (Signature) <i>Jeff Sherod</i>	Date/Time 8/28/12 11:10
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Maryann</i>	Date/Time 8-28-12 11:26

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8282012-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: Ford E.L. 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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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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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/28/12		QCBatchID: QC1129217 dung
Method: SM 9221-B Coliform, Total	2	1			MPN/100ml	08/28/12		QCBatchID: roxane
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/28/12		QCBatchID: roxane
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	08/28/12		QCBatchID: nmikhael

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





ASSOCIATED LABORATORIES

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Second Sample

309583

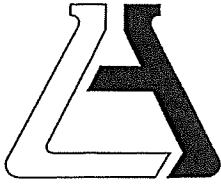
CHAIN OF CUSTODY RECORD

Date 8-28-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-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) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <u>11:10</u> <u>8/28/12</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time <u>11:26</u> <u>8.28.12</u>	
Special Instructions: PO #: 8282012-JS-FORDEC-12-407			<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: Ford F.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.)

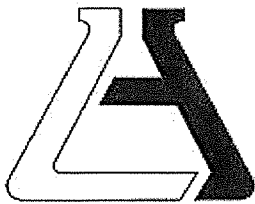
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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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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: 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

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First Sample

309666

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>	

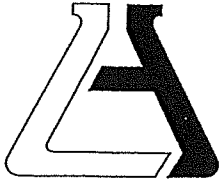
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
82912-INF-ML1	Malibu Lagoon - Influent Source	8/29/12	7:00 34	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emiguel Romo</u>	Received by: (Signature) <u>M. Robert</u>	Date/Time <u>08/29/12 13:16</u>
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>13:30</u>
Special Instructions: PO #: 8292012-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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-29-12 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 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. Ebert Date: 08/29/12

Log-in Reviewed by: _____ Date: _____



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: 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 #: <u>309671-001</u>	Client Sample #: 82912-INF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	08/29/12	dung	QCBatchID: QC1129254
Method: SM 9221-B Coliform, Total	50	1			MPN/100ml	08/29/12	Tnguyen	QCBatchID:
Method: SM 9221-E Coliform, Fecal	30	1			MPN/100ml	08/29/12	Tnguyen	QCBatchID:
Method: SM 9230-B Enterococcus	20	1			cfu/100ml	08/29/12	yiliu	QCBatchID:

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





ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

Second Sample

309671

CHAIN OF CUSTODY RECORD

Date 8-29-2012 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)
Emerique Rome

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)
Emerique Rome

Received by: (Signature)
M. Schubert

Date/Time
08/29/12 13:18

Relinquished by: (Signature)
JK 8/29/12 13:40

Received by Laboratory for analysis: (Signature)

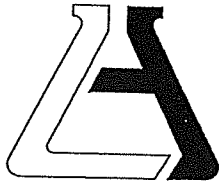
Date/Time

Special Instructions: PO #: 8292012-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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-29-12 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: 12.0C
 (Acceptance range is 2 to 6 Deg. C.)

Section 3

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

*: 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: 08/29/12
 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. #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 Chlorine, Total Residual	Prep Method: Method ND	1	0.02	0.1	mg/L	08/29/12		QCBatchID: QC1129254 dung
Method: SM 9221-B Coliform, Total	Prep Method: Method 8	1			MPN/100ml	08/29/12		QCBatchID: Tnguyen
Method: SM 9221-E Coliform, Fecal	Prep Method: Method 8	1			MPN/100ml	08/29/12		QCBatchID: Tnguyen
Method: SM 9230-B Enterococcus	Prep Method: Method 3	1			cfu/100ml	08/29/12		QCBatchID: ylliu

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





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First Sample

309668

CHAIN OF CUSTODY RECORD

Date 8-29-2012 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)

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 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)
Emigael Romo

Relinquished by: (Signature)
[Signature] 8/29/12 13:16

Received by: (Signature)
[Signature]

Received by Laboratory for analysis: (Signature)
[Signature]

Date/Time
08/29/12 13:16

Date/Time

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 8292012-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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 08-29-12 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 X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 12.9C
 (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. Ebert Date: 08/29/12
 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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/29/12		QCBatchID: QC1129254 dung
Method: SM 9221-B Coliform, Total	<2	1			MPN/100ml	08/29/12	Tnguyen	QCBatchID:
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/29/12	Tnguyen	QCBatchID:
Method: SM 9230-B Enterococcus	<1	1			cfu/100ml	08/29/12	yiliu	QCBatchID:

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





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Second Sample

309672

CHAIN OF CUSTODY RECORD

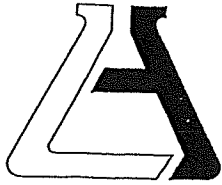
Date 8-29-2012 Page 1 of 1

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

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) <u>Emiguel Ronda</u>	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>08/29/12 13:20</u>	I hereby authorize the performance of the above indicated work. <u>Jeff Sherod</u>
Relinquished by: (Signature) <u>VV [Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>8/29/12</u>	
Special Instructions: <u>1340</u> PO #: 8292012-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: 08-29-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

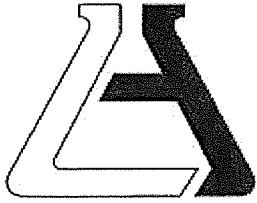
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 12.0
 (Acceptance range is 2 to 6 Deg. C.)

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

*: 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: 08/29/12
 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. #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 #: 309761-001	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

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First Sample

309761

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 <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <i>Emiguel Romo</i>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>					
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
83012-INF-ML1	Malibu Lagoon - Influent Source	8/30/12	7:30 <i>4:40</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) <i>Emiguel Romo</i>		Received by: (Signature) <i>David Lee</i>		Date/Time 8/30/12 12:36		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>TRAN NGUYEN</i>		Date/Time 8/30/12 1:00 pm					
Special Instructions: PO #: 8302012-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: 8/30/12 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

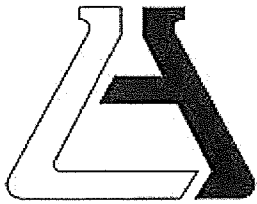
Explanations/Comments

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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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 Chlorine, Total Residual	0.03 J	1	0.02	0.1	mg/L	08/30/12		QCBatchID: QC1129302 dung
Method: SM 9221-B Coliform, Total	40	1			MPN/100ml	08/30/12		QCBatchID: yiliu
Method: SM 9221-E Coliform, Fecal	20	1			MPN/100ml	08/30/12		QCBatchID: yiliu
Method: SM 9230-B Enterococcus	20	1			cfu/100ml	08/30/12		QCBatchID: yiliu

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



309765



ASSOCIATED LABORATORIES

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

Second Sample

CHAIN OF CUSTODY RECORD

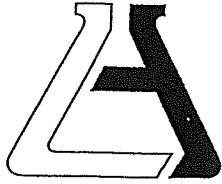
Date 8-30-2012 Page 1 of 1

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

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>Janet Ell</u>	Date/Time <u>8/30/12 1236</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>TRAN Nguyen</u>	Date/Time <u>8/30/12 1:10 PM</u>	
Special Instructions: <u>PO #: 8302012-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: 8/30/12 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.)

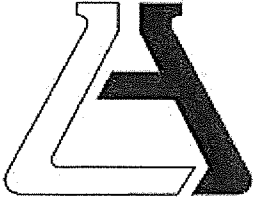
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes - were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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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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-12-412

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 08/30/2012 10:00	Site:
Sample #: <u>309753-001</u>	Client Sample #: 83012-INF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7 Copper	0.030 J	10	0.01	0.1	mg/L	08/31/12	keddy	QCBatchID: QC1129285
Prep Method: EPA 3010A								
Method: SM 2130-B Turbidity	19.2	1	0.1	0.1	NTU	08/30/12	ame	QCBatchID:
Prep Method: Method								
Method: SM 2520-B Salinity	13.9	1				08/31/12	soheir	QCBatchID:
Prep Method: Method								
Method: SM 4500-H+B pH	7.69	1			pH Units	08/31/12	soheir	QCBatchID:
Prep Method: Method								
Method: SM 4500-O-G Dissolved Oxygen	6.54	1			mg/L	08/30/12	rvenal	QCBatchID:
Prep Method: Method								

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



309753



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CHAIN OF CUSTODY RECORD

Date 8-30-2012 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)
Emiguel Romo

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
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)
Emiguel Romo

Received by: (Signature)
Jeff Sherod

Date/Time
8/30/12 1235

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

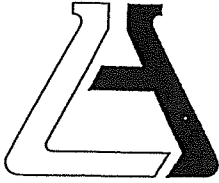
Received by Laboratory for analysis: (Signature)

Date/Time

Special Instructions: PO #: 8302012-JS-FORDEC-12-412

Jeff Sherod

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



ASSOCIATED LABORATORIES

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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: David 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-12-407

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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





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First Sample

309763

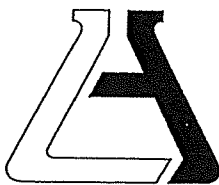
CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Emerique 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>Emerique 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. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>TRACY NGUYEN</u>	Date/Time <u>8/30/12 1:00pm</u>	
Special Instructions: <u>PO #: 8302012-JS-FORDEC-12/407</u>			



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)? *			✓

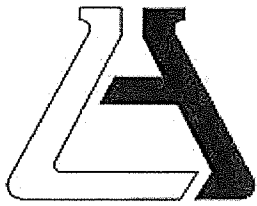
*: If the answer is no, please inform Fish Bioassay Dept. immediately.

Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N N/A

Completed By: David 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-12-407

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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	08/30/12		QCBatchID: QC1129302 dung
Prep Method: Method								
Method: SM 9221-B Coliform, Total	17	1			MPN/100ml	08/30/12		QCBatchID: yiliu
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	08/30/12		QCBatchID: yiliu
Prep Method: Method								
Method: SM 9230-B Enterococcus	1	1			cfu/100ml	08/30/12		QCBatchID: yiliu
Prep Method: Method								

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





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Second Sample

309758

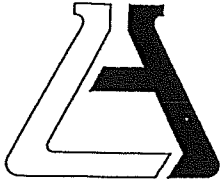
CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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) <u>Emiguel Romo</u>	Received by: (Signature) <u>Janice 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-12407</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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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

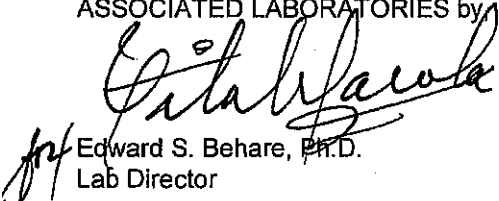
Lab Request: 309756
Report Date: 09/06/2012
Date Received: 08/30/2012
Client ID: 10043

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 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>
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	Client: Pure Effect, Inc.
Sampled: 08/30/2012 10:00	Site:
Sample #: 309756-001	Client Sample #: 83012-EFF-ML
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: EPA 200.7 Copper	ND	10	0.01	0.1	mg/L	08/31/12	kedy	QCBatchID: QC1129285
Prep Method: EPA 3010A								
Method: SM 2130-B Turbidity	0.55	1	0.1	0.1	NTU	08/30/12	ame	QCBatchID:
Prep Method: Method								
Method: SM 2520-B Salinity	14.0	1				08/31/12	soheir	QCBatchID:
Prep Method: Method								
Method: SM 4500-H+B pH	7.59	1			pH Units	08/31/12	soheir	QCBatchID:
Prep Method: Method								
Method: SM 4500-O-G Dissolved Oxygen	1.42	1			mg/L	08/30/12	rvenal	QCBatchID:
Prep Method: Method								

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





ASSOCIATED LABORATORIES

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309756

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Emique Romo</u>	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
83012-EFF-ML	Malibu Lagoon - Treated Effluent	8/30/12	10:00	X			4		Dissolved Oxygen
	(Red Testing - Calendar)		4:00						Copper
									Turbidity
									pH
									Salinity
									All to MDL/PQL

Relinquished by: (Signature) <u>Emique Romo</u>	Received by: (Signature) <u>Jeff Sherod</u>	Date/Time <u>8/30/12 1235</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (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

Special Instructions: PO #: 8302012-JS-FORDEC-12-412



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
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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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 09/04/2012 07:40	Site:
Sample #: <u>309915-001</u>	Client Sample #: 90412-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B Coliform, Total	300	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E Coliform, Fecal	300	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B 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





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First Sample

309915

CHAIN OF CUSTODY RECORD

Date 9-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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	3:40 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

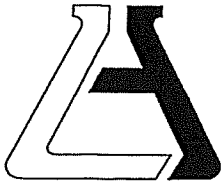
Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/04/12 14:15</u>
Relinquished by: (Signature)	Received by Laboratory for analysis (Signature) <u>[Signature]</u>	Date/Time <u>9/4/12 14:40</u>

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 9042012-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: 09-04-12 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?	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: 09/04/12



Associated Laboratories

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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 Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B Coliform, Total	350	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E Coliform, Fecal	130	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B 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

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Second Sample

309913

CHAIN OF CUSTODY RECORD

Date 9-04-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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

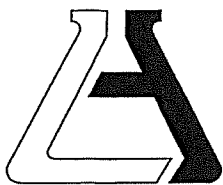
Relinquished by: (Signature) <u><i>[Signature]</i></u>	Received by: (Signature) <u><i>[Signature]</i></u>	Date/Time <u>09/04/12 14:15</u>
Relinquished by: (Signature) <u><i>[Signature]</i></u>	Received by Laboratory for analysis: (Signature) <u><i>[Signature]</i></u>	Date/Time <u>09/04/12 14:40</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 9042012-JS-FORDEC-12-407

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
 Date Received: 09-04-12
 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?	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: 09/04/12



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. #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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/04/12	dung
Method: SM 9221-B Coliform, Total	11	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9221-E Coliform, Fecal	<2	1			MPN/100ml	09/04/12	nmikhael
Method: SM 9230-B 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





ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 09-04-12 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?	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: 09/04/12



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. #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 Chlorine, Total Residual	Prep Method: Method ND	1	0.02	0.1	mg/L	QCBatchID 09/04/12	QC1129392 dung
Method: SM 9221-B Coliform, Total	Prep Method: Mehtod 27	1			MPN/100ml	QCBatchID 09/04/12	nmikhael
Method: SM 9221-E Coliform, Fecal	Prep Method: Method 22	1			MPN/100ml	QCBatchID 09/04/12	nmikhael
Method: SM 9230-B Enterococcus	Prep Method: Method 5	1			cfu/100ml	QCBatchID 09/04/12	nmikhael

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



309912



ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 9-04-2012 Page 1 of 1

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

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

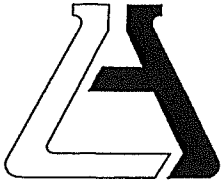
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>09/04/12 14:15</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>9/4/12 14:40</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 9042012-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: 09-04-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

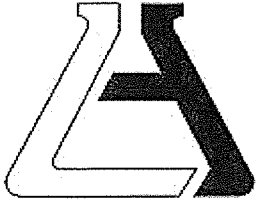
Section 2
 Was the cooler packed with: ___ Ice ___ Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	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. Eubert Date: 09/04/12



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. #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 #: 309983-001	Client Sample #: 90512-INF-ML1
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By
Method: SM 4500-Cl Chlorine, Total Residual	0.05 J	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B Coliform, Total	500	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E Coliform, Fecal	70	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B 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

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First Sample

309983

CHAIN OF CUSTODY RECORD

Date 9-05-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Yi Liu</u>	Date/Time <u>9/5/12 12:00</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 9052012-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: PE Project: _____
 Date Received: _____ 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: 18
 (Acceptance range is 0 to 6 Deg. C.)

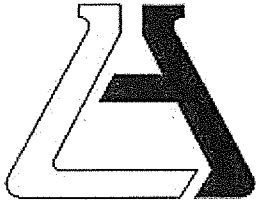
Section 3	YES	NO	N/A
Was a COC received?	<u>—</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>—</u>		
Were custody seals present?		<u>—</u>	
If Yes – were they intact?			<u>—</u>
Were all samples sealed in plastic bags?	<u>—</u>		
Did all samples arrive intact? If no, 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 5
 Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Chris Zuyfe Date: 9/5



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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. #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 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>
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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B Coliform, Total	300	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E Coliform, Fecal	110	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B 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

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Second Sample

309984

CHAIN OF CUSTODY RECORD

Date 9-05-2012 Page 1 of 1

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

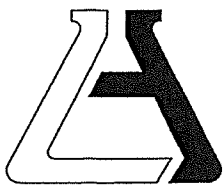
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
90512-INF-ML2	Malibu Lagoon - Influent Source	9/05/12	9:30	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to 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>
Relinquished by: (Signature)	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>		

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: PE Project: _____
 Date Received: _____ 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: 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 5
 Was Project Manager notified of discrepancies: Y / N N/A

Completed By: Chris Boyle Date: 9/5



Associated Laboratories

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www.associatedlabs.com
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04232CA

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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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 Chlorine, Total Residual	ND	1	0.02	0.1	mg/L	09/05/12	dung
Method: SM 9221-B Coliform, Total	14	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9221-E Coliform, Fecal	2	1			MPN/100ml	09/05/12	nmikhael
Method: SM 9230-B 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

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First Sample

309985

CHAIN OF CUSTODY RECORD

Date 9-05-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Barbara L...</i></u>	

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) <u><i>Barbara L...</i></u>	Received by: (Signature) <u><i>Chris Boyle</i></u>	Date/Time <u>9/5 11:30</u>	I hereby authorize the performance of the above indicated work. <u><i>Jeff Sherod</i></u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u><i>Yilin...</i></u>	Date/Time <u>9/5/12 12:00</u>	
Special Instructions: <u>PO #: 9052012-JS-FORDEC-12-407</u>			



ASSOCIATED LABORATORIES

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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 2
 Was 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.)

