

Work Order No.: 19H1132

August 19, 2019

Arcelor Mittal USA, Inc. 250 W US Highway 12 Burns Harbor, IN 46304-9745

Re: NPDES Parameters

Dear Teri Kirk:

Microbac Laboratories, Inc. - Chicagoland Division received 1 sample(s) on 8/19/2019 10:45:00AM for the analyses presented in the following report as Work Order 19H1132.

The enclosed results were obtained from and are applicable to the sample(s) as received at the laboratory. All sample results are reported on an "as received" basis unless otherwise noted.

All data included in this report have been reviewed and meet the applicable project specific and certification specific requirements, unless otherwise noted. A qualifications page is included in this report and lists the programs under which Microbac maintains certification.

This report has been paginated in its entirety and shall not be reproduced except in full, without the written approval of Microbac Laboratories.

We appreciate the opportunity to service your analytical needs. If you have any questions, please contact your project manager. For any feedback, please contact Ron Misiunas, Division Manager, at ron.misiunas@microbac.com.

Sincerely,

Microbac Laboratories, Inc.

Carry Hadgala

Carey Gadzala Project Manager



WORK ORDER SAMPLE SUMMARY

Date: Monday, August 19, 2019

Client: Arcelor Mittal USA, Inc.
Project: NPDES Parameters

Lab Order: 19H1132

Lab Sample ID Client Sample ID Tag Number Collection Date Date Received

19H1132-01 Outfall 002 08/18/2019 18:37 8/19/2019 10:45:00AM



Field Results		Date: Mond	day, August 19, 2019
Client: Client Project:	Arcelor Mittal USA, Inc. NPDES Parameters	Work Order:	19H1132
Client Sample ID:	Outfall 002	Work Order/ID:	19H1132-01
Sample Description:		Sampled:	08/18/2019 18:37
Matrix:	Aqueous	Received:	08/19/2019 10:45
Analyses		Result	Units
pH		7.43	pH Units
Temp		84.8	F



Analytical Results Date: Monday, August 19, 2019

Client: Arcelor Mittal USA, Inc.
Client Project: NPDES Parameters

Client Sample ID: Outfall 002 Work Order/ID: 19H1132-01

Sample Description: Sampled: 08/18/2019 18:37

 Matrix:
 Aqueous
 Received:
 08/19/2019
 10:45

ΑT Result MDL RL Units DF **Analyses** Certs Qual Analyzed Method: SM 4500-CN C/E-1999 Analyst: ABG **Total Cyanide** Prep Date/Time: 08/19/2019 10:59 A 0.0027 0.0020 0.0050 mg/L 08/19/2019 14:27 Cyanide, Total eij

ANALYTE TYPES: (AT)

A,B = Target Analyte
I = Internal Standard

M = Summation Analyte

S = Surrogate

T = Tentatively Identified Compound (TIC, concentration estimated)



QC SAMPLE IDENTIFICATIONS

BLK = Method Blank
DUP = Method Duplicate
BS = Method Blank Spike
MS = Matrix Spike
ICB = Initial Calibration Blank
CCB = Continuing Calibration Blank
CRL = Client Required Reporting Limit
PDS = Post Digestion Spike

ICSA = Interference Check Standard "A"
ICSAB = Interference Check Standard "AB"
BSD = Method Blank Spike Duplicate
MSD = Matrix Spike Duplicate
ICV = Initial Calibration Verification
CCV = Continuing Calibration Verification
OPR = Ongoing Precision and Recovery Standard
SD = Serial Dilution

QCS = Quality Control Standard CERTIFICATIONS (Certs)

Below is a list of certifications maintained by the Microbac Merrillville Laboratory. All data included in this report has been reviewed for and meets all project specific and quality control requirements of the applicable accreditation, unless otherwise noted. Complete lists of individual analytes pursuant to each certification below are available upon request.

- d Illinois EPA drinking water, wastewater and solid waste analysis (#200064)
- i Kansas Dept Health & Env. NELAP (#E-10397)
- J Kentucky Wastewater Laboratory Certification Program (#108202)

FLAGS, FOOTNOTES AND ABBREVIATIONS (as needed)

MDL: Minimum Detection Limit

RL: Reporting Limit

RPD: Relative Percent Difference

U: The analyte was analyzed