



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

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





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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) <u>[Signature]</u>	

SAMPLE NUMBER	LOCATION DESCRIPTION	DATE	TIME	SAMPLE TYPE			NO OF CNTNRS	SUSP. CONTAM.	TESTS REQUIRED
				WATER	AIR	SOLID			
72312-INF-ML2	Malibu Lagoon - Influent Source	7/23/12	2:13	x			3		Enterococcus
									Fecal Coliform
									Total Coliform
									Total Residual Chlorine
									Need to know if Coliform is present in the sample ASAP
									All to MDL/PQL

Relinquished by: (Signature) <u>[Signature]</u>	Received by: (Signature) _____	Date/Time <u>7/23/12</u>	I hereby authorize the performance of the above indicated work. <u>647</u> Jeff Sherod
Relinquished by: (Signature) _____	Received by Laboratory for analysis: (Signature) <u>Phong Tran</u>	Date/Time <u>7/23/12</u>	
Special Instructions: PO #: 7232012-JS-FORDEC-12-407 <u>[Signature]</u>			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: 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: _____



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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: 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

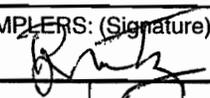
Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/23/2012 12:40	Site:
Sample #: 307563-001	Client Sample #: 72312-INF-ML1
	Collector: Client

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



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

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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

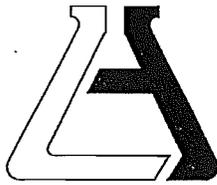
Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 2540-D	Prep Method: SM 2540-D							QCBatchID:
Total Suspended Solids	26	1	2.7	5	mg/L	07/24/12	ame	

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.)

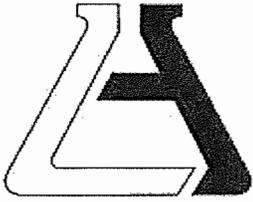
Section 3	YES	NO	N/A
Was a COC received?	X		
Is it properly completed? (IDs, sampling date and time, signature, test)	X		
Were custody seals present?		X	
If Yes – were they intact?			X
Were all samples sealed in plastic bags?	X		
Did all samples arrive intact? If no, indicate below.	X		
Did all bottle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



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

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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

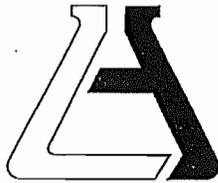
Date 7-23-2012 Page 1 of 1

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>
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>	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: 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. #7232012-JS-FORDEC-12-407

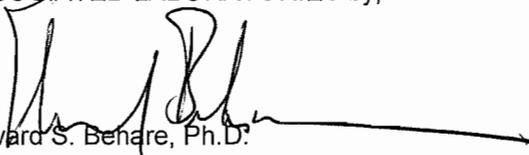
Lab Request: 307562
Report Date: 07/30/2012
Date Received: 07/23/2012
Client ID: 10043

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

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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





ASSOCIATED LABORATORIES

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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>7-23-12</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
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

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



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

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

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

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

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

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

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

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

Matrix: Water	Client: Pure Effect, Inc.
Sampled: 07/24/2012 08:15	Site:
Sample #: 307593-001	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	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>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

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

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

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

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

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

ASSOCIATED LABORATORIES by,


Edward S. Behare, Ph.D.
Lab Director

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

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl 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

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

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



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

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

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

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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



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

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: _____

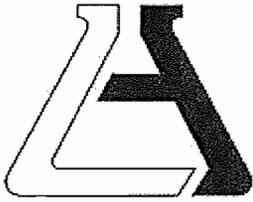
Section 2
 Was the cooler packed with: Ice Ice Packs Bubble Wrap Styrofoam
 Paper None Other _____
 Cooler or box temperature: 7° C
 (Acceptance range is 0 to 6 Deg. C.)

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"/>		<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

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. #7242012-JS-FORDEC-12-407

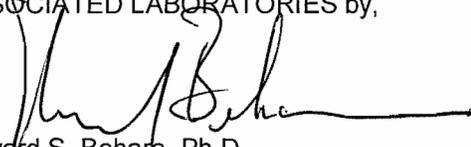
Lab Request: 307595
Report Date: 07/30/2012
Date Received: 07/24/2012
Client ID: 10043

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

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First Sample

307595

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>Emerique Romo</u>	

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

Relinquished by: (Signature) <u>Emerique Romo</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

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"/>		<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

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

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

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

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

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

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

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

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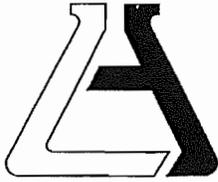
TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

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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

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

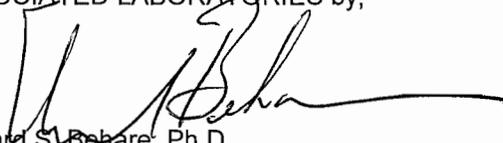
Lab Request: 307665
Report Date: 07/31/2012
Date Received: 07/25/2012
Client ID: 10043

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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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

Special Instructions: PO #: 7252012-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: 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.)

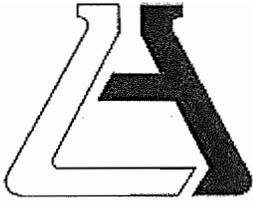
Section 3	YES	NO	N/A
Was a COC received?	<input checked="" type="checkbox"/>		
Is it properly completed? (IDs, sampling date and time, signature, test)	<input checked="" type="checkbox"/>		
Were custody seals present?		<input checked="" type="checkbox"/>	
If Yes – were they intact?			<input checked="" 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-12-408

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

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-12-412

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

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

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

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

ASSOCIATED LABORATORIES by,



Edward S. Behare, Ph.D.
Lab Director

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

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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:
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: _____

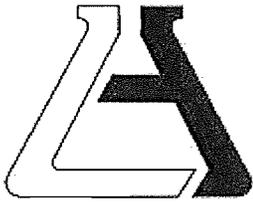
Section 2
 Was the cooler packed with: _____ Ice Ice Packs _____ Bubble Wrap _____ Styrofoam
 _____ Paper _____ None _____ Other _____
 Cooler or box temperature: 2°C
 (Acceptance range is 0 to 6 Deg. C.)

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"/>			<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

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

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TESTING & CONSULTING
Chemical
Microbiological
Environmental

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

Analyte	Result	DF	MDL	RDL	Units	Analyzed	By	Notes
Method: SM 4500-Cl 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
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Client: Pure Effect, Inc.
Address: 601 W. Valencia Drive
Fullerton, CA 92832
Attn: Jeff Sherod
Project: Ford E.C. - Malibu Lagoon Project - Malibu, CA
Comments: P.O. #7252012-JS-FORDEC-12-407

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

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

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

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

ASSOCIATED LABORATORIES by,

Edward S. Behare, Ph.D.
Lab Director

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

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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

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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