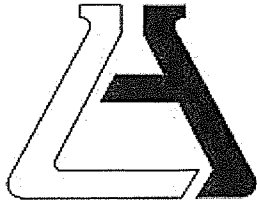
Section 3	YES	NO	N/A
Was a COC received?	—		
Is it properly completed? (IDs, sampling date and time, signature, test)	—		
Were custody seals present?		—	
If Yes – were they intact?			—
Were all samples sealed in plastic bags?	—		
Did all samples arrive intact? If no, indicate below.	—		
Did all bottle 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: Chris Boyle Date: 7/5



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. #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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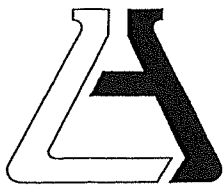
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	Prep Method: Method ND	1	0.02	0.1	mg/L	QCBatchID 09/05/12	QC1129413 dung
Method: SM 9221-B Coliform, Total	Prep Method: Mehtod 22	1			MPN/100ml	QCBatchID 09/05/12	nmikhael
Method: SM 9221-E Coliform, Fecal	Prep Method: Method 7	1			MPN/100ml	QCBatchID 09/05/12	nmikhael
Method: SM 9230-B Enterococcus	Prep Method: Method 2	1			cfu/100ml	QCBatchID 09/05/12	yiliu

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





ASSOCIATED LABORATORIES

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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 2
 Was 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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: Chris Zuyfe Date: 9/5



Associated Laboratories

806 N. Batavia - Orange, CA 92868
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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. #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 Copper	Prep Method: EPA 3010A 0.003 J	1	0.001	0.01	mg/L	09/17/12	nina
Method: SM 2130-B Turbidity	Prep Method: Method 19.4	1	0.1	0.1	NTU	09/06/12	ame
Method: SM 2520-B Salinity	Prep Method: Method 10.9	1				09/07/12	soheir
Method: SM 4500-H+B pH	Prep Method: Method 7.77	1			pH Units	09/07/12	robert
Method: SM 4500-O-G Dissolved Oxygen	Prep Method: Method 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

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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: 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 Chlorine, Total Residual	0.06 J	1	0.02	0.1	mg/L	09/06/12	dung
Method: SM 9221-B Coliform, Total	170	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E Coliform, Fecal	120	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B 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

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

*: 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: Jenny Date: 9/6/12



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. #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 Chlorine, Total Residual	0.04 J	1	0.02	0.1	mg/L	09/06/12	dung
Method: SM 9221-B Coliform, Total	300	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E Coliform, Fecal	240	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B 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

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Second Sample

CHAIN OF CUSTODY RECORD

Date 9-06-2012 Page 1 of 1

310095

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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 605345x10
									24.7 °C
									All to MDL/PQL

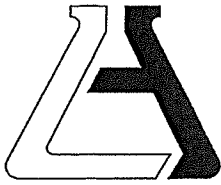
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>9/6/12 15:30</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Norme Michael</u>	Date/Time <u>9/6/12 3:36</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

*: 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



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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	Analyzed	By
Method: EPA 200.7 Copper	Prep Method: EPA 3010A ND	1	0.001	0.01	mg/L	09/17/12	nina
Method: SM 2130-B Turbidity	Prep Method: Method 4.96	1	0.1	0.1	NTU	09/06/12	ame
Method: SM 2520-B Salinity	Prep Method: Method 11.4	1				09/07/12	soheir
Method: SM 4500-H+B pH	Prep Method: Method 7.69	1			pH Units	09/07/12	robert
Method: SM 4500-O-G Dissolved Oxygen	Prep Method: Method 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





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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 Chlorine, Total Residual	Prep Method: Method ND	1	0.02	0.1	mg/L	QC1129466 09/06/12	QC1129466 dung
Method: SM 9221-B Coliform, Total	Prep Method: Mehtod 17	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9221-E Coliform, Fecal	Prep Method: Method <2	1			MPN/100ml	09/06/12	nmikhael
Method: SM 9230-B Enterococcus	Prep Method: Method 3	1			cfu/100ml	09/06/12	nmikhael

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





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First Sample

CHAIN OF CUSTODY RECORD

Date 9-06-2012 Page 1 of 1

310089

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
90612-EFF-ML1	Malibu Lagoon - Treated Effluent	9/06/12	8:30 0 A	X			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									Flaw 004732x100
									23.7°
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>9/6/12 15:30</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nesrine Mikhal</u> <u>3:36</u>	Date/Time <u>9/6/12</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 9062012-JS-FORDEC-12-407

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ASSOCIATED LABORATORIES

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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.)

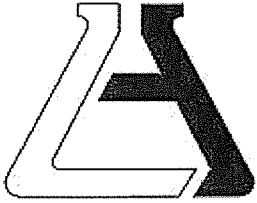
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes - were they intact?			<input checked=""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

*: 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

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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: 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

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Chlorine, Total Residual	Prep Method: Method ND	1	0.02	0.1	mg/L	QCBatchID 09/06/12	QC1129466 dung
Method: SM 9221-B Coliform, Total	Prep Method: Mehtod 8	1			MPN/100ml	QCBatchID 09/06/12	nmikhael
Method: SM 9221-E Coliform, Fecal	Prep Method: Method 8	1			MPN/100ml	QCBatchID 09/06/12	nmikhael
Method: SM 9230-B Enterococcus	Prep Method: Method 4	1			cfu/100ml	QCBatchID 09/06/12	nmikhael

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





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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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 345x100
									24.7°C
									All to MDL/PQL

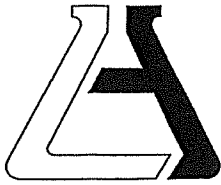
Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>9/6/12 15:30</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Devine Michael</u>	Date/Time <u>9/6/12 3:36</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 9062012-JS-FORDEC-12-407

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

*: 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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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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	500	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	500	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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	8:30 A	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									Need to know if Coliform is present in the sample ASAP
									612230 Klee
									23.2°C
									All to MDL/PQL

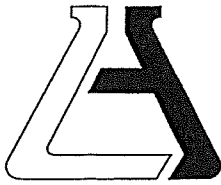
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>9/11/12 15:40</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>9/11/12 3:55 pm</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 9112012-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: Ford E.C.
 Date Received: 9/11/12 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: 2
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 9/11/12



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

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Second Sample

CHAIN OF CUSTODY RECORD

Date 9-11-2012 Page 1 of 1

310326

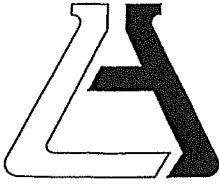
CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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
									XXXXXXXXXXXXXXXXXXXX
									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 18:40</u>	I hereby authorize the performance of the above indicated work.
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>			

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: Ford E.C.
 Date Received: 9/11/12 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: 2
 (Acceptance range is 0 to 6 Deg. C.)

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

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

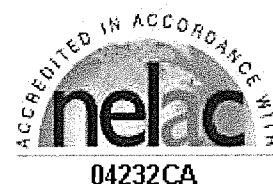
Section 4
 Explanations/Comments

Section 5
 Was Project Manager notified of discrepancies: Y / N N/A
 Completed By: [Signature] Date: 9/11/12



Associated Laboratories

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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. #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

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First Sample

CHAIN OF CUSTODY RECORD

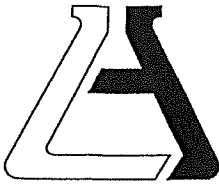
Date 9-11-2012 Page 1 of 1

310327

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-ML1	Malibu Lagoon - Treated Effluent	9/11/12	8:30 8:40	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Enterococcus
									Need to know if Coliform is present in the sample ASAP
									61.230 x 100
									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>09/11/12 3:55pm</u>	
Special Instructions: <u>PO #: 9112012-JS-FORDEC-12-407</u>			



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: Ford E.C.
 Date Received: 9/11/12 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: 2
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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. #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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	50	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	30	1			MPN/100ml	09/11/12	nmikhael	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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Second Sample

CHAIN OF CUSTODY RECORD

Date 9-11-2012 Page 1 of 1

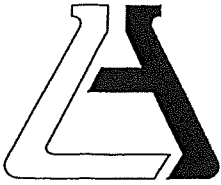
310328

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

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
									Enterococcus
									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. <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>9/11/12 3:55 pm.</u>	
Special Instructions: PO #: 9112012-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: Ford E.C.
 Date Received: 9/11/12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

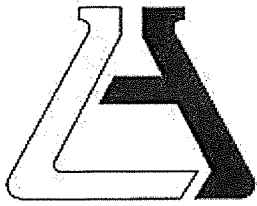
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other _____
 Cooler or box temperature: 2
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 9/11/12



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. #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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	300	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	170	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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First Sample

CHAIN OF CUSTODY RECORD

Date 9-12-2012 Page 1 of 1

310444

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)

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
									Enterococcus
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)

Received by: (Signature) 10-15

Date/Time
9/13/12

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

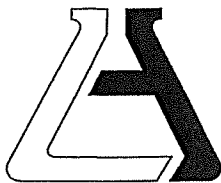
Received by Laboratory for analysis: (Signature)
Yilia 1300

Date/Time
9/13/12

Special Instructions: PO #: 9122012-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: 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: 2.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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								QCBatchID:
Coliform, Total	300	1			MPN/100ml	09/13/12	yiliu, TN	
Prep Method: Mehtod								
Method: SM 9221-E								QCBatchID:
Coliform, Fecal	110	1			MPN/100ml	09/13/12	yiliu, TN	
Prep Method: Method								
Method: SM 9230-B								QCBatchID:
Enterococcus	80	1			cfu/100ml	09/13/12	yiliu, TN	
Prep Method: Method								

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





ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

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>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-INF-ML2	Malibu Lagoon - Influent Source	9/12/12	10:00	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									TESTS REQUIRED
									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>10:00</u> <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>1300</u> <u>9/13/12</u>	
Special Instructions: <u>PO #: 9122012-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: 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: _____

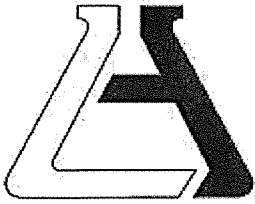
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 2.0C
 (Acceptance range is 0 to 6 Deg. C.)

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. Eubank Date: 09/13/12



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. #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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	2	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	2	1			MPN/100ml	09/13/12	yiliu, TN	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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First Sample

CHAIN OF CUSTODY RECORD

Date 9-12-2012 Page 1 of 1

310445

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-ML1	Malibu Lagoon - Treated Effluent	9/12/12	8:15	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									XXXXXXXXXXXXXXXXXXXX
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

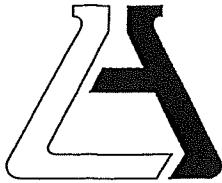
Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>FRANCISCA</u> 10:15	Date/Time <u>9/13/12</u>
Relinquished by: (Signature) <u>[Signature]</u>	Received by Laboratory for analysis: (Signature) <u>[Signature]</u> 7:11 PM 9/13/12	Date/Time <u>13:00</u>

Special Instructions: PO #: 9122012-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: 09-13-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

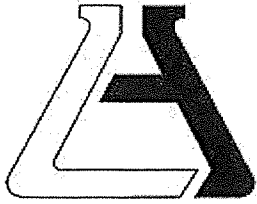
Section 2
 Was the cooler packed with: Ice _____ Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 2.0°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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





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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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

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
									Enterococcus
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>FRANCISCO</u>	Date/Time <u>9/13/12 10:15</u>	*Thereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>YILIA</u>	Date/Time <u>9/13/12 1300</u>	
Special Instructions: <u>PO #: 9122012-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: 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?			<input checked="" type="checkbox"/>
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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

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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. #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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	300	1			MPN/100ml	09/13/12	roxane	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	240	1			MPN/100ml	09/13/12	roxane	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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First Sample

CHAIN OF CUSTODY RECORD

Date 9-13-2012 Page 1 of 1

310452

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)
Bonnie Lee

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
									Other Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)
Bonnie Lee

Received by: (Signature)
M. G. ... 09/13/12

Date/Time
13:48

I hereby authorize the performance of the above indicated work.

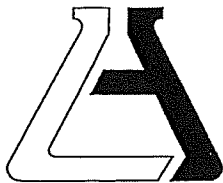
Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature)
Jeff Sherod

Date/Time
9-13-12

Special Instructions: PO #: 9132012-JS-FORDEC-12-407

Jeff Sherod
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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 Efect Project: _____
 Date Received: 09-13-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

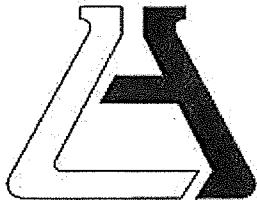
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
Paper None Other _____
 Cooler or box temperature: 6.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. #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

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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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91312-INF-ML2	Malibu Lagoon - Influent Source	9/13/12	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>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)	Date/Time <u>2:57 9-13-12</u>	
Special Instructions: <u>PO #: 9132012-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: 09-13-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

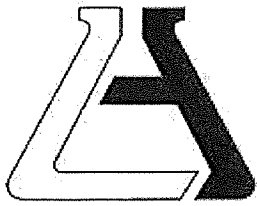
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6.0°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	80	1			MPN/100ml	09/13/12	roxane	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	80	1			MPN/100ml	09/13/12	roxane	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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) _____	

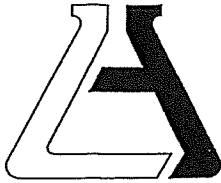
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91312-EFF-ML1	Malibu Lagoon - Treated Effluent	9/13/12	7:08	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Other Coliforms
									Need to know if 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>09/13/12 13:48</u>
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>9-12-12</u>
Special Instructions: <u>PO #: 9132012-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 Efect Project: _____
 Date Received: 09-13-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

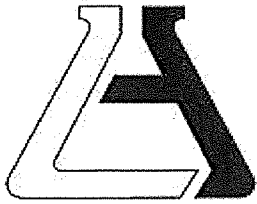
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0°C
 (Acceptance range is 0 to 6 Deg. C.)

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. Eckert Date: 09/13/12



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. #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 #: 310455-001	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

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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 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)
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
									TESTS
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)
Bonwater

Received by: (Signature) M. Slaby Date/Time 09/13/12 13:48

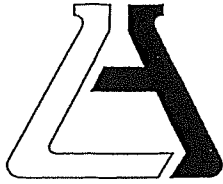
I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature) MS Date/Time 9-13-12

Special Instructions: PO #: 9132012-JS-FORDEC-12-407

Jeff Sherod
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ASSOCIATED LABORATORIES

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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 X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0 C
 (Acceptance range is 0 to 6 Deg. C.)

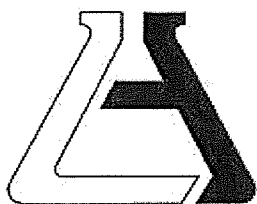
Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle 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. Eckert 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

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First Sample

310728

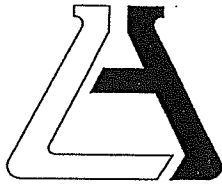
CHAIN OF CUSTODY RECORD

Date 9-18-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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 Corrie</u>	

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
									XXXXXXXXXX
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonnie Corrie</u>	Received by: (Signature) <u>M. G. Slaby</u>	Date/Time <u>09/18/12 16:23</u>	I hereby authorize the performance of the above indicated work. 4:20 <u>Jeff Sherod</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Yolana Guerra</u>	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: Pure Effect
 Date Received: 09-18-12
 Sample(s) received in cooler: Yes
 Shipping Information: _____
 Project: _____
 Sampler's Name: Yes No
 No (Skip Section 2)

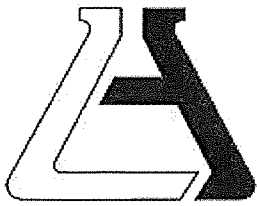
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0c
 (Acceptance range is 0 to 6 Deg. C.)

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. Eubert Date: 09/18/12



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. #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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Bonnie Torres</i></u>	

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><i>Bonnie Torres</i></u>	Received by: (Signature) <u><i>Jeff Sherod</i></u>	Date/Time <u>09/17/12 11:23</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u><i>Mike Slaby</i></u>	Date/Time <u>9/18/12 4:30</u>
Special Instructions: PO #: 9182012-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
 Date Received: 09-18-12
 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: 6.0C
 (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. Eubert Date: 09/18/12



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. #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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	13	1			MPN/100ml	09/18/12	roxane	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	8	1			MPN/100ml	09/18/12	roxane	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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First Sample

310729

CHAIN OF CUSTODY RECORD

Date 9-18-2012 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)
Bonnie Lee

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)
Bonnie Lee

Received by: (Signature)
Mike Slaby 09/17/12 16:23

Date/Time

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

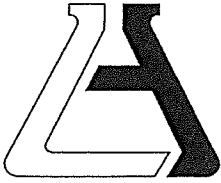
Received by Laboratory for analysis: (Signature)
Wendy

Date/Time
9-18-12

4:30
Jeff Sherod

Special Instructions: PO #: 9182012-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
 Date Received: 09-18-12
 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: 6.0C
 (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. Subert Date: 09/18/12



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. #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 #: <u>310727-001</u>	Client Sample #: 91812-EFF-ML2
	Collector: Client

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B								QCBatchID:
Coliform, Total	50	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E								QCBatchID:
Coliform, Fecal	8	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B								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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>[Signature]</i>	

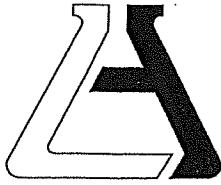
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91812-EFF-ML2	Malibu Lagoon - Treated Effluent	9/18/12	10:35	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									XXXXXXXXXX
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time 09/18/12 16:23
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time 9-18-12
Special Instructions: PO #: 9182012-JS-FORDEC-12-407		

I hereby authorize the performance of the above indicated work.

4:30 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: 09-18-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

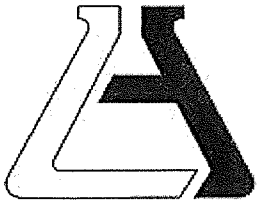
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6.0c
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. Albert Date: 09/18/12



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. #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								QCBatchID:
Coliform, Total	280	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9221-E								QCBatchID:
Coliform, Fecal	220	1			MPN/100ml	09/19/12	nmikhael	
Method: SM 9230-B								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



310776



ASSOCIATED LABORATORIES

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First Sample

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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
									Enterococcus
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

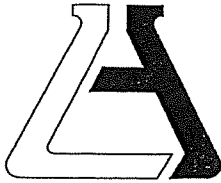
Relinquished by: (Signature) <u>Bonnie Lopez</u>	Received by: (Signature) <u>David</u>	Date/Time 9/19/12 13:05
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Nikh</u>	Date/Time 9/19/12 1:05

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 9192012-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: 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
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: 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



310777



ASSOCIATED LABORATORIES

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Second Sample

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Bonnie Lee</i>	

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

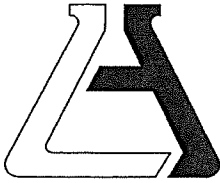
Relinquished by: (Signature) <i>Bonnie Lee</i>	Received by: (Signature) <i>David Lee</i>	Date/Time 9/19/12 1305
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Nevele Mike</i>	Date/Time 9/19/12 1305

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 9192012-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: 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.)

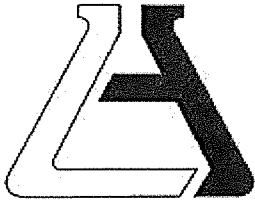
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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

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. #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

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 09:00	Site:
Sample #: 310774-001	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

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature) <u>Bonnie Torres</u>	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

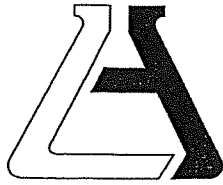
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
91912-EFF-ML1	Malibu Lagoon - Treated Effluent	9/19/12	9:00	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonnie Torres</u>	Received by: (Signature) <u>David</u>	Date/Time <u>9/19/12 1305</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Neelina M. Kh</u>	Date/Time <u>9/19/12 1:05</u>
Special Instructions: PO #: 9192012-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: 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.)

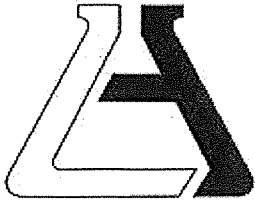
Section 3	YES	NO	N/A
Was a COC received?	✓		
Is it properly completed? (IDs, sampling date and time, signature, test)	✓		
Were custody seals present?		✓	
If Yes – were they intact?			✓
Were all samples sealed in plastic bags?	✓		
Did all samples arrive intact? If no, indicate below.	✓		
Did all bottle 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

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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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Second Sample

310775

CHAIN OF CUSTODY RECORD

Date 9-19-2012 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)
Bonnie Jones

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
									XXXXXXXXXXXXXXXXXXXX
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)
Bonnie Jones

Received by: (Signature)
Tommy Lee

Date/Time
9/19/12 1305

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

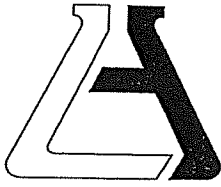
Received by Laboratory for analysis: (Signature)
Neithe H. K.

Date/Time
9/19/12 1:05

Jeff Sherod

Special Instructions: PO #: 9192012-JS-FORDEC-12-407

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ASSOCIATED LABORATORIES

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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

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. #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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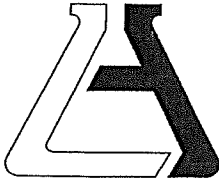
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Copper	0.004 J	1	0.001	0.01	mg/L	09/21/12	nina
Method: SM 2540-D 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





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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?	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?			
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. Eckert 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: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	170	1			MPN/100ml	09/20/12	nmikhael	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	70	1			MPN/100ml	09/20/12	nmikhael	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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





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First Sample

310936

CHAIN OF CUSTODY RECORD

Date 9-20-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
92012-INF-ML1	Malibu Lagoon - Influent Source	9/20/12	7:30 A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									TPM (298500) X100
									All to MDL/PQL

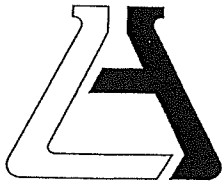
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>09/20/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Mick</u>	Date/Time <u>9-20-12 3:30</u>
Special Instructions: <u>PO #: 9202012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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11



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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)

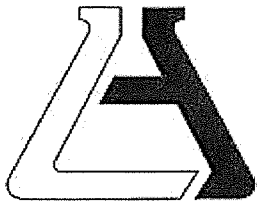
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	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. Eckert Date: 09/20/12



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. #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

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Second Sample

310937

CHAIN OF CUSTODY RECORD

Date 9-20-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92012-INF-ML2	Malibu Lagoon - Influent Source	9/20/12	114	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									TEM 659107X100
									TEM 659107X100
									All to MDL/PQL

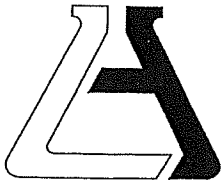
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>09/20/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Mickl</u>	Date/Time <u>9-20-12 3:30</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

Special Instructions: PO #: 9202012-JS-FORDEC-12-407



ASSOCIATED LABORATORIES

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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)

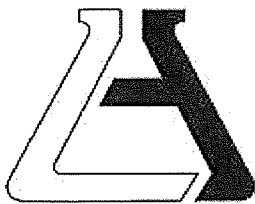
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	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. Eckert 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								QCBatchID:
Coliform, Total	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9221-E								QCBatchID:
Coliform, Fecal	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9230-B								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



310935



ASSOCIATED LABORATORIES

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(714) 771-6900 • Fax: (714) 538-1209

First Sample

CHAIN OF CUSTODY RECORD

Date 9-20-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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	7:30 7A	x			2	JME	Enterococcus Fecal Coliform Total Coliform
									Need to know if Coliform is present in the sample ASAP
									TPM 1058500X100
									All to MDL/PQL

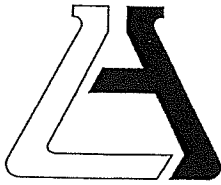
Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>	Date/Time <u>09/20/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Mick</u>	Date/Time <u>9-20-12 3:30</u>

Special Instructions: PO #: 9202012-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
 Date Received: 09-20-12
 Sample(s) received in cooler: Yes
 Shipping Information: _____

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

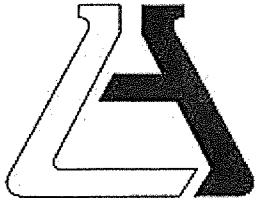
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

Section 3	YES	NO	N/A
Was a COC received?	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. Eckert 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: 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								QCBatchID:
Prep Method: Mehtod								
Coliform, Total	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9221-E								QCBatchID:
Prep Method: Method								
Coliform, Fecal	<2	1			MPN/100ml	09/20/12	roxane	
Method: SM 9230-B								QCBatchID:
Prep Method: Method								
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

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Second Sample

310938

CHAIN OF CUSTODY RECORD

Date 9-20-2012 Page 1 of 1

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

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
									Need to know if Coliform is present in the sample ASAP
									TPM 1059107 X 100
									All to MDL/PQL

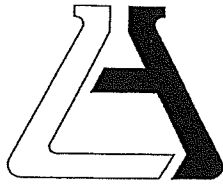
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>09/20/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Michener</u>	Date/Time <u>09-20-12 3:30</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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

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 Project: _____
 Date Received: 09-20-12 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?	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. Eckert Date: 09/20/12



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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. #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 Total Oil and Grease	ND	1	1.7	5	mg/L	09/21/12	cathy	QCBatchID: QC1129914
Prep Method: Method-SGT								
Method: EPA 200.7 Copper	0.002 J	1	0.001	0.01	mg/L	09/21/12	nina	QCBatchID: QC1129902
Prep Method: EPA 3010A								
Method: EPA 420.1 Total Phenolics	ND	1	0.004	0.005	mg/L	09/25/12	hanhkhong	QCBatchID: QC1130007
Prep Method: Method								
Method: SM 2540-D Total Suspended Solids	ND	1	2.7	5	mg/L	09/21/12	ame	QCBatchID: QC1129948
Prep Method: SM 2540-D								
Method: SM 4500-S-D Total Sulfide	ND	1	0.1	0.1	mg/L	09/21/12	hanhkhong	QCBatchID: QC1129939
Prep Method: Method								
Method: SM 5210-B BOD	ND	1	1.5	3	mg/L	09/21/12	nassim	QCBatchID: QC1130032
Prep Method: Method								
Method: SM 5540-C MBAS	ND	1	0.02	0.04	mg/L	09/22/12	nassim	QCBatchID: QC1129922
Prep Method: Method								

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

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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)

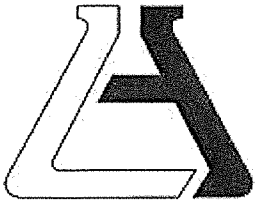
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: _____
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. Eckert 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. #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





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First Sample

311079

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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 Lee</u>	

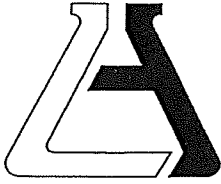
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92512-INF-ML1	Malibu Lagoon - Influent Source	9/25/12	10:50	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Bonnie Lee</u>	Received by: (Signature) <u>M. Schubert</u>	Date/Time <u>09/25/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>M. Liu</u>	Date/Time <u>9/25/12 1600</u>
Special Instructions: <u>PO #: 9252012-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



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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 9-25-12 Sampler's Name: (Yes) No
 Sample(s) received in cooler: (Yes) No (Skip Section 2)
 Shipping Information: _____

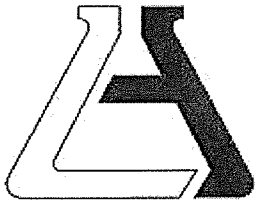
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 4.0C
 (Acceptance range is 0 to 6 Deg. C.)

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: MM. Eddal Date: 09/25/12



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. #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 #: 311083-001	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





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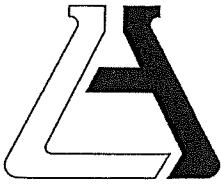
Second Sample

311083

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>		
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			
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)				Received by: (Signature)			Date/Time <u>09/25/12 14:57</u>		
Relinquished by: (Signature)				Received by Laboratory for analysis: (Signature)			Date/Time <u>9/25/12 1600</u>		
Special Instructions: <u>PO #: 9252012-JS-FORDEC-12-407</u>							I hereby authorize the performance of the above indicated work. <div style="text-align: right;"><u>Jeff Sherod</u></div> 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: 9-25-12 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: 4.0C
 (Acceptance range is 0 to 6 Deg. C.)

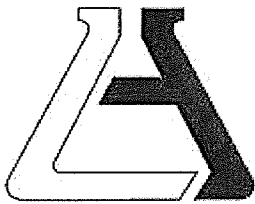
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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

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. #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
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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 09/25/2012 11:00	Site:	Notes:
Sample #: <u>311081-001</u>	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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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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 Lee Co</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>Bone Lee Co</u>	Received by: (Signature) <u>M. E. Slaby</u>	Date/Time <u>09/25/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Ji Liu</u>	Date/Time <u>9/25/12 1600</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 9252012-JS-FORDEC-12-407

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: 9-25-12 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 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

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: 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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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 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: _____ 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



311082



ASSOCIATED LABORATORIES

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Second Sample

CHAIN OF CUSTODY RECORD

Date 9-25-2012 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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature) 	

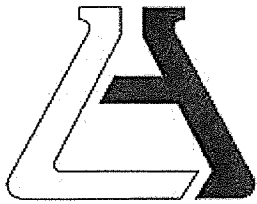
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92512-EFF-ML2	Malibu Lagoon - Treated Effluent	9/25/12	12:30	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>09/25/12 14:57</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>9/25/12 1600</u>
Special Instructions: <u>PO #: 9252012-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



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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
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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		QCBatchID:					
Coliform, Total	110	1			MPN/100ml	09/26/12	Tnguyen	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	80	1			MPN/100ml	09/26/12	Tnguyen	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	50	1			cfu/100ml	09/26/12	Tnguyen	

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





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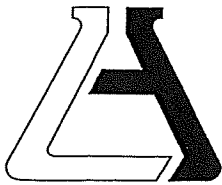
First Sample

31159

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>		
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>				PHONE NUMBER <u>(714) 639-7873</u>			County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>		
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>				SAMPLERS: (Signature) <u>Bonnie Torres</u>			Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>		
							Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>		
							Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>		
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>15:24</u> <u>9/26/12</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>9/26/12</u>		<u>4:08</u>	
Special Instructions: <u>PO #: 9262012-JS-FORDEC-12-407</u>									<u>Jeff Sherod</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: Pure Effect Project: Ford E.C. Malibu
 Date Received: 9/26/12 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.)

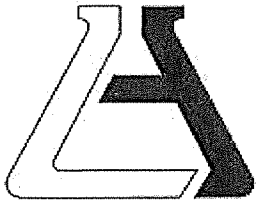
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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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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							QCBatchID:
Prep Method: Mehtod							
Coliform, Total	130	1		MPN/100ml	09/26/12	Tnguyen	
Method: SM 9221-E							QCBatchID:
Prep Method: Method							
Coliform, Fecal	130	1		MPN/100ml	09/26/12	Tnguyen	
Method: SM 9230-B							QCBatchID:
Prep Method: Method							
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





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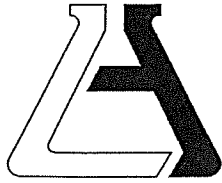
Second Sample

31158

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <i>Bonnie L...</i>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>					
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>					
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
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) <i>Bonnie L...</i>		Received by: (Signature) <i>Jeff Sherod</i>		Date/Time <u>9/26/12</u>		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 <u>9-26-12</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 Effect Project: Ford E.C. Malibu
 Date Received: 9/26/12 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.)

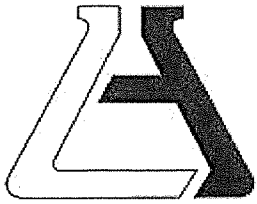
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked=""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

*: 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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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





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First Sample

CHAIN OF CUSTODY RECORD

Date 9-26-2012 Page 1 of 1

31160

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>[Signature]</i>	

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) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time <u>15:27</u> <u>9/26/12</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time <u>4:00</u> <u>9-26-12</u>

I hereby authorize the performance of the above indicated work.

Special Instructions: PO #: 9262012-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: Ford E.C. Malibu
 Date Received: 9/20/12 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?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" type="checkbox"/>
Were all samples sealed in plastic bags?	<input checked="" type="checkbox"/>		
Did all samples arrive intact? If no, indicate below.	<input checked="" type="checkbox"/>		
Did all bottle labels agree with COC? (ID, dates and times)	<input checked="" type="checkbox"/>		
Were correct containers used for the tests required?	<input checked="" type="checkbox"/>		
Was a sufficient amount of sample sent for tests indicated?	<input checked="" type="checkbox"/>		
Was there headspace in VOA vials?			<input checked="" type="checkbox"/>
Were the containers labeled with correct preservatives?	<input checked="" type="checkbox"/>		
Was total residual chlorine measured (Fish Bioassay samples only)? *			<input checked="" type="checkbox"/>

*: 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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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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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





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Second Sample

31161

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <i>Bonnie Turner</i>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>	
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>	
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>	

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	12:45	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) <i>Bonnie Turner</i>	Received by: (Signature) <i>Jeff Sherod</i>	Date/Time <u>9/26/12 15:27</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Jeff Sherod</i>	Date/Time <u>9-26-12 4:08</u>	
Special Instructions: <u>PO #: 9262012-JS-FORDEC-12-407</u>			Jeff Sherod DISTRIBUTION: White with report. Yellow to AL, 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. #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





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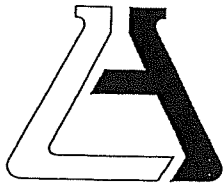
First Sample

311220

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 <input type="checkbox"/> No <input type="checkbox"/>					
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>					
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) <u>Bone</u>		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>					
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>					
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>					
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</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. <u>Jeff Sherod</u> DISTRIBUTION: White with report. Yellow to AL, Pink to Courier			
Relinquished by: (Signature)		Received by Laboratory for analysis: (Signature) <u>Yiliu</u>		Date/Time <u>9/27/12 1645</u>					
Special Instructions: <u>PO #: 9272012-JS-FORDEC-12-407</u>									



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 09-27-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

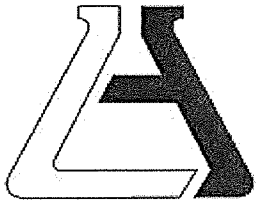
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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



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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





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Second Sample

311217

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

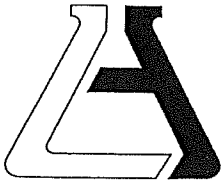
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
92712-INF-ML2	Malibu Lagoon - Influent Source	9/27/12	9:40	x			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>09/27/12 16:00</u>
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>		

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: 09-27-12
 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: 6.0C

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

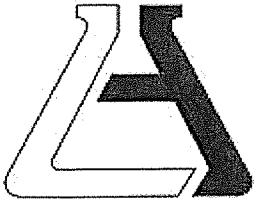
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes - were they intact?			<input checked=""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

*: 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



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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: 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

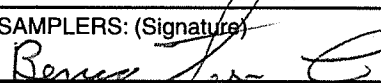
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(714) 771-6900 • Fax: (714) 538-1209

First Sample

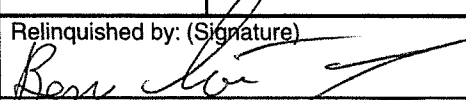
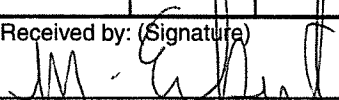
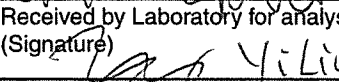
311219

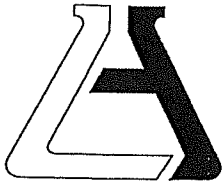
CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature) 		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>	
				Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>	
				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>	

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.
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>			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: 09-27-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

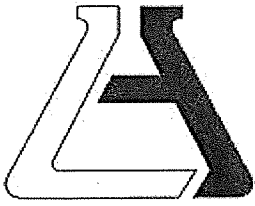
Section 2
 Was the cooler packed with: ___ Ice Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0 C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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
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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: 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

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Second Sample

311221

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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

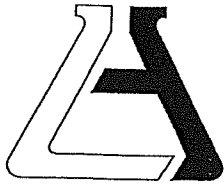
Relinquished by: (Signature) <i>Brian Torres</i>	Received by: (Signature) <i>M. Schubert</i>	Date/Time 09/27/12 16:02
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Yi Liu</i>	Date/Time 9/27/12 16:45

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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Special Instructions: PO #: 9272012-JS-FORDEC-12-407



ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 09-27-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

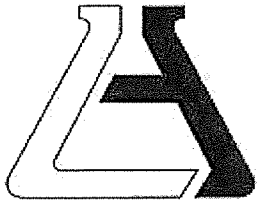
Section 2
 Was the cooler packed with: ___ Ice Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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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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 #: 311399-001	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

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First Sample

311399

CHAIN OF CUSTODY RECORD

Date 10-02-2012 Page 1 of 1

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

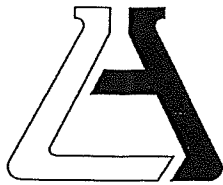
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100212-INF-ML1	Malibu Lagoon - Influent Source	10/02/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									728774 x100
									21.9%
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>10/2/12 14:53</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>i. Liu</u>	Date/Time <u>10/2/12 1500</u>
Special Instructions: <u>PO #: 10022012-JS-FORDEC-12-407</u>		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect
 Date Received: 10-2-12
 Sample(s) received in cooler: Yes
 Shipping Information: _____

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

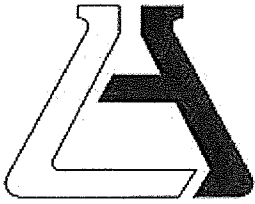
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 3.0C
 (Acceptance range is 0 to 6 Deg. C.)

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: 10/2/12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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Second Sample

311401

CHAIN OF CUSTODY RECORD

Date 10-02-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100212-INF-ML2	Malibu Lagoon - Influent Source	10/02/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									729680X100
									21.7°C
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/02/12 14:53</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Milia 958</u>	Date/Time <u>10/2/12 1500</u>
Special Instructions: <u>PO #: 10022012-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: 10-2-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 3.0C
 (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: [Signature] Date: 10/2/12



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. #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

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First Sample

311400

CHAIN OF CUSTODY RECORD

Date 10-02-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

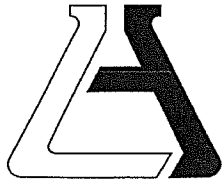
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100212-EFF-ML1	Malibu Lagoon - Treated Effluent	10/02/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the 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>
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>		

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: 10-2-12
 Sample(s) received in cooler: (Yes)
 Shipping Information: _____
 Project: _____
 Sampler's Name: (Yes) No
 No (Skip Section 2)

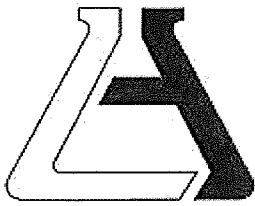
Section 2
 Was the cooler packed with: ___ Ice X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 3.0C
 (Acceptance range is 0 to 6 Deg. C.)

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. Ebert Date: 10/2/12



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. #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

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Second Sample

311440

CHAIN OF CUSTODY RECORD

Date 10-02-2012 Page 1 of 1

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

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
									21.70p
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) 	Date/Time <u>10/2/12 14:53</u>
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>		

I hereby authorize the performance of the above indicated work.

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: 10-2-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

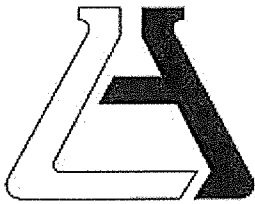
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 3.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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: 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

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SAMPLE ACCEPTANCE CHECKLIST

Section 1	
Client: <u>Pure Effect</u>	Project: _____
Date Received: <u>10-3-12</u>	Sampler's Name: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sample(s) received in cooler: <input checked="" type="checkbox"/> Yes	No (Skip Section 2)
Shipping Information: _____	

Section 2
Was the cooler packed with: <input checked="" type="checkbox"/> Ice <input type="checkbox"/> Ice Packs <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Styrofoam <input type="checkbox"/> Paper <input type="checkbox"/> None <input type="checkbox"/> Other _____
Cooler or box temperature: <u>2.0</u>
(Acceptance range is 0 to 6 Deg. C.)

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

*: 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



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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 #: 311524-001	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

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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: _____

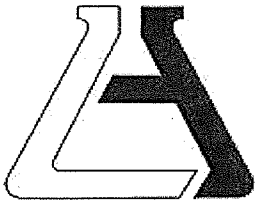
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 2.0
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. Afratis Date: 10-3-12



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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. #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

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First Sample

311523

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature)	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100312-EFF-ML1	Malibu Lagoon - Treated Effluent	10/03/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									TRM 7346106
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>M. Albert</u>	Date/Time <u>10/3/12 15:35</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine Mikh</u>	Date/Time <u>10/3/12 3:35</u>
Special Instructions: <u>PO #: 10032012-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: 10-3-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

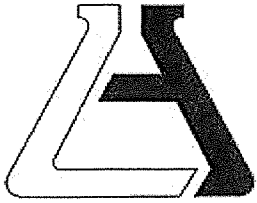
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 2.0
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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: 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 #: <u>311522-001</u>	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

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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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>	SAMPLERS: (Signature) _____	Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>
		Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>
		Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>

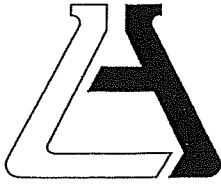
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100312-EFF-ML2	Malibu Lagoon - Treated Effluent	10/03/12		x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									TFM 7341097
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>M. Slaby</u>	Date/Time <u>10/3/12 15:35</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevele M. K. L.</u>	Date/Time <u>10/3/12 3:35</u>
Special Instructions: <u>PO #: 10032012-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: 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.)

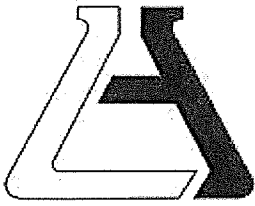
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were custody seals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

*: 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. Afrate 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. #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

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First Sample

311539

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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) _____	

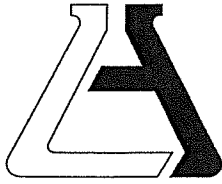
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
10412-INF-ML1	Malibu Lagoon - Influent Source	10/04/12	1030	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Mh</u>	Received by: (Signature) <u>phong</u>	Date/Time <u>10/4/12 13:2</u>
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		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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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 Project: _____
 Date Received: 10-4-12 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: 90°
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: Phoyan Date: 10-9-12



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. #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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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

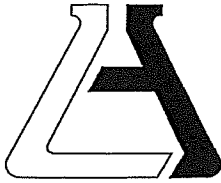
Relinquished by: (Signature) <u><i>MJ</i></u>	Received by: (Signature) <u><i>Phong</i></u>	Date/Time <u>10/4/12 1302</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u><i>Yi Liu</i></u>	Date/Time <u>10/4/12 1320</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 10042012-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: 10-4-12 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: 9°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: Phoyon Date: 10-9-12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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First Sample

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

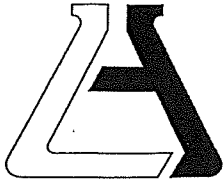
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100412-EFF-ML1	Malibu Lagoon - Treated Effluent	10/04/12	1030	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <i>[Signature]</i>	Received by: (Signature) <i>[Signature]</i>	Date/Time 10/4/12 1312
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>[Signature]</i>	Date/Time 10/4/12 1320
Special Instructions: PO #: 10042012-JS-FORDEC-12-407		

I hereby authorize the performance of the above indicated work.

Jeff Sherod

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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 Project: _____
 Date Received: 10-4-12 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: 9°C
 (Acceptance range is 0 to 6 Deg. C.)

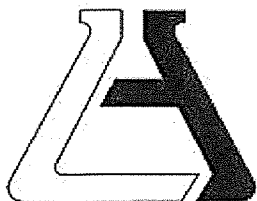
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?			<input checked="" type="checkbox"/>
If Yes – were they intact?			<input checked=""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

*: 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: Phoyan Date: 10-9-12



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. #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

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Second Sample

311540

CHAIN OF CUSTODY RECORD

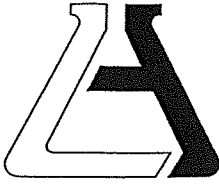
Date 10-04-2012 Page 1 of 1

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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100412-EFF-ML2	Malibu Lagoon - Treated Effluent	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) 	Received by: (Signature) 	Date/Time 10/4/12 1302	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time 10/4/12 1320	
Special Instructions: PO #: 10042012-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: 10-4-12 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: 90
 (Acceptance range is 0 to 6 Deg. C.)

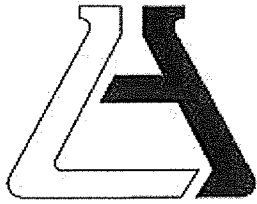
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?			<input checked="" type="checkbox"/>
If Yes – were they intact?			<input checked=""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

*: 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
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. #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		QCBatchID:					
Coliform, Total	2400	1			MPN/100ml	10/09/12	nmikhael	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	1300	1			MPN/100ml	10/09/12	nmikhael	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	130	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

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First Sample

311754

CHAIN OF CUSTODY RECORD

Date 10-09-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Emique Roman</u>	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
10912-INF-ML1	Malibu Lagoon - Influent Source	10/09/12	8:30 4:40	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>Emique Roman</u>	Received by: (Signature) <u>M. G. Sherod</u>	Date/Time <u>10/09/12 14:47</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nevine M. K. h</u>	Date/Time <u>10/9/12 3:00</u>
Special Instructions: <u>PO #: 10092012-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
 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 X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 0.0C

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

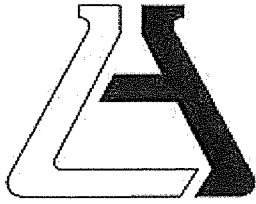
Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle 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. G. [Signature] Date: 10/9/12



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. #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 #: 311750-001	Client Sample #: 100912-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B Coliform, Total	5000	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	5000	1			MPN/100ml	10/09/12	nmikhael	QCBatchID:
Prep Method: Method								
Method: SM 9230-B Enterococcus	130	1			cfu/100ml	10/09/12	nmikhael	QCBatchID:
Prep Method: Method								

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





ASSOCIATED LABORATORIES

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Second Sample

311750

CHAIN OF CUSTODY RECORD

Date 10-09-2012 Page 1 of 1

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

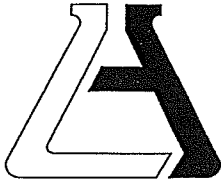
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
100912-INF-ML2	Malibu Lagoon - Influent Source	10/09/12	7:00 AM	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Enriquez Roman</u>	Received by: (Signature) <u>M. G. Slaby</u>	Date/Time <u>10/09/12 14:47</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Nezine M. K. L.</u>	Date/Time <u>10/19/12 3:00</u>
Special Instructions: <u>PO #: 10092012-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
 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: 0.00

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

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

*: 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. Eubert Date: 10/9/12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Coliform, Total	Prep Method: Mehtod	<2	1		MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9221-E Coliform, Fecal	Prep Method: Method	<2	1		MPN/100ml	10/09/12	nmikhael	QCBatchID:
Method: SM 9230-B Enterococcus	Prep Method: Method	<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

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Second Sample

311752

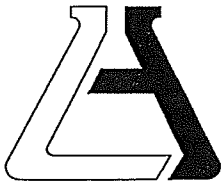
CHAIN OF CUSTODY RECORD

Date 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 <input checked="" type="checkbox"/> Frozen ___ Same Day ___ 24 Hr. ___ Regular <input checked="" type="checkbox"/> 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			
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>	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>10/9/12 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
 Client: Pure Effect
 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: 6.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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 #: 311753-001	Client Sample #: 100912-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	10/09/12	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

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First Sample

311753

CHAIN OF CUSTODY RECORD

Date 10-09-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Emique Roman</i>	

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 am	X			2		Enterococcus Fecal Coliform Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

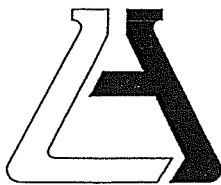
Relinquished by: (Signature) <i>Emique Roman</i>	Received by: (Signature) <i>M. G. D. J.</i>	Date/Time 10/09/12 4:07
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>M. G. D. J.</i>	Date/Time 10/9/12 3:00

I hereby authorize the performance of the above indicated work.

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: Pure Effect Project: _____

Date Received: 10-9-12 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: 0.00

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

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

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

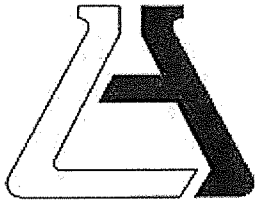
Section 4

Explanations/Comments

Section 5

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

Completed By: M. Eubank Date: 10/9/12



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: 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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

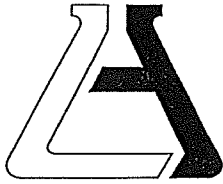
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-INF-ML1	Malibu Lagoon - Influent Source	10/10/12	8:45	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									Flow - 768735 x 100
									TEMP - 21.7°C
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>M. Slaby</u>	Date/Time <u>10/10/12 15:23</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>	Date/Time <u>3:45</u>
Special Instructions: <u>PO #: 10102012-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
 Date Received: 10-10-12
 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: 6.0C
 (Acceptance range is 0 to 6 Deg. C.)

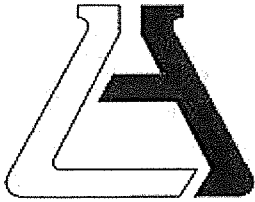
Section 3	YES	NO	N/A
Was a COC received?	<u>X</u>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<u>X</u>		
Were custody seals present?		<u>X</u>	
If Yes – were they intact?			<u>X</u>
Were all samples sealed in plastic bags?	<u>X</u>		
Did all samples arrive intact? If no, 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. Echebur Date: 10/10/12



Associated Laboratories

806 N. Batavia - Orange, CA 92868
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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. #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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Matrix: Water	Client: Pure Effect, Inc.	Collector: Client
Sampled: 10/10/2012 10:45	Site:	Notes:
Sample #: <u>311883-001</u>	Client Sample #: 101012-INF-ML2	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B Coliform, Total	1600	1			MPN/100ml	10/10/12	yiliu	QCBatchID:
Method: SM 9221-E Coliform, Fecal	900	1			MPN/100ml	10/10/12	yiliu	QCBatchID:
Method: SM 9230-B Enterococcus	210	1			cfu/100ml	10/10/12	yiliu	QCBatchID:

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





ASSOCIATED LABORATORIES

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Second Sample

311883

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>	

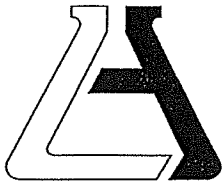
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-INF-ML2	Malibu Lagoon - Influent Source	10/10/12	10:45 A	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									768 BSS 1100
									22.4°C
									Flow 768735 x 100
									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>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Kevin Mikl</u>	Date/Time <u>10/10/12 3:45</u>
Special Instructions: <u>PO #: 10102012-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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect
 Date Received: 10-10-12
 Sample(s) received in cooler: Yes
 Shipping Information: _____

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

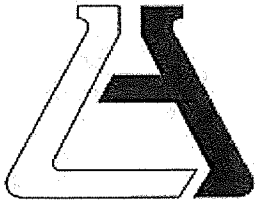
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 6.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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: 10/10/12



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: 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 #: 311881-001	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

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First Sample

311881

CHAIN OF CUSTODY RECORD

Date 10-10-2012 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)

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)

Received by: (Signature)
M. G. [Signature]

Date/Time
10/10/12 15:23

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature)
Mike [Signature]

Date/Time
10/10/12 3:45

Special Instructions: PO #: 10102012-JS-FORDEC-12-407

Jeff Sherod

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ASSOCIATED LABORATORIES

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Pure Effect Project: _____
 Date Received: 10-10-12 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 X Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0C
 (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. Echebur Date: 10/10/12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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



311868



ASSOCIATED LABORATORIES

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Second Sample

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

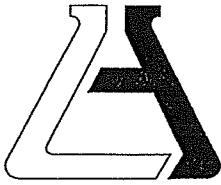
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101012-EFF-ML2	Malibu Lagoon - Treated Effluent	10/10/12	10:45 A	X					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									768955 X100
									22.4°C
									All to MDL/PQL

Relinquished by: (Signature)	Received by: (Signature) <u>Mike Slaby</u>	Date/Time <u>10/10/12 5:23</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Mike Slaby</u>	Date/Time <u>10/10/12 3:45</u>
Special Instructions: <u>PO #: 10102012-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 Pure Effect
 Client: Pure Effect Project: _____
 Date Received: 10-10-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

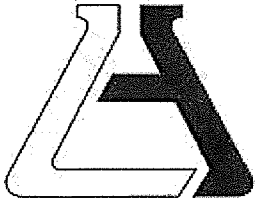
Section 2
 Was the cooler packed with: _____ Ice X Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6.0C
 (Acceptance range is 0 to 6 Deg. C.)

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. Echeverri Date: 10/10/12



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. #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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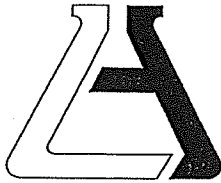
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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	kyd	
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

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

FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1 Pure Effect

Client: Pure Effect 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 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. 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: 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		QCBatchID:					
Coliform, Total	900	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	900	1			MPN/100ml	10/11/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	180	1			cfu/100ml	10/11/12	yiliu	

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





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First Sample

311919

CHAIN OF CUSTODY RECORD

Date 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-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) <u>M. Enlund</u>	Date/Time <u>10/11/12 12:36</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Yilin</u>	Date/Time <u>10/11/12 1300</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 10112012-JS-FORDEC-12-407

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 Pure Effect
 Client: Pure Effect 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 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?	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: 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.

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.	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

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Second Sample

311921

CHAIN OF CUSTODY RECORD

Date 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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	10:30 AM	x					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

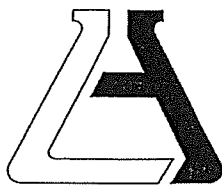
Relinquished by: (Signature)	Received by: (Signature)	Date/Time <u>10/11/12 12:36</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature)	Date/Time <u>10/11/12 13:00</u>

I hereby authorize the performance of the above indicated work.

Jeff Sherod

Special Instructions: PO #: 10112012-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: Pure Effect 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 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. Albert Date: 10/16/12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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 Total Oil and Grease	Prep Method: Method-SGT ND	1	1.7	5	mg/L	10/12/12	calhy	QCBatchID: QC1130519
Method: EPA 200.7 Copper	Prep Method: EPA 3010A ND	1	0.001	0.01	mg/L	10/12/12	kedy J	QCBatchID: QC1130485
Method: EPA 420.1 Total Phenolics	Prep Method: Method ND	1	0.004	0.005	mg/L	10/15/12	hang	QCBatchID: QC1130551
Method: SM 2130-B Turbidity	Prep Method: Method 1.36	1	0.1	0.1	NTU	10/11/12	ame	QCBatchID:
Method: SM 2540-D Total Suspended Solids	Prep Method: SM 2540-D ND	1	2.7	5	mg/L	10/11/12	ame	QCBatchID: QC1130479
Method: SM 4500-H+B pH	Prep Method: Method 7.90	1			pH Units	10/11/12	robert	QCBatchID:
Method: SM 4500-S-D Total Sulfide	Prep Method: Method ND	1	0.1	0.1	mg/L	10/11/12	hankhong	QCBatchID: QC1130460
Method: SM 5210-B BOD	Prep Method: Method ND	1	1.5	3	mg/L	10/11/12	rvenal	QCBatchID: QC1130569
Method: SM 5540-C MBAS	Prep Method: Method ND	1	0.02	0.04	mg/L	10/13/12	nassim	QCBatchID: QC1130495

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

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First Sample

311915

CHAIN OF CUSTODY RECORD

Date 10-11-2012 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)

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 10/11/12 12:36

I hereby authorize the performance of the above indicated work.

Relinquished by: (Signature)

Received by Laboratory for analysis: (Signature) Date/Time

Jeff Sherod

Special Instructions: PO #: 10112012-JS-FORDEC-12-422

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

*: 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

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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

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First Sample

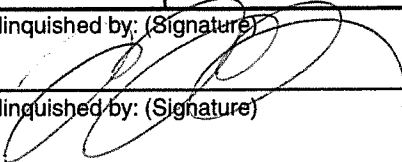
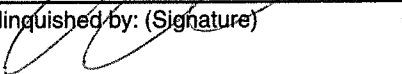
311916

CHAIN OF CUSTODY RECORD

Date 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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)	

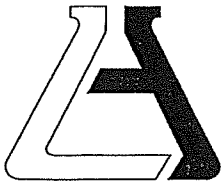
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101112-EFF-ML1	Malibu Lagoon - Treated Effluent	10/11/12	9 AM	X					Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) 	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>10/11/12 12:36</u>
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>		

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

*: 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. Albert 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:
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

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Second Sample

311918

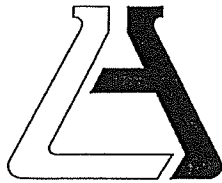
CHAIN OF CUSTODY RECORD

Date 10-11-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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	12:30 PM	<input checked="" type="checkbox"/>					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) <u>M. G. Slaby</u>	Date/Time <u>10/11/12 12:37</u>	I hereby authorize the performance of the above indicated work.
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>			<u>Jeff Sherod</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 Pure Effect
 Client: Pure Effect 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 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. Albert Date: 10/16/12



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. #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 Coliform, Total	3000	1			MPN/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	2400	1			MPN/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Method								
Method: SM 9230-B Enterococcus	900	1			cfu/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Method								

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





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First Sample

312176

CHAIN OF CUSTODY RECORD

Date 10-16-2012 Page 1 of 1

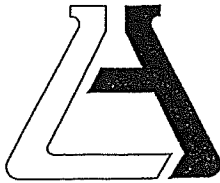
CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/>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

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
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time 10/16/12
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

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FAX 714-538-1209

SAMPLE ACCEPTANCE CHECKLIST

Section 1
 Client: Dive effect Project: _____
 Date Received: 10-16-12 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: 8°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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. #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 Coliform, Total	2400	1			MPN/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	2400	1			MPN/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Method								
Method: SM 9230-B Enterococcus	680	1			cfu/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Method								

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





ASSOCIATED LABORATORIES

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Second Sample

312177

CHAIN OF CUSTODY RECORD

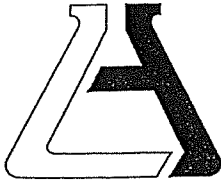
Date 10-16-2012 Page 1 of 1

CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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) <i>Mg</i>	Received by: (Signature) <i>Phony</i>	Date/Time 10/16/12 10:49	I hereby authorize the performance of the above indicated work. Jeff Sherod
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <i>Nevine Mikh</i>	Date/Time 10/16/12 10:55	
Special Instructions: PO #: 10162012-JS-FORDEC-12-407			

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: Dive effect Project: _____
 Date Received: 10-16-12 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: 8°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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

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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. #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 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>
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.

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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 #: 312178-001	Client Sample #: 101612-EFF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B Colliform, Total	170	1			MPN/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Mehtod								
Method: SM 9221-E Colliform, Fecal	170	1			MPN/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Method								
Method: SM 9230-B Enterococcus	8	1			cfu/100ml	10/16/12	nmikhael	QCBatchID:
Prep Method: Method								

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





ASSOCIATED LABORATORIES

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First Sample

312178

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>		PHONE NUMBER <u>(714) 639-7873</u>		County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROJECT NAME <u>Ford E.C. - Malibu Lagoon Project - Malibu, CA</u>		SAMPLERS: (Signature)		Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/>	
Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/>				Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>	

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) 	Date/Time <u>10/16/12</u> <u>10:49</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) 	Date/Time <u>10/16/12</u> <u>10:55</u>	

Special Instructions: PO #: 10162012-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: Dive effect Project: _____
 Date Received: 10-16-12 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: 8°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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
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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. #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

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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 #: 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

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Second Sample

312079

CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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-EFF-ML2	Malibu Lagoon - Treated Effluent	10/16/12	0630	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>10/16/12 10:49</u>
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>NEVINE MIKE</u>	Date/Time <u>10/16/12 10:55</u>
Special Instructions: <u>PO #: 10162012-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: Dave effect Project: _____
 Date Received: 10-16-12 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: 8°C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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





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First Sample

312264

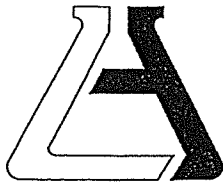
CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
101712-INF-ML1	Malibu Lagoon - Influent Source	10/17/12	8:30 <i>4:40</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. Eckert</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>Yilia</u>	Date/Time <u>10/17/12 1350</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: Pure Effect Project: _____
 Date Received: 10-17-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

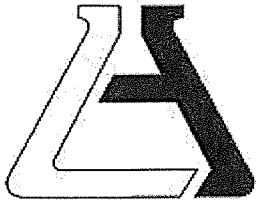
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 2.0C
 (Acceptance range is 0 to 6 Deg. C.)

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. E. [Signature] Date: 10/17/12



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. #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 Coliform, Total	1600	1			MPN/100ml	10/17/12	yiliu	QCBatchID:
Prep Method: Mehtod								
Method: SM 9221-E Coliform, Fecal	500	1			MPN/100ml	10/17/12	yiliu	QCBatchID:
Prep Method: Method								
Method: SM 9230-B Enterococcus	160	1			cfu/100ml	10/17/12	yiliu	QCBatchID:
Prep Method: Method								

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





ASSOCIATED LABORATORIES

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>	

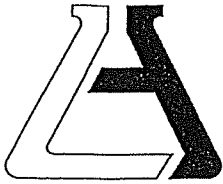
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101712-INF-ML2	Malibu Lagoon - Influent Source	10/17/12	7:00 4 ^{PM}	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emiguel Romero</u>	Received by: (Signature) <u>M. E. Sherod</u>	Date/Time <u>10/17/12 12:45</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Julia</u>	Date/Time <u>10/17/12 1350</u>
Special Instructions: <u>PO #: 10172012-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: 10-17-12 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: 2.0C
 (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. E. Best Date: 10/17/12



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. #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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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





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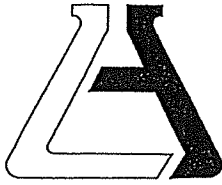
First Sample

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>				
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			
101712-EFF-ML1	Malibu Lagoon - Treated Effluent	10/17/12	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>M. E. Best</u>		Date/Time <u>10/17/12 12:45</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>J. Liu</u>		Date/Time <u>10/17/12 1350</u>					
Special Instructions: <u>PO #: 10172012-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: 10-17-12 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: 2.0C
 (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: 10/17/12



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. #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		QCBatchID:					
Coliform, Total	110	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9221-E	Prep Method: Method		QCBatchID:					
Coliform, Fecal	70	1			MPN/100ml	10/17/12	yiliu	
Method: SM 9230-B	Prep Method: Method		QCBatchID:					
Enterococcus	7	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

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Second Sample

312263

CHAIN OF CUSTODY RECORD

Date 10-17-2012 Page 1 of 1

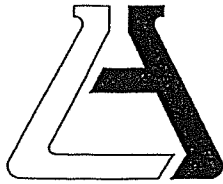
CLIENT <u>Pure Effect, Inc.</u>	PROJECT MANAGER <u>Jeff Sherod / Mike Slaby</u>	Samples Intact Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS <u>601 West Valencia Drive</u> <u>Fullerton, CA 92832</u>	PHONE NUMBER <u>(714) 639-7873</u>	County Seals Intact Yes <input type="checkbox"/>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

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
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. Sherod</u>	Date/Time <u>10/17/12 12:45</u>	I hereby authorize the performance of the above indicated work.
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>Julia Romo</u>	Date/Time <u>10/17/12 1:50</u>	
Special Instructions: <u>PO #: 10172012-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: 10-17-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

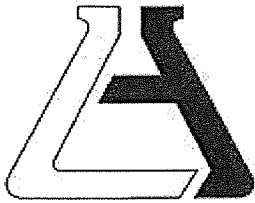
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 2.0C
 (Acceptance range is 0 to 6 Deg. C.)

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. E. [Signature] Date: 10/17/12



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. #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 #: <u>312401-001</u>	Client Sample #: 101812-INF-ML1	

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 9221-B							QCBatchID:	
Coliform, Total	1700	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9221-E							QCBatchID:	
Coliform, Fecal	1100	1			MPN/100ml	10/18/12	nmikhael	
Method: SM 9230-B							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

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First Sample

312401

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>Emilejue Rorro</u>	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101812-INF-ML1	Malibu Lagoon - Influent Source	10/18/12	8:30 49	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>Emilejue Rorro</u>	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>10/18/12 13:53</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/18/12 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

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 Effect Project: _____
 Date Received: 10-18-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

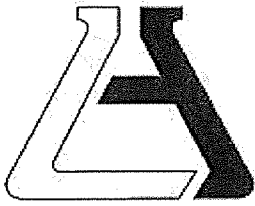
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6.0 C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. [Signature] Date: 10/18/12



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. #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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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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 Rouse</u>	

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 <i>4:00</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 Rouse</u>	Received by: (Signature) <u>M. Sherod</u>	Date/Time <u>10/18/12 13:53</u>
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>		

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: 10-18-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

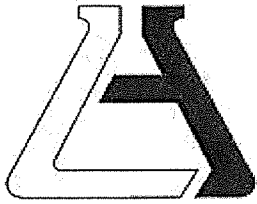
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 6.0C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. Gilbert 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: 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



312400



ASSOCIATED LABORATORIES

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First Sample

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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>	

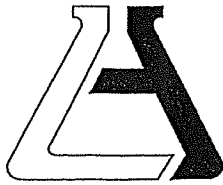
SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
101812-EFF-ML1	Malibu Lagoon - Treated Effluent	10/18/12	8:30 <i>4:09</i>	X			2		Enterococcus
									Fecal Coliform
									Total Coliform
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>Emiguel Romo</u>	Received by: (Signature) <u>M. Albert</u>	Date/Time <u>10/18/12-13:53</u>
Relinquished by: (Signature)	Received by Laboratory for analysis: (Signature) <u>[Signature]</u>	Date/Time <u>10/18/12 3:27</u>
Special Instructions: <u>PO #: 10182012-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: 10-18-12 Sampler's Name: Yes No
 Sample(s) received in cooler: Yes No (Skip Section 2)
 Shipping Information: _____

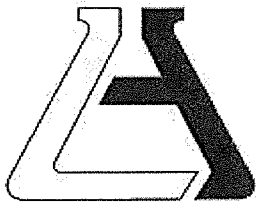
Section 2
 Was the cooler packed with: ___ Ice Ice Packs ___ Bubble Wrap ___ Styrofoam
 ___ Paper ___ None ___ Other _____
 Cooler or box temperature: 6.0 C
 (Acceptance range is 0 to 6 Deg. C.)

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

*: 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. [Signature] Date: 10/18/12



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. #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

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Second Sample

312+03

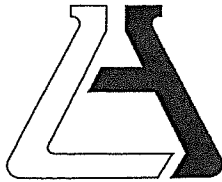
CHAIN OF CUSTODY RECORD

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 <input type="checkbox"/> No <input type="checkbox"/> County Seals Intact Yes <input type="checkbox"/> No <input type="checkbox"/> Sample Ambient <input type="checkbox"/> Cooled <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Same Day <input type="checkbox"/> 24 Hr. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> 48 Hr. <input type="checkbox"/>
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			
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>Emiguel Romo</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: <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: Pure Effect Project: _____
 Date Received: 10-18-12 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 0 to 6 Deg. C.)

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

*: 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. Gebert Date: 10/18/12

Appendix D:

Tidewater Goby Relocation Plan – Malibu Lagoon
Restoration 2012

11 pp.

**Tidewater Goby Relocation Plan
Malibu Lagoon Restoration
2012**

ALL STAFF AND VOLUNTEERS NEED TO READ THIS MATERIAL CAREFULLY. YOU WILL BE ASKED TO SIGN A TRAINING SHEET UPON ARRIVAL ON SITE. THIS INFORMATION IS PROVIDED TO GIVE YOU AN OVERVIEW OF THE WHOLE PROCESS, AND THE ROLES OF EACH VOLUNTEER.

This Relocation Plan is prepared in accordance with the requirements of the USFWS Biological Opinion, August 26, 2009. It was reviewed and approved by:

Chris Dellith, USFWS
Dr. Camm Swift, Senior Fisheries Biologist, Emeritus
Suzanne Goode, Senior Ecologist, CDPR
Rod Tuttle, Construction Supervisor, CDPR
Mark Abramson, Project Manager, SMBRF

Submitted by: Rosi Dagit, Senior Conservation Biologist
Resource Conservation District of the Santa Monica Mountains
30000 Mulholland Highway, Agoura Hills, CA 91301

Submitted on 29 May 2012. REVISED on 4 June 2012.

In accordance with requirements, the RCDSMM has submitted the qualifications and received approval for the following staff that will coordinate and conduct the relocation activities and monitor the construction impacts on native fishes.

RCDSMM Responsible Biologists:
Rosi Dagit, Senior Conservation Biologist
Jenna Krug, Conservation Biologist
Steven Williams, Conservation Biologist

Field Assistants will be trained by the responsible biologists and comply with the following protocol for fish capture, handling and relocation. These Field Assistants will include RCDSMM staff, CDPR staff, Santa Monica Bay Foundation staff, Aquarium of the Pacific staff, CA Science Center staff, Topanga Creek Stream Team selected volunteers.

Security

Security will be provided by CDPR rangers, who will ensure that the fish relocation team is able to conduct the capture and relocation activities without harassment. They will also ensure that transportation of fish from the capture site to the relocation site proceeds quickly and does not endanger the fish.

Protesters are expected. Please do not engage them on your way to and from your car to the work site. Just look like you are headed for a nice day at the beach!

Media

A State Parks representative will handle all media inquiries. Please do not make any statements and refer them to State Parks.

Parking for Staff and Volunteers

Please park in the all day parking places located along Civic Center Way, either along Legacy Park or in the parking lot between the library and the courthouse. If you want to carpool from the Topanga Ranch Motel, contact Jenna Krug (jkrug@rcdsmm.org) to coordinate.

Work will start promptly at 6:30 am each day. Please give yourself enough time to park and walk over to the lagoon work site. We really need you to be on time!

We should finish up by 3:30 – 4 pm.

If you encounter protesters along the way, please do not engage them!

Major Logistical Concerns:

The most critical concerns are to avoid the following:

- trampling the fish
- crushing the fish during dewatering by impingement against the screens
- desiccation or suffocation resulting from stranding in a dewatered area
- entanglement in the seine nets
- exposure to high temperatures or low dissolved oxygen during handling and relocation

Safety Concerns and Daily work needs

All volunteers and staff must be over 18 years of age and have relevant fish experience, or approval by the RCDSMM, State Parks, or SMBRF staff.

All biologists and volunteers assisting with the fish relocation will wear construction vests and hard hats at all times within the fenced work area.

All fish team assistants will sign in with the contractor and the RCDSMM Biologists upon entering the work site. Name tags will be worn at all times.

Each person will have shoes that securely tie on their feet (old sneakers that can get thrown out recommended). Wetsuit booties will also work. Long pants that can get really muddy, with a bathing suit underneath are recommended. Shorts and bathing trunks will expose your legs to lots of nasty things, so come dressed for safety! There is also potential for rattlesnakes or other snakes to be disturbed.

Each person will need to come with lunch, water, sunscreen. A change of clothes and towel is also a good idea as the ones you wear in the lagoon will be nasty for sure! There will be a hose to wash off at the end of the day.

Due to the disturbance caused by the heavy equipment, there is a possibility for swarming bees. If you are allergic to bees/wasps, please notify the RCDSMM Biologist when you arrive on site AND bring your epipen or other appropriate medication.

Potential Work Scenarios**Scenario 1 – Lagoon breaches and is connected to the ocean.**

Extreme high tides are expected the week of 4 June 2012. If the berm breaches, then we will need to mobilize within 48 hours to respond.

In this case, the fish relocation team will need to sweep the work area prior to construction activities to ensure that no fish are nearby during the deployment of the turbidity curtains. Installation of temporary barriers to section off the length of the dike is recommended as a way of preventing fish from returning to a previously cleared portion of the work area. It is anticipated that the installation will take approximately 2-4 work days. The fish relocation team will need to be present during the entire process.

Scenario 2 – Lagoon remains closed and full

As of 14 May 2012, the lagoon is enclosed with no ocean connection. If that condition remains (as it is expected to), the dewatering plan will be carefully coordinated with the fish team to ensure that as the lagoon water level is lowered in each channel, we are able to isolate the back channels individually, allowing us to get in and capture any fish. This will probably entail setting up temporary barriers within those back channels to prevent fish from moving from one area to another, and to allow us to have sufficient staff in place to efficiently capture the fish, and prepare them for relocation.

The timing of pumping needs to be carefully coordinated and strategically done so that the back channels are not dewatered at night when fish capture and relocation is not feasible. Installation of the wells and pipes will be completed before this effort begins. The installation of the sump basins and well heads, along with the pumping infrastructure that get installed in the wetted channel will need to be coordinated with the fish team to be sure that the area is cleared of fish prior to disturbance.

The rate of dewatering flow will need to be carefully managed to ensure that turbidity is not increased, not only to conform to water quality standards, but also to prevent fish impacts.

Window screen size mesh should be used at the pump intakes to ensure that no fish are sucked into the pump by mistake.

FISH RELOCATION ACTIVITIES

Daily Training and Sign In

Because the number of staff and volunteers will vary, a daily training will be held from **6:30 -7 am each day**, to make sure that each participant clearly understands what their job will be, and how to do it. RCDSMM Biologists will reassign staff as needed to respond to site conditions as the work progresses throughout the day.

Construction vests and hard hats with name tags indicating job assignments will be handed out each morning. If you have your own vest and hard hat, feel free to bring it.

It is critical that all staff and volunteers **arrive on time** to participate in this training and be assigned a job for the day. This relocation effort is quite complicated and needs to be carefully coordinated with the contractor. We really appreciate your help in making the program run as smoothly as possible!

Documenting site conditions

Prior to the start of capture each day, and at appropriate times during the course of the day, the following data will be recorded by the RCDSMM team at each work site or as needed to characterize the site conditions:

Air temperature
Wind speed and direction
Water temperature in the work area
Salinity
Dissolved Oxygen

Photos of the work area will also be taken.

The RCDSMM Biologists will survey the site and coordinate the separation of each reach with the Construction team.

Training of Capture and Release Team

Task categories:

Seine team: (8-10 people per channel)

This team will use a variety of nets and seines to try and herd fish into areas adjacent to the banks where they can be captured. Due to deep levels of very sticky and anaerobic muds, if we need to use the seine nets, the team will step carefully into the muck and stand still in formation so that the net can be passed from pair to pair of netters, rather than have the netters try and walk through the muck. This process will be demonstrated at the training session.

Depending on the water levels and channel configuration, we may set intermediate silt fences to ensure that no fish can move back into previously cleared reaches of the channel.

Timing here is critical, as the hydrogen sulfide released from the muck can quickly overwhelm the fish. Capture and removal of fish from these waters needs to be as fast as possible.

Nets are either pulled or handed off with the weighted bottom kept firmly on the bottom, and the net angled back so that fish remain trapped inside.

Once the nets reach the bank, the netters will help move the fish carefully into the waiting buckets of clean, aerated water.

Data Recorders and Counters: (2 recorders and 2 counters per channel)

Data Recorders will take all water quality measurements at the start of seining/netting as noted above. **These individuals will also have expertise in identifying local native and non-native fish species.** Copies of fish identification field guides will be provided to each team. As the fish are moved from the nets to the buckets, the counters and recorders will note the information on the data sheets found in Appendix A.

They will make sure that the data sheets and associated buckets are labeled and transported together to the release team, so that the status of the fish at the release site can be accurately tracked.

They will separate tidewater gobies from all other species in marked and numbered buckets. Each label will indicate which channel the fish came from, time of capture, and number of fish in the bucket.

Other native fish species will be moved directly from the capture buckets to a release site in the main body of the lagoon in appropriate locations, depending on the species habitat preference.

Non-native species will be quickly euthanized and placed into coolers with ice blocks for transport to the freezer at the end of each workday. They will then be passed along to local wildlife rehabilitation centers to help feed the critters there.

Bucket Brigade: (4-6 people)

These folks will make sure that there are sufficient buckets of clean, cool water collected from the main lagoon or areas of the channel that are undisturbed. They will affix aerators to the sides of the buckets with duct tape and use thermometers to note water temperature. The goal is to keep the bucket water temperature under 15°C. They will also make sure that as each bucket is filled with fish the label is correctly attached to the bucket handle.

Buckets with gobies will quickly be carried to the main collection site, where the trucks will be staged to transport the fish to the release site. When they load the buckets on the truck, they will confirm that each bucket is properly numbered and that the correct data sheet is handed to the transporters.

They are also responsible for transporting native fish back to the main lagoon.

Level of Staffing:

During the installation of the temporary dikes and dewatering channel by channel, we anticipate needing 1 full Team (16 people) each day, along with 2-3 people for the Release Team.

If there is need for simultaneous dewatering of all 4 channels, we will need a full Team in each channel. This is a total of 64 people, plus the Release Team.

Capture Methods

In accordance with Appendix F Tidewater Goby Survey Protocol (USFWS 2005), a variety of methods may be employed in order to successfully capture all the fish in the work area in an efficient manner that causes no mortality.

1. Use of blocking nets and temporary barriers to isolate sections of the channels. These devices will be installed as needed to create channel reaches that can be safely fished.
2. Seine nets will be used if possible. A serious concern is the deep levels of anoxic muck in the back channels. Stepping into the wetted area usually means sinking in above the knees and the suction prevents movement. This also causes release of hydrogen sulfides trapped in the sediments, which can be lethal to fish under certain conditions.

Our strategy is to have sufficient people on hand so that each person can step into one spot in a coordinated order, and then we can pass a seine net from hand to hand, rather than have the nets pulled across the bottom by one pair of fishers. This should allow us to herd the fish into areas adjacent to the banks where another team of fishers will be waiting to scoop them up with long handled dip nets.

Any submerged aquatic vegetation will be carefully inspected to make sure that no fish have become entrapped.

3. Once captured either by the seine or dip net, the fish will be immediately placed into buckets of cool, clean water that is aerated by battery-operated bubblers. The number of

- fish per bucket will depend on size of the fish, native vs. non-native species, and the relocation destination.
4. The data team will be prepared to get a count of each species, sizes will be recorded by classes, and reproductive status will be noted if possible. (See data sheet in Appendix A)
 5. Gobies will be placed into 5 gallon buckets with no more than 150 individuals per bucket (depending on water temperature). The buckets will have lids for shading, thermometers and battery powered bubblers/aerators attached to each bucket. Depending on weather conditions and water temperatures, the fish will either be transported to the relocation site in the covered buckets **OR**, if air temperature is above 23°C (75°F) and water temperatures are over 15°C (59°F), the fish will be placed in plastic baggies with clean, cool water which will be aerated before securely closing the bags. A cylinder of oxygen and manifold will be on site to add more oxygen if needed. The bagged fish will be placed in a cooler with some ice packs and a thermometer will record ambient temperature.

The gobies will then be transported to the release site by truck, along with the associated data sheets.

Any other native fishes will be released back into the main body of the lagoon, away from any potential work areas.

Non-native fishes will be sacrificed and placed in coolers filled with ice. They will be frozen at the end of each day and then given to local wildlife rehabilitation centers to be used as food for their animals.

6. Each area will be completely fished out and dewatered before moving to the next segment. If the deployment of the seine nets causes too much turbidity, then the team may move to another channel reach to allow things to settle down before recommencing capture.

Release Station

The gobies will be transported by truck across PCH to the release station located along the west bank of the upper lagoon (Figure 1). They will be accompanied by CDPR Rangers to ensure that no harassment takes place that would prevent successful release of the gobies.

Mark Abramson and at least 2 assistants will transport the fish in buckets/coolers along the top of the bank.

A continuously recording HOBO Tidbit thermometer will be deployed at the start of fish relocation at the release site to document water temperature at 30 minute intervals. Salinity, dissolved oxygen and water depth will be recorded at the time of each release.

Each bucket or bag will be examined to document fish condition, count the number of fish and confirm that there is no mortality or injury. Fish will gently be released by submerging the container into the water along the bank, and allowing a moment to equilibrate, and then tilting the container so fish can swim away.

Using the chain of custody data sheet, they will confirm that all fish are in healthy condition upon release.

Figure 1. Release site for relocated Tidewater Gobies 2012 (N 34.03678, W -118.68394)



Time in Captivity

The amount of time each individual fish spends in captivity will depend on the total numbers of fishes captured within each reach. The goal is to have fish in the buckets for no more than 15 minutes between capture and transport. Realistically, it will take approximately another 15-20 minutes (depending on traffic) to move the gobies to the release station.

The goal is to have gobies in captivity for no more than 30-45 minutes total. Since the gobies will be in aerated containers with cool, clean water, this should be well within the margin of error for their survival.

Incidental Take Procedure

Should “take” of 5 or more tidewater gobies occur during these activities, all work will stop and the RCDSMM Biologists will immediately notify the contractor to cease work and notify Mark Abramson of SMBRF and Suzanne Goode of State Parks to reinitiate consultation with Chris Dellith at USFW. No additional work within the wetted lagoon will take place until authorized by USFWS if the take limit is exceeded.

Monitoring Documentation

Once the relocation of all fish is complete, RCDSMM and USFWS approved Biologists will be on-site as needed to inspect the dewatered areas and confirm that no fish have moved into the work area.

The RCDSMM Biologists will use the standard EPA Biological Monitoring Protocol, or that decided upon by State Parks, which includes but is not limited to recording the following information hourly or as appropriate, in a bound field notebook:

Date, time, description of work activities, any conversations with construction staff regarding activities, presence of any other persons in the dewatered areas, any other activities of note.

Photographs will be taken during all activities to document the work process.

Removal of the dike and re-watering Monitoring

The RCDSMM Biologists will be on-site during the removal of the dike and the re-watering of the restored lagoon area to document any problems associated with these activities. It is anticipated that this will occur in September or October 2012.

Data Management and Quality Assurance/Quality Control

Data sheets will be used to ensure that daily activities are documented, and both physical site conditions as well as fish statistics is carefully and completely compiled.

Data on physical site conditions will be recorded at the start and end of each work day, as well as mid-day and at any other appropriate times.

As fish are moved into buckets, their species, numbers by size class, and life stage will be recorded. Notes will be made of any fish injured or killed, along with the time. The data sheets will include chain of custody notes that will allow documentation of time in captivity, release time and pertinent notes.

At the end of each workday, the RCDSMM Biologists will review the data sheets for completeness and accuracy.

Upon completion of the field-work, the data will be entered into an EXCEL spreadsheet. At that time, two levels of internal QA/QC review will take place to ensure accurate transfer of information.

Post-construction Report

Upon completion of construction, the RCDSMM Biologists and field crew will conduct surveys throughout the restored lagoon to document presence/absence of tidewater gobies, southern steelhead and any other sensitive aquatic species. These stations will be established based on meeting the goals of the Malibu Lagoon Restoration Monitoring Plan and establish the new baseline following the restoration.

Post-Project Monitoring Report

A complete documentation of all capture, relocation and post-construction surveys (including field data sheets, daily construction monitoring notes, and photographs) will be compiled and provided to CDPR. This report will provide any identified problems and recommend possible actions if needed.

Appendix E:

Malibu Lagoon Restoration – Avoiding Impacts to the
Tidewater Goby

Training Agenda and Information 4-5 June 2012

7 pp.

**Malibu Lagoon Restoration
Avoiding Impacts to the Tidewater Goby
Training Agenda and Information
4-5 June 2012**

Trainer: Rosi Dagit, RCD of the Santa Monica Mountains

Training Duration: 7- 8:00 am

Location: Malibu Lagoon

Goals:

The purpose of this training is to educate all construction personnel and biological monitors in the biology, life history, and practical methods for avoiding impacts to Tidewater Goby, as per the requirements of the USFWS Biological Opinion.

This training is required for all construction personnel, equipment operators and monitors that could encounter tidewater goby populations.

Although the gobies will be disturbed during the construction phase, the long term expansion of suitable habitat and the management of the lagoon/ocean interface in a more hydrologically natural manner will ultimately provide a great benefit to the recovery of this endangered species.

Training Components Outline

- Tidewater gobies in Malibu Lagoon
- Biology and life history of the tidewater goby
- Identification of tidewater goby, discussion of preferred habitats vis-a vis life history, methods for avoidance of impacts when installing and removing the dredging curtains, dewatering, and dike.
- USFWS Permit limitations and Stop Work authority
- Fish relocation plan and logistics for security

Tidewater Gobies in Malibu Lagoon

Tidewater gobies were historically found in Malibu Lagoon until the 1960's. Following the major storm event in 1969, the gobies disappeared until 52 individuals collected in the Ventura River were reintroduced into Malibu Lagoon in April 1991. Since that time, the goby population has increased and colonized all suitable habitats within the lagoon. In 2005, a thorough survey of the fish community was conducted as part of the pre-construction characterization of the lagoon. At that time, gobies were collected throughout the lagoon, but were most numerous along the west bank of the lagoon starting near the PCH bridge and extending upstream along the riprap bank to the culvert outlet. The sandy, sheltered habitat in this area supported the highest density of gobies of all size classes.

Biology and Life History of the Tidewater Goby

Tidewater gobies were formerly found in most coastal lagoons in California, but were listed as a federal endangered species in 1994. The US Fish and Wildlife Service released the Recovery Plan for the Tidewater Goby (2005) and designated Critical Habitat(2011). Malibu Lagoon is identified as critical habitat for the goby.

Tidewater gobies prefer sandy substrate, especially for breeding, but are found in coastal lagoons, estuaries and marshes that have rocky, mud and silt substrate as well. They are typically found in shallow water (less than 1 meter) and prefer brackish salinity (5-14 parts per thousand), although they can tolerate a wide range of salinities for short time periods. They also prefer water temperatures ranging from 8-25°C (46-77°F).

Tidewater gobies are bottom dwellers, spending most of their lives foraging for small animals and zooplankton (ostracods, amphipods, snails, chironomid larvae and pupae) found along the substrate. Adults generally feed at night, but the larval stage feeds during the day. Their specially modified pelvic fins form a suction cup which allows them to cling to the bottom. They are not strong swimmers and spend their entire lives within the relatively sheltered confines of the lagoons. They only enter the ocean when strong flows associated with rain events and the breaching of the sandbars flush them out to sea.

Tidewater gobies can breed year round, but the period of highest reproductive activity is between April and July, when water temperatures are between 18-22°C, and salinities are in the 5-10 ppt range. Since this is also the timeframe of the restoration activities, extreme care is needed to ensure that no active breeding burrows are disturbed.

The males dig vertical burrows about 10-20 cm deep in clean, coarse sand, which they stabilize using mucus secretions. The males often close off the top of the burrow with a sand-mucus plug. Burrows are often found in clusters, each one 50-70 cm apart from the others. The females seek out the burrows and during courtship often get a bit darker in color. She deposits 300-500 eggs in the burrow which is guarded by the male, who remains inside the burrow as well. Females can lay 6-12 clutches of eggs per year. The larval fish emerge in 9-11 days at a length of 4-5 mm standard length. These small fry like to hang out in the cover of vegetation for a few days until they grow to about 15-18 mm standard length, at which time they become fully benthic.

Tidewater gobies typically live for one year, but data from northern California suggests that in some cases they can survive longer.

Dispersal of gobies from one lagoon to another is limited by ocean conditions and substrate. It appears that rocky zones can significantly reduce dispersal distances, and the most commonly observed natural spread of gobies has been up to 20 km. For example, gobies were also extirpated from Topanga Lagoon, located downcoast approximately 12 km from Malibu as the goby swims. Following the reintroduction of gobies into Malibu in 1991, it took until 2001 for gobies to be observed in Topanga Lagoon. They have subsequently become well established there and genetic testing indicates that they were founded by fish from Malibu.

Identification of Tidewater Gobies

Tidewater gobies are small, elongate, well camouflaged grey-brown fish that rarely exceed 50 mm (2 inches) in total length. They have large pectoral fins that are joined below the chest/belly to form a modified suction cup. They have 2 dorsal fins and the caudal fin is not lobed. Males are more transparent and mottled brown. Females develop darker colors, especially on the fins.

The best field mark for the tidewater goby is the triangular white/yellow area on the top of the first dorsal fin. Also, the dorsal fins are almost connected, unlike the small separation observed in arrow gobies.

Figure 1. Illustration of Tidewater goby (USFWS 2005)

Figure 2. Tidewater Goby (Photo by Topanga Creek Stream Team S. Williams)



Other fish found in Malibu Lagoon that could be mistaken for gobies:

Arrow goby (*Cleavelandia ios*)



Arrow gobies are more slender and have a smaller spinous dorsal fin more widely separated from the soft dorsal fin. Arrow gobies do not build nest burrows but use those made by tidewater gobies or shrimp.

Long jawed mudsucker (*Gillichthys mirabilis*)



Longjawed mudsuckers can get much larger than gobies (up to 8 inches) and the main field mark is that the jaw almost touches the gill plate.

YELLOWFIN GOBY (*Acanthogobius flaimanus*)

A non-native goby that can reach over 10 cm in length. Key field identification is the elongated body with blunt head and eyes close together on the top of the head. They are more tolerant of high salinities.



Important Habitat Areas during construction

The prime areas where gobies are likely to be found are in the sandy areas along the west bank south of the PCH bridge and in the western back channels. This basically corresponds to the entire work area. A major concern is ensuring that any gobies in burrows are salvaged and that no fish are inadvertently trampled upon.

Tidewater gobies can also be found hanging out in dense stands of *Ruppia sp* (widgeon grass) found in the narrow back channels of Malibu Lagoon. Therefore all submerged aquatic vegetation needs to be carefully examined to ensure no gobies get trapped inside.

As the dewatering process takes place, it is critical to draw down the water levels in such a way as to avoid sucking the gobies or other fishes into the screens, or leaving them stranded. This will probably involve installation of temporary exclusion fences to separate channels and confine fish to smaller areas.

Avoidance Strategies

The following avoidance strategies are provided in accordance with the requirements of the USFWS Biological Opinion. The most critical concerns are to avoid trampling the fish, crushing them during dewatering by impingement against the screens, dessication or suffocation resulting from stranding in a dewatered area, entanglement in the seine nets and exposure to high temperatures.

1. RCDSMM biologists will be on site to work with construction personnel to remove and relocate any fishes from the work area. These activities will be conducted in accordance with the Fish Relocation Plan and modified as needed depending on field conditions.
2. RCDSMM biologists will conduct, monitor and supervise all capture, handling, exclusion and relocation activities; ensure sufficient personnel for safe and efficient collection of listed species; and ensure proper training of personnel in identification, safe capture and handling of listed species.
3. Within occupied habitat, capture, handling, exclusion and relocation activities will be completed nor earlier than 48 hours prior to construction to avoid potential recolonization.
4. Within temporarily drained stream channel areas, as well as areas that involve in-water activities (placement of dredging/turbidity curtains, cofferdams, dikes, etc.) salvage activities will be initiated before or at the same time as dewatering and completed within a time frame necessary to avoid injury and mortality of listed species.
5. The pump screens will have a mesh size not larger than 0.24 inches (window screen size) to prevent gobies from being sucked into the pipe.

USFWS Permit Incidental Take limitations and Stop Work authority

RCDSMMBiologists will be present at the work site until all listed species have been removed and relocated.

The RCDSMM Biologist will have authority to stop work and contact State Parks, SMBRF and USFWS until appropriate corrective measures are taken to avoid any impacts to the gobies.

If activities result in the death of any listed species, the RCDSMM Biologist will notify USFWS immediately.

All carcasses will be frozen by the RCDSMM until transferred to Dr. David Jacobs at UCLA or other archive approved by USFWS.

No more than 5 Tidewater gobies may be “taken” under this permit. ‘

Should the take limit be reached, all work on the project will stop pending reconsultation with USFWS.

Appendix F:

PowerPoint Presentation – Malibu Lagoon Restoration
Fish Relocation Plan, Construction Monitoring June-
October 2012, Dike and Turbidity Curtain Removal 18-31
October 2012, Post Construction Survey 8 January 2013
12 pp.

MALIBU LAGOON RESTORATION

FISH RELOCATION 4-20 JUNE 2012

CONSTRUCTION MONITORING JUNE – OCTOBER 2012

DIKE AND TURBIDITY CURTAIN REMOVAL
18-31 OCTOBER 2012

POST CONSTRUCTION SURVEY 8 JANUARY 2013

PURPOSE of Fish Monitoring

- PHASE 1- Train construction crew to avoid impacts to fish, Relocate all fish out of the work area and monitor installation of the dike and turbidity curtain
- PHASE 2 - Monitor construction activities to prevent any fish impacts
- PHASE 2a – Monitor removal of the dike and turbidity curtain to prevent fish impacts
- PHASE 3 - Establish permanent long-term monitoring stations in the restoration area and document post-construction fish community diversity, abundance and distribution

2

PERMIT CONSTRAINTS

- USFWS Permit limited “lethal take” of no more than 5 Tidewater gobies (*E. newberryi*)
- Responsible biologist must be on site at any time equipment or activities were taking place in the water
- Monitor dike construction/removal and turbidity curtain deployment/removal to ensure no fish were impacted
- Relocate all native fish out of the work area into suitable habitat within the main lagoon

3

Avoidance Training
of all Monitoring and Construction Personnel
4 June 2012

Included all species of concern

Daily briefing took place for all
volunteers and staff
Reviewed PPE, safety, NZMS decontamination
and goby avoidance

4

PHASE 1 Fish Relocation



Following the lagoon-beach berm breach on 10 June 2012, water levels dropped and the western channels drained out and fluctuated with tides until it reclosed on 26 June 2012.

PHASE 1 Fish Relocation

5

Water Quality data collected daily



- Water temperature (18-23°C)
- Salinity 6-8 ppt
- Dissolved Oxygen (0.25 mg/l – 1.5 mg/l)
- pH (6.5 – 7.6)
- Conductivity (1040 – 1840 milliseimens)



PHASE 1 Fish Relocation

6

Fish Capture Methods

- Seining
- Long handled pool scoops
- Dip nets



PHASE 1 Fish Relocation

7

Deep muck presented challenges



PHASE 1 Fish Relocation

8

Fish exclusion fence installation 3' silt fencing secured with gravel bags



PHASE 1 Fish Relocation

9

Fish Fence installation



PHASE 1 Fish Relocation

10

Malibu Lagoon Map



Phase 1 - Fish Relocation

11

Initial site conditions 11 June 12 - "A" Channel



View west up channel



View east towards lagoon by pedestrian bridge



Channel emptied into main lagoon

Larval mosquitofish (*Gambusia*)
dominant species observed

PHASE 1 Fish Relocation

Initial site conditions 11 June 12 – “B” Channel



PHASE 1 Fish Relocation

Initial site conditions 11 June 2012 – “C” channel



PHASE 1 Fish Relocation

“A” channel required large team to seine



PHASE 1 Fish Relocation

11 June 12 Fish Handled



Larval goby - species unknown, 2 released unharmed
 Staghorn sculpin 1 (5cm) released unharmed
Gambusia larva and 1 gravid female removed

PHASE 1 Fish Relocation

12 June 12 Continued fish relocation



4 Tidewater gobies
40 CA killifish
All released alive



PHASE I Fish Relocation

17

13 June 12

High tide overwashed the fish fences
which were re-established and secured



18

13 June 12 Continued fish relocation



74 CA killifish
5 Long-jawed mudsuckers



Back channels
cleared and drained

PHASE I Fish Relocation

19

14 June 12

Fence between "A" and "B" channels failed, as did part of the
"C" channel fence and salinity rose to 33 ppt
Continued seining until no more fish captured.



PHASE I Fish Relocation

20

14 June 2012 "B" channel cleared first
Pumped water from "A" to "B" channel
Pump protected by net and surrounded by fencing to prevent fish impingement



PHASE 1 Fish Relocation

14 June 12 Turbidity curtain and Dike installation



Teams seined in front of equipment and set blocking nets



Pumped water from A Channel
Into cleared B channel
Continued seining C channel until
Dike completed
Seined in front of turbidity curtain
As deployed starting at north end from A to B channel

22

Turbidity curtain deployed 14 June 2012



Clearing all fish from "A" channel



Protecting the pump to prevent fish impingement



PHASE 1 Fish Relocation

24

Clearing all fish from "C" channel



PHASE 1 Fish Relocation

25

Seined between turbidity curtain and dike installation "A" to "B" channels



PHASE 1 Fish Relocation

26

Seining for "C" channel dike



PHASE 1 Fish Relocation

27

Turbidity Curtain deployed end of day
14 June 2012



PHASE 1 Fish Relocation

28

14 June 12 Fish Handled

- 102 CA killifish (<5 cm) released alive
- 4 CA killifish (<5 cm) died
- 5 Long-jawed mudsuckers (2-10 cm) released alive
- 1 Topsmelt (6 cm) found dead on bank
- 110 Gambusia larva removed

CA killifish



PHASE 1 Fish Relocation

29

Friday 15 June 12

Turbidity curtain folded during low tide overnight trapping
149 native fish, of which 12 died, none gobies



Tidewater goby trapped and released alive



Adult topmelt

PHASE 1 Fish Relocation

30

Friday 15 June 12

Turbidity curtain secured directly to dike on top of geotextile fabric to prevent further entrapment due to low tides



PHASE 1 Fish Relocation

31

Friday 15 June 2012 Fish handled

Trapped in Turbidity curtain folds:

- 137 native fish (including 1 tidewater goby) were released
- 12 Native fish died (none gobies)
- 61 gambusia trapped were removed

Relocated from between the turbidity curtain and the dike

- 1 tidewater goby
- 1 longjawed mudsucker
- 23 CA killifish
- 3 smelt larva and 1 killifish larva were killed along with 47 gambusia

Total Fish relocated from C channel

- 1 tidewater goby
- 1 longjawed mudsucker
- 23 CA killifish



Longjawed mudsucker

PHASE 1 Fish Relocation

32

Saturday 16 June – Sunday 17 June 12
 Site visits to inspect the turbidity curtain and confirm no fish were trapped



PHASE 1 Fish Relocation

33

18-20 June 12
 Fish Relocation completed

Continued seining to confirm no native fish remaining in the work area. More *Gambusia* removed.

1 Long-jawed mudsucker and 3 CA killifish (<5 cm) were relocated to the main lagoon.

Inspected fish fences to make sure no native fish could migrate into previously cleared sections.



Long-jawed mudsucker

PHASE 1 Fish Relocation

34

Total Fish Handled 11-20 June 2012

477 Native Fish Handled	Captured by seine/nets	Trapped in turbidity curtain or found dead	Number Released	Number Dead
Native Fish Species				
Unidentified Goby larva (<5 cm)	2	0	2	0
Tidewater Goby adult (6-8 cm)	7	1	8	0
CA Killifish juveniles (<5cm)	289	22	306	5
CA Killifish juveniles (5-10 cm)	16	0	16	0
Longjaw mudsucker (<5 cm)	8	0	8	0
Longjaw mudsucker (5-10 cm)	11	0	11	0
Topsmelt Larva (<5 cm)	2	0	1	1
Topsmelt juvenile (6 cm)	0	1	0	1
Topsmelt adult (16 cm)	0	1	0	1
Unidentified smelt larva (<5 cm)	3	111	101	13
Staghorn Sculpin (5-10 cm)	1	2	3	0
TOTAL	339	138	456	21
Non-Native Fish Species				
Morquofish juveniles (<5cm)	4055	60	0	4115
Morquofish gravid females (5-10 cm)	17	1	0	0

PHASE 1 Fish Relocation

35

PHASE 2 Construction Monitoring
 20 June – 18 October 2012



Turbidity curtain worked as designed
 Checked daily by CDPD and SMBRC staff

PHASE 2 Construction Monitoring

36

Turbidity Curtain released from the top of the dike and floating 16 July 2012



Phase 2 Construction Monitoring

37

14-15 August 2012

The task was to excavate the near-shore substrate of the lagoon, inland of the Turbidity Curtain for a length of about 200' immediately downstream of the SR 1 bridge, to contour 4' (about 18" below the current water surface), and create a berm with 4:1 sides topping at elevation 10' to serve as a public access path to the beach.

Seined between the turbidity curtain and the work area and set blocking nets where equipment entered the water.

NO GOBIES OBSERVED

Total Fish Handled: (Exact counts not taken)

~500 Topsmelt <5 cm

~20 Topsmelt 5-10 cm

~50 Oriental shrimp

~50 Gambusia

~ 5 crabs <5 cm

PHASE 2 Construction Monitoring

38

September- October 2012 Public access through fenced area on top of the dike



PHASE 2 Construction Monitoring

39

Turbidity curtain rose with lagoon water level No fish entrapment observed



PHASE 2 Construction Monitoring

40

18 October 2012
Installed rocks and tree snags on east bank

Seined to move fish out of the way
Mosquitofish, juvenile topsmelt, oriental shrimp and CA killifish observed



Photo courtesy of M. Abanum

PHASE 2 Construction Monitoring

41

PHASE 2a – Dike and Turbidity Curtain
Removal

19-31 October 2012
Work on dike removal was above the water line 18-22 October



PHASE 2a Dike and Turbidity Curtain Removal

42

22-30 October 2012 dike removed



Set up blocking nets and seined in work area to prevent fish impacts

PHASE 2a- Dike and Turbidity Curtain Removal

43

Set nets to prevent fish from being washed
into work site from outside area
Captured CA killifish, topsmelt and gambusia
NO GOBIES CAPTURED



CA Killifish juveniles



Topsmelt and gambusia

PHASE 2a Dike and Turbidity Curtain Removal

44

Excavators filled trucks to move fill



PHASE 2a Dike and Turbidity Curtain Removal

45

Turbidity curtain worked well during bank contouring



PHASE 2a Dike and Turbidity Curtain Removal

46

Appendix G:

Table of All Bird Observations by Daniel S. Cooper During
Pre-construction and Construction Surveys at Malibu
Lagoon, May and June 2012

12 pp.

Appendix A. Table of all bird observations by Daniel S. Cooper during pre-construction and construction surveys at Malibu Lagoon, May and June 2012⁶.

Species	Date	Count	Comments
Allen's Hummingbird (<i>Selasphorus sasin</i>)	2-May-12	3	
Allen's Hummingbird (<i>Selasphorus sasin</i>)	11-May-12	1	
Allen's Hummingbird (<i>Selasphorus sasin</i>)	28-May-12	2	apparent pair
American Coot (<i>Fulica americana</i>)	2-May-12	31	
American Coot (<i>Fulica americana</i>)	11-May-12	1	working on platform of reeds east of north bridge
American Coot (<i>Fulica americana</i>)	28-May-12	3	pr + ad. calling from reeds far west end
American Coot (<i>Fulica americana</i>)	12-Jun-12	X	2 nests with eggs
American Crow (<i>Corvus brachyrhynchos</i>)	2-May-12	3	
American Crow (<i>Corvus brachyrhynchos</i>)	12-Jun-12	2	ad. feeding juv. on roof
American Goldfinch (<i>Spinus tristis</i>)	2-May-12	1	fly-over
Anna's Hummingbird (<i>Calypte anna</i>)	2-May-12	2	
Barn Swallow (<i>Hirundo rustica</i>)	2-May-12	2	pr near middle bridge
Bewick's Wren (<i>Thryomanes bewickii</i>)	2-May-12	3	
Bewick's Wren (<i>Thryomanes bewickii</i>)	11-May-12	2	
Black Phoebe (<i>Sayornis nigricans</i>)	2-May-12	3	pr NB at southern nest
Black Phoebe (<i>Sayornis nigricans</i>)	11-May-12	2	pr under southern bridge nest apparently under north
Black Phoebe (<i>Sayornis nigricans</i>)	28-May-12	1	footbridge family group upstream of e.
Black Phoebe (<i>Sayornis nigricans</i>)	12-Jun-12	4	footbridge
Black-crowned Night-Heron (<i>Nycticorax nycticorax</i>)	2-May-12	1	
Black-crowned Night-Heron (<i>Nycticorax nycticorax</i>)	28-May-12	8	roosting together downstream of northern footbridge
Black-headed Grosbeak (<i>Pheucticus melanocephalus</i>)	2-May-12	1	female-pl. bird singing quietly
Brewer's Blackbird (<i>Euphagus cyanocephalus</i>)	2-May-12	2	flying offsite with NM
Brown Pelican (<i>Pelecanus occidentalis</i>)	2-May-12	37	on island in main lagoon
Brown-headed Cowbird (<i>Molothrus ater</i>)	2-May-12	1	fly-over
Bushtit (<i>Psaltiriparus minimus</i>)	2-May-12	30	4 family groups
Bushtit (<i>Psaltiriparus minimus</i>)	11-May-12	2	pr carrying NM west off site
Bushtit (<i>Psaltiriparus minimus</i>)	28-May-12	10	two family groups
Bushtit (<i>Psaltiriparus minimus</i>)	12-Jun-12	10	
California Towhee (<i>Melospiza crissalis</i>)	2-May-12	3	
California Towhee (<i>Melospiza crissalis</i>)	11-May-12	2	
California Towhee (<i>Melospiza crissalis</i>)	28-May-12	2	adult carrying food to fledgling
Caspian Tern (<i>Hydroprogne caspia</i>)	2-May-12	20	with ELTE

⁶ Data from 2 May 2012 represents a count of the entire reserve; observations on subsequent dates were from only the western portion of the site (project area) and not the main lagoon or beach.

Species	Date	Count	Comments
Cassin's Kingbird (<i>Tyrannus vociferans</i>)	2-May-12	3	
Cliff Swallow (<i>Petrochelidon pyrrhonota</i>)	2-May-12	1	
Common Yellowthroat (<i>Geothlypis trichas</i>)	2-May-12	3	pr at east bridge + singing male near so. bridge
Common Yellowthroat (<i>Geothlypis trichas</i>)	28-May-12	4	incl. adult feeding young cowbird near east footbridge;
Common Yellowthroat (<i>Geothlypis trichas</i>)	12-Jun-12	5	flight song at far west end male with FL near eastern footbridge; pr + FL
Cooper's Hawk (<i>Accipiter cooperii</i>)	12-Jun-12	1	flying south along PCH
Double-crested Cormorant (<i>Phalacrocorax auritus</i>)	2-May-12	16	
Elegant Tern (<i>Thalasseus elegans</i>)	2-May-12	200	on island in main lagoon
Eurasian Collared-Dove (<i>Streptopelia decaocto</i>)	2-May-12	1	fly-over
European Starling (<i>Sturnus vulgaris</i>)	2-May-12	1	
Gadwall (<i>Anas strepera</i>)	2-May-12	20	est. 10 pr
Gadwall (<i>Anas strepera</i>)	12-Jun-12	5	hen + 4 young
Great Blue Heron (<i>Ardea herodias</i>)	2-May-12	2	
Great Blue Heron (<i>Ardea herodias</i>)	12-Jun-12	1	adult landed in cypress south of reserve (in Malibu Colony); young heard
Great Egret (<i>Ardea alba</i>)	2-May-12	3	
Great-tailed Grackle (<i>Quiscalus mexicanus</i>)	2-May-12	3	
Great-tailed Grackle (<i>Quiscalus mexicanus</i>)	11-May-12	2	
Great-tailed Grackle (<i>Quiscalus mexicanus</i>)	28-May-12	2	
Great-tailed Grackle (<i>Quiscalus mexicanus</i>)	12-Jun-12	1	
Green Heron (<i>Butorides virescens</i>)	2-May-12	1	
House Finch (<i>Haemorhous mexicanus</i>)	2-May-12	7	
Killdeer (<i>Charadrius vociferus</i>)	2-May-12	1	
Lazuli Bunting (<i>Passerina amoena</i>)	2-May-12	1	
Least Sandpiper (<i>Calidris minutilla</i>)	2-May-12	4	
Lesser Goldfinch (<i>Spinus psaltria</i>)	2-May-12	6	
Lesser Goldfinch (<i>Spinus psaltria</i>)	11-May-12	3	apparent family group
Mallard (<i>Anas platyrhynchos</i>)	2-May-12	4	2 pr
Mallard (<i>Anas platyrhynchos</i>)	11-May-12	7	incl. hen with 5 ducklings
Mallard (<i>Anas platyrhynchos</i>)	28-May-12	6	hen + 5 young
Mallard (<i>Anas platyrhynchos</i>)	12-Jun-12	20	hen with 15+ young; hen with 3 young
Mourning Dove (<i>Zenaida macroura</i>)	2-May-12	2	
Mourning Dove (<i>Zenaida macroura</i>)	11-May-12	1	
Nashville Warbler (<i>Oreothlypis ruficapilla</i>)	2-May-12	1	
Northern Mockingbird (<i>Mimus polyglottos</i>)	2-May-12	3	
Northern Mockingbird (<i>Mimus polyglottos</i>)	11-May-12	1	
Northern Mockingbird (<i>Mimus polyglottos</i>)	12-Jun-12	3	pr + juv

Species	Date	Count	Comments
Northern Rough-winged Swallow (Stelgidopteryx serripennis)	2-May-12	6	Carrying dried algae up to underside of PCH bridge
Northern Shoveler (Anas clypeata)	2-May-12	1	
Oak Titmouse (Baeolophus inornatus)	11-May-12	1	Along eastern wall
Pacific-slope Flycatcher (Empidonax difficilis)	11-May-12	4	
Pied-billed Grebe (Podilymbus podiceps)	2-May-12	1	
Pied-billed Grebe (Podilymbus podiceps)	28-May-12	1	territorial call from northwestern channel
Red-tailed Hawk (Buteo jamaicensis)	12-Jun-12	1	flying south along PCH
Red-winged Blackbird (Agelaius phoeniceus)	2-May-12	5	5 singing males in reeds
Red-winged Blackbird (Agelaius phoeniceus)	28-May-12	5	
Ruddy Duck (Oxyura jamaicensis)	2-May-12	6	
Semipalmated Plover (Charadrius semipalmatus)	2-May-12	1	
Snowy Egret (Egretta thula)	2-May-12	1	
Song Sparrow (Melospiza melodia)	2-May-12	14	Fledgling + pr near pkg lot
Song Sparrow (Melospiza melodia)	11-May-12	11	incl. 6 singing, 3 fledglings ad. carrying food at west end;
Song Sparrow (Melospiza melodia)	28-May-12	11	several fledglings around site incl. ad. carrying food to young near eastern footbridge; family group nearby
Song Sparrow (Melospiza melodia)	12-Jun-12	7	
Spotted Sandpiper (Actitis macularius)	2-May-12	1	
Spotted Towhee (Pipilo maculatus)	2-May-12	2	
Spotted Towhee (Pipilo maculatus)	11-May-12	1	
Spotted Towhee (Pipilo maculatus)	28-May-12	1	
Western Kingbird (Tyrannus verticalis)	2-May-12	7	
Western Tanager (Piranga ludoviciana)	11-May-12	1	
White-crowned Sparrow (Zonotrichia leucophrys)	2-May-12	1	
Wilson's Warbler (Cardellina pusilla)	2-May-12	4	
Yellow Warbler (Setophaga petechia)	2-May-12	3	
Yellow Warbler (Setophaga petechia)	11-May-12	3	

Appendix H: Nesting Bird Monitoring; 23 pp.

Twenty-one nests from seven species were monitored and avoided during construction. This appendix summarizes all nesting data.



Nest A

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# Young	Date Abandoned
American Coot	Upper A Channel	5/30/2012	9	N/A	N/A	0	6/11/2012

Two American coots were observed patrolling the area and sitting on the nest with nine eggs. The coots maintained presence for a few days after the breach at the mouth of the lagoon drained the project area. This was not associated with the project. The nest was subsequently abandoned.



Close-up of coot nest.



Nest location in tule with associated 4' long access ramp of tule material.

Nest B

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Black Phoebe	Bridge A	5/31/2012	4	Not Observed	6/11/2012	4	N/A

Nest first observed with four chicks. One of the chicks fledged a week later than the others. It appeared to be weak or ill. The parents continued to care for the chick until it fledged.



Four phoebe chicks asleep in the nest,



Chick that fledged approximately 1 week after nest mates. Appeared lethargic.



Nest located under footbridge.

Nest C

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
American Coot	Lower O Channel	5/31/2012	7	~6/22/2012	~6/22/2012	3?	N/A

Both parents were very protective of this nest; it was never left unattended. After presumed hatching of three eggs, an adult coot was observed in the main channel with three fuzzy orange chicks. Three days later the remaining eggs were gone. Natural predation is the presumed cause.



Adult in nest vicinity.



Close-up of nest with remaining four eggs.

Nest D

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Great-tailed Grackle	Lower O Channel	5/30/2012	1	?	6/4/2012	1	N/A

The male grackle was often seen near this nest and continued to inhabit the site after the nest fledged.



View of nest in tules.



Another view.

Nest E

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Black Phoebe	Bridge C	5/30/2012	4	6/15/2012	7/2/2012	3	N/A

The nest under bridge C was surrounded by some of the highest levels of noise and visual impacts on site. These potential impacts were controlled through the use of wooden boards suspended from the bridge. The nest site was carefully monitored to prevent disturbance. Three of the eggs hatched successfully. This family of phoebes, once fledged, remained near the nesting site long after the bridge was demolished. They were often observed perched atop blades of tules or feeding on small flying insects.



Location of nest.



Nest under the footbridge.



Four tiny eggs in nest.



Three newly hatched phoebe chicks.



Three chicks at more mature stage.

Nest F

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Northern Mockingbird	Duck Island	5/31/2012	1	N/A	N/A	0	Unknown

This may have been an old nest due to weathering of material and spider webs. The egg failed to hatch and was abandoned. Adults were not seen around the nest.



Nest location.



Close-up of nest and abandoned egg.

Nest G

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Pied-Billed Grebe	Lower O Channel	6/4/2012	5	6/16/2012	6/16/2012	5	N/A

The parent grebes were never observed tending this nest; however the eggs were covered by a blanket of muck and algae. The eggs eventually hatched.



View of nest.

Nest H

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
American Coot	Upper C Channel	6/4/2012	4	N/A	N/A	0	6/13/2012

After the lagoon breach caused the water level to drop around this nest, the eggs were found outside of the nest. It is anticipated the eggs were accidentally pushed out of the nest by the parent accidentally while trying to access the nest.



The elaborate structure of the coot nest is revealed with the lowered water levels.



Four eggs in a woven tule nest atop a 3' high mound of tule stalks.



A broken egg found floating in the water near the nest.

Nest I

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Pied-Billed Grebe	Upper A Channel	6/4/2012	5	6/12/2012	6/12/2012	5	N/A

This nest was located very close to nest A. The parents were never observed at the nest; however the eggs were covered by a blanket of grasses, algae, and mud. The eggs appeared to have hatched successfully.



Nest location.



Close-up of nest.

Nest J

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
American Coot	Upper C Channel	6/4/2012	5	N/A	N/A	0	6/13/2012

Five eggs were present upon discovery. Adult coots were never observed at this nest, nor were the eggs ever observed covered with any sort of insulating material. Eventually the nest was determined to have been abandoned. Cause unknown.



Nest had an unusual curved ramp.

Nest K

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Upper C Channel	6/19/2012	7	N/A	N/A	0	7/2/2012

As with all nests, a 50-foot exclusion zone was flagged around the nest. A monitor was posted nearby to make sure that noise at the nest did not exceed prescribed levels and that the mother duck was not flushed by visible construction activity due to the low vegetation height in the vicinity. The nest was eventually preyed upon.



Low lying vegetation near nest, exclusion flagging and construction visible in background.



Flagging at nest location.



Eggs in nest.



Predated eggs, note shell damage.

Nest L

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Duck Island	6/19/2012	7	N/A	N/A	0	7/16/2012

This nest was located at the northern edge of the island located between the lower portions of channels B and C. Unlike many of the other ducks, this mother did not spend much time at the nest, but rather left it covered for most of the day under a thick blanket of feathers. This nest fell victim to predation as noted by shell fragments found onsite. Sign of weasel had been observed earlier in the area.



Eggs in a down-lined nest.



Nest located among *Jaumea carnosa* and *Atriplex* sp.

Nest M

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Duck Island	6/13/2012	9	7/10/2012	7/10/2012	9	N/A

The nest was hidden deep inside a low *Atriplex* sp. bush along the eastern edge of Duck Island. This nest hatched successfully.



Nest site at flagging.



Close-up of nest.

Nest N

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Duck Island	6/13/2012	10	7/10/2012	7/10/2012	9	N/A

Rather than sitting on her nest, this vigilant female was frequently standing guard at the entrance of the opening in the *Atriplex* sp. which held her nest.



Nest site.



Close-up of nest.

Nest O

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Between B and C	6/19/2012	9	7/7/2012	7/7/2012	8	N/A

This nest resided in the middle of a field of pickleweed northeast of bridge C. The female duck was present at the nest during all surveys. Eight of nine eggs hatched.



Close-up of nest and flagged exclusion zone in distance. Grubbed area in background.



View of exclusion zone in distance past grubbed area.

Nest P

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Song Sparrow	Duck Island	6/15/2012	2	Not Observed	6/25/2012	2	N/A

This tiny nest was discovered deep inside some low vegetation at Duck Island. At the time it was discovered there were two, featherless chicks in the nest. Eventually the chicks grew and fledged successfully.



Nest location.



Young in nest.



Young with emerging feathers.



after fledging.

Nest

Nest Q

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Mid C Channel	6/29/2012	7	N/A	N/A	0	6/29/2012

This large mallard nest of 7 eggs was uncharacteristically nestled amongst the tules adjacent to the C channel bridge. The mother mallard was never observed near the nest and the eggs did not hatch.



Nest site in tules.



Close-up of nest.

Nest R

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Black Phoebe	Bridge C	6/29/2012	1	N/A	N/A	0	7/03/2012

This nest was built and laid with a single egg shortly before nest E fledged. This may have been a second nesting attempt by the same parent birds as nest E. The nest was abandoned and the egg never hatched.



View of nest under Bridge C.



Ab

Nest S

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Mallard	Duck Island	6/29/2012	6	7/16/2012	7/16/2012	6	N/A

The nest was found underneath some low vegetation at the northeastern edge of Duck Island near nests L and T. All 6 eggs hatched.



Vegetation surrounding nest area, including non-native *Carpobrotus edulis*.



Close-up of nest site.



Nest after fledging.

Nest T

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
Duck	Duck Island	6/29/2012	7	7/12/2012	7/12/2012	6	N/A

This nest was present at the base of a low manzanita bush on Duck Island between S and M. Six of the seven eggs appeared to have hatched successfully.



Nest location.



Close-up of nest site.



Nest after fledging.

Nest U

Species	Location	First observed	# of Eggs	Date Hatched	Date Fledged	# of Young	Date Abandoned
American Coot	Lower A Channel	7/23/2012	2	N/A	N/A	0	8/4/2012

This was the last nest to appear on site, and was discovered in the stubble of freshly trimmed tule, likely due to the lack of habitat present in the area towards the end of the nesting season. When the channel dewatered, the coots abandoned, leaving behind two eggs that did not contain embryos.



Coot nest in remnant tule patch.

Appendix I:

Table of Bird Observations, February 2013 and January
2006
7 pp.

Appendix A. Table of Observations, February 2013 and January 2006.

Month	Year	Date	Time	Species	#	Location	Notes	Obs.	Type
FEBRUARY	2013	11 Feb. 2013	748	Allen's Hummingbird	1	W-entrance rd.	territorial	DSC	Misc - scrub
FEBRUARY	2013	12 Feb. 2013	15:48	Allen's Hummingbird	1	W - entrance rd		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	American Avocet	2	L		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	American Avocet	1	W		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	American Avocet	1	W		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	American Avocet	2	L		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	American Coot	70	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	American Coot	10	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	American Coot	8	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	American Coot	205	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	American Crow	4	W		DSC	Misc - urban
FEBRUARY	2013	12 Feb. 2013	15:48	American Crow	2	W		DSC	Misc - urban
FEBRUARY	2013	12 Feb. 2013	15:48	American Crow	1	W - entrance rd		DSC	Misc - urban
FEBRUARY	2013	11 Feb. 2013	748	American Wigeon	8	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	American Wigeon	9	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	American Wigeon	19	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	YR (Audubon's) Warbler	3	W-entrance rd.		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Belted Kingfisher	1	W		DSC	Misc - marine
FEBRUARY	2013	12 Feb. 2013	15:48	Belted Kingfisher	1	L		DSC	Misc - marine
FEBRUARY	2013	11 Feb. 2013	748	Bewick's Wren	1	W-entrance rd.		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Black Oystercatcher	1	B		DSC	Misc - marine
FEBRUARY	2013	11 Feb. 2013	748	Black Phoebe	1	L		DSC	Misc - urban
FEBRUARY	2013	12 Feb. 2013	15:48	Black Phoebe	2	W		DSC	Misc - urban
FEBRUARY	2013	11 Feb. 2013	748	Black-bellied Plover	90	L		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	Black-bellied Plover	4	B		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	Brandt's Cormorant	1	B		DSC	Misc - marine
FEBRUARY	2013	11 Feb. 2013	748	Brown Pelican	1	B		DSC	Misc - marine
FEBRUARY	2013	12 Feb. 2013	15:48	Brown Pelican	13	B		DSC	Misc - marine
FEBRUARY	2013	12 Feb. 2013	15:48	Brown Pelican	3	L		DSC	Misc - marine
FEBRUARY	2013	11 Feb. 2013	748	Bufflehead	8	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Bufflehead	4	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Bufflehead	14	W		DSC	Waterfowl

FEBRUARY	2013	12 Feb. 2013	15:48	Bufflehead	2	W - Malibu Colony		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Bushtit	8	W-entrance rd.		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Bushtit	4	W-perimeter rd.		DSC	Misc - scrub
FEBRUARY	2013	12 Feb. 2013	15:48	Bushtit	8	W - Perimeter Rd.		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	California Gull	1	L		DSC	Gull
FEBRUARY	2013	11 Feb. 2013	748	California Gull	900	B	Estimate	DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	California Gull	1200	B	Estimate	DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	California Gull	90	L		DSC	Gull
FEBRUARY	2013	11 Feb. 2013	748	California Towhee	2	W-entrance rd.	pair?	DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Common Yellowthroat	1	W-entrance rd.	female	DSC	Misc - FW
FEBRUARY	2013	11 Feb. 2013	748	Double-crested Cormorant	18	L		DSC	Misc - marine
FEBRUARY	2013	12 Feb. 2013	15:48	Double-crested Cormorant	33	L		DSC	Misc - marine
FEBRUARY	2013	11 Feb. 2013	748	Eared Grebe	1	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	European Starling	1	W - entrance rd		DSC	Misc - urban
FEBRUARY	2013	11 Feb. 2013	748	Gadwall	20	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Gadwall	26	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Gadwall	32	W		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Glaucous-winged Gull	1	L		DSC	Gull
FEBRUARY	2013	11 Feb. 2013	748	Great Blue Heron	4	L		DSC	Wader
FEBRUARY	2013	12 Feb. 2013	15:48	Great Blue Heron	3	L		DSC	Wader
FEBRUARY	2013	12 Feb. 2013	15:48	Great-tailed Grackle	9	FO		DSC	Misc - urban
FEBRUARY	2013	12 Feb. 2013	15:48	Great-tailed Grackle	3	B		DSC	Misc - FW
FEBRUARY	2013	11 Feb. 2013	748	Green-winged Teal	18	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Green-winged Teal	6	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Green-winged Teal	18	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Heerman's Gull	10	B		DSC	Gull
FEBRUARY	2013	11 Feb. 2013	748	Herring Gull	1	L		DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	Herring Gull	1	L		DSC	Gull
FEBRUARY	2013	11 Feb. 2013	748	House Finch	2	W-entrance rd.		DSC	Misc - urban
FEBRUARY	2013	12 Feb. 2013	15:48	House Finch	1	W - entrance rd		DSC	Misc - scrub
							Heard, then seen in flight		
FEBRUARY	2013	11 Feb. 2013	748	Killdeer	2	W		DSC	Misc - open
FEBRUARY	2013	12 Feb. 2013	15:48	Killdeer	5	W		DSC	Misc - open
FEBRUARY	2013	12 Feb. 2013	15:48	Least Sandpiper	5	W		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	Lesser Goldfinch	1	W-entrance rd.		DSC	Misc - scrub

FEBRUARY	2013	12 Feb. 2013	15:48	Lesser Goldfinch	3	W - entrance rd		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Mallard	4	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Mallard	6	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Mallard	10	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Marbled Godwit	2	L		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	Marbled Godwit	1	B		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	Northern Pintail	3	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Northern Pintail	1	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Northern Pintail	1	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Northern Pintail	3	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Northern Shoveler	25	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Northern Shoveler	38	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Northern Shoveler	25	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Northern Shoveler	22	L		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Pied-billed Grebe	3	L		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Red-breasted Merganser	1	W		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Red-tailed Hawk	1	E		DSC	Raptor
FEBRUARY	2013	11 Feb. 2013	748	Red-tailed Hawk	1	W		DSC	Raptor
FEBRUARY	2013	11 Feb. 2013	748	Ring-billed Gull	4	L		DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	Royal Tern	5	B		DSC	Misc - marine
FEBRUARY	2013	11 Feb. 2013	748	Ruby-crowned Kinglet	1	W-perimeter rd.		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Ruddy Duck	4	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Ruddy Duck	4	W		DSC	Waterfowl
FEBRUARY	2013	12 Feb. 2013	15:48	Ruddy Duck	7	L		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Ruddy Turnstone	3	L		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	Sanderling	300	B		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	Snowy Egret	2	L		DSC	Wader
FEBRUARY	2013	12 Feb. 2013	15:48	Snowy Egret	3	B		DSC	Wader
FEBRUARY	2013	11 Feb. 2013	748	Snowy Plover	40	B		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	Snowy Plover	50	B		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	Song Sparrow	1	W-entrance rd.		DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Song Sparrow	2	W-perimeter rd.	singing	DSC	Misc - scrub
FEBRUARY	2013	11 Feb. 2013	748	Spotted Sandpiper	1	W		DSC	Shorebird
FEBRUARY	2013	11 Feb. 2013	748	Western Grebe	1	W		DSC	Waterfowl
FEBRUARY	2013	11 Feb. 2013	748	Western Gull	7	L		DSC	Gull
FEBRUARY	2013	11 Feb. 2013	748	Western Gull	100	B	Estimate	DSC	Gull

FEBRUARY	2013	12 Feb. 2013	15:48	Western Gull	300	B	Estimate	DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	Western Gull	10	L		DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	Whimbrel	2	B		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	Willet	1	B		DSC	Shorebird
FEBRUARY	2013	12 Feb. 2013	15:48	x Olympic Gull	4	B		DSC	Gull
FEBRUARY	2013	12 Feb. 2013	15:48	YR (Audubon's) Warbler	1	W - Malibu Colony		DSC	Misc - scrub
FEBRUARY	2013	12 Feb. 2013	15:48	YR (Audubon's) Warbler	1	W - entrance rd		DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Allen's Hummingbird	3	W		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Allen's Hummingbird	8	W		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Allen's Hummingbird	2	W ("eastern footbridge")		DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	American Avocet	4	L		DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	American Avocet	2	W		DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	American Avocet	3	L		DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	American Coot	124	L		DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	American Coot	48	W		DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	American Coot	10	L		DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	American Coot	120	W		DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	American Crow	2	L		DSC	Misc - urban
JANUARY	2006	09 Jan. 2006	1615	Anna's Hummingbird	1	W		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Anna's Hummingbird	4	W		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Anna's Hummingbird	1	W ("eastern footbridge")		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Bewick's Wren	3	W		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Black Phoebe	2	W		DSC	Misc - urban
JANUARY	2006	11 Jan. 2006	830	Black Phoebe	1	W ("eastern footbridge")		DSC	Misc - urban
JANUARY	2006	09 Jan. 2006	1615	Black-bellied Plover	49	E		DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Black-bellied Plover	2	L		DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Black-bellied Plover	68	L		DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Black-crowned Night-Heron	1	W		DSC	Wader
JANUARY	2006	11 Jan. 2006	830	Black-crowned Night-Heron	2	W		DSC	Wader
JANUARY	2006	11 Jan. 2006	830	Bonaparte's Gull	1	L		DSC	Gull
JANUARY	2006	09 Jan. 2006	1615	Brown Pelican	19	L		DSC	Misc - marine
JANUARY	2006	11 Jan. 2006	830	Brown Pelican	164	L		DSC	Misc - marine
JANUARY	2006	09 Jan. 2006	1615	Bufflehead	24	L		DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Bufflehead	18	L		DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Bushtit	20	W		DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	California Gull	150	L		DSC	Gull

JANUARY	2006	11 Jan. 2006	830	California Towhee	2	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Caspian Tern	1	L	DSC	Misc - marine
JANUARY	2006	11 Jan. 2006	830	Cattle Egret	1	W	DSC	Wader
JANUARY	2006	09 Jan. 2006	1615	Cinnamon Teal	13	W	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Common Goldeneye	1	L	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Common Yellowthroat	3	W	DSC	Misc - FW
JANUARY	2006	11 Jan. 2006	830	Common Yellowthroat	7	W	DSC	Misc - FW
JANUARY	2006	09 Jan. 2006	1615	Double-crested Cormorant	3	L	DSC	Misc - marine
JANUARY	2006	11 Jan. 2006	830	Double-crested Cormorant	22	E	DSC	Misc - marine
JANUARY	2006	11 Jan. 2006	830	Double-crested Cormorant	54	L	DSC	Misc - marine
JANUARY	2006	11 Jan. 2006	830	Downy Woodpecker	1	W	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Eared Grebe	7	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	European Starling	4	W	DSC	Misc - urban
JANUARY	2006	09 Jan. 2006	1615	Gadwall	27	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Gadwall	12	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Gadwall	4	W	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Great Blue Heron	1	L	DSC	Wader
JANUARY	2006	09 Jan. 2006	1615	Great Egret	1	W	DSC	Wader
JANUARY	2006	11 Jan. 2006	830	Great-tailed Grackle	2	L	DSC	Misc - FW
JANUARY	2006	09 Jan. 2006	1615	Greater Yellowlegs	1	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Greater Yellowlegs	1	E	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Greater Yellowlegs	1	L	DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Green-winged Teal	42	L	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Green-winged Teal	8	W	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Green-winged Teal	2	E	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Green-winged Teal	15	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Green-winged Teal	57	W	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Green-winged Teal	4	W ("eastern footbridge")	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Gull sp.	100	L	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Heerman's Gull	1	E	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Heerman's Gull	25	L	DSC	Gull
JANUARY	2006	09 Jan. 2006	1615	Horned Grebe	2	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	House Finch	3	W	DSC	Misc - urban
JANUARY	2006	11 Jan. 2006	830	House Wren	2	W	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Killdeer	4	E	DSC	Misc - open
JANUARY	2006	09 Jan. 2006	1615	Killdeer	7	L	DSC	Misc - open

JANUARY	2006	11 Jan. 2006	830	Killdeer	3	L	DSC	Misc - open
JANUARY	2006	09 Jan. 2006	1615	Least Sandpiper	12	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Least Sandpiper	2	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Least Sandpiper	10	W	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Lesser Goldfinch	4	W	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Lesser Scaup	2	L	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Long-billed Dowitcher	3	W	DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Mallard	6	E	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Mallard	2	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Mallard	4	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Mallard	2	W	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Marbled Godwit	21	E	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Marbled Godwit	8	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Marsh Wren	1	W	DSC	Misc - FW
JANUARY	2006	11 Jan. 2006	830	Mew Gull	2	L	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Northern Mockingbird	1	W	DSC	Misc - urban
JANUARY	2006	09 Jan. 2006	1615	Northern Shoveler	4	E	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Northern Shoveler	6	L	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Northern Shoveler	2	W	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Northern Shoveler	5	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Northern Shoveler	2	W	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Oak Titmouse	1	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Orange-crowned Warbler	3	W	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Pied-billed Grebe	2	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Pied-billed Grebe	2	L	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Red-breasted Merganser	2	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Red-breasted Merganser	4	L	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Red-winged Blackbird	3	W	DSC	Misc - FW
JANUARY	2006	11 Jan. 2006	830	Red-winged Blackbird	18	W	DSC	Misc - FW
JANUARY	2006	11 Jan. 2006	830	Ring-billed Gull	50	L	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Ring-billed Gull	1	W	DSC	Gull
JANUARY	2006	09 Jan. 2006	1615	Ruby-crowned Kinglet	1	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Ruby-crowned Kinglet	2	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Ruby-crowned Kinglet	1	W ("eastern footbridge")	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Ruddy Duck	8	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Ruddy Duck	17	L	DSC	Waterfowl

JANUARY	2006	11 Jan. 2006	830	Ruddy Turnstone	3	L	DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Sanderling	6	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Sanderling	18	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Say's Phoebe	1	W	DSC	Misc - open
JANUARY	2006	09 Jan. 2006	1615	Snow Goose	4	L	DSC	Waterfowl
JANUARY	2006	11 Jan. 2006	830	Snow Goose	4	L	DSC	Waterfowl
JANUARY	2006	09 Jan. 2006	1615	Snowy Egret	3	W	DSC	Wader
JANUARY	2006	11 Jan. 2006	830	Snowy Egret	2	L	DSC	Wader
JANUARY	2006	11 Jan. 2006	830	Snowy Egret	10	W	DSC	Wader
JANUARY	2006	11 Jan. 2006	830	Snowy Plover	7	L	DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Song Sparrow	2	W	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Song Sparrow	2	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Song Sparrow	6	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Song Sparrow	3	W ("eastern footbridge")	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Sora	1	W	DSC	Misc - FW
JANUARY	2006	09 Jan. 2006	1615	Spotted Sandpiper	1	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Spotted Sandpiper	1	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Spotted Towhee	1	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	Virginia Rail	3	W	DSC	Misc - FW
JANUARY	2006	11 Jan. 2006	830	Virginia Rail	1	W ("eastern footbridge")	DSC	Misc - FW
JANUARY	2006	09 Jan. 2006	1615	Western Gull	65	L	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Western Gull	8	E	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Western Gull	8	E	DSC	Gull
JANUARY	2006	11 Jan. 2006	830	Western Gull	40	L	DSC	Gull
JANUARY	2006	09 Jan. 2006	1615	Whimbrel	2	E	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Whimbrel	1	L	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	White-crowned Sparrow	8	W	DSC	Misc - scrub
JANUARY	2006	09 Jan. 2006	1615	Willet	15	E	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Willet	8	E	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Willet	51	L	DSC	Shorebird
JANUARY	2006	09 Jan. 2006	1615	Wilson's Snipe	1	W	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	Wilson's Snipe	1	W	DSC	Shorebird
JANUARY	2006	11 Jan. 2006	830	YR (Audubon's) Warbler	9	W	DSC	Misc - scrub
JANUARY	2006	11 Jan. 2006	830	YR (Audubon's) Warbler	1	W ("eastern footbridge")	DSC	Misc - scrub

Appendix J:

Malibu Lagoon Restoration-Environmental Training
June 4, 2012 7-10am
1 p.

Malibu Lagoon Restoration-Environmental Training
June 4, 2012, 7-10 am

1. Sign-in/Volunteer Forms
2. Introduction/Purpose (Jamie King)
3. Project History (Suzanne Goode)
4. Health and Safety (Suzanne)
 - a. PPEs
 - b. Likely Hazards
 - c. Who to contact if urgent or emergency
5. Mitigation Measure Compliance:
 - a. Fish Considerations (Rosi Dagit)
 - b. Bird Considerations (Dan Cooper)
 - c. Other Special-status Species (Jamie)
 - d. New Zealand Mud Snail (Mark Abramson)
 - e. Other Key Mitigation Measures (Jamie /Mark)
6. Monitoring and Contractor Coordination
 - a. Goal of Monitoring (Suzanne)
 - b. Equipment Operator Signals (Dave Ruth/Contractor Staff)
 - c. Identifying & Communicating Construction Concerns-Communication Chain (Jamie)
 - i. Communication Chain:
 1. Monitors coord. with Lead Monitors (Jamie/Mark or designated)
 2. Lead Monitors with Construction Manager/Inspector (Dave Ruth/Rod Tuttle) or Incident Command
 3. Construction Manager coordinates with Contractor
 - ii. Radios/Cells
 - d. Stop Work Situations (Jamie)
7. Monitoring Documentation Protocols (Jamie)
 - a. Daily Monitoring Log
 - b. Permit Non-Compliance and Resolution
8. Public Interactions/First Amendment Rights (Ranger staff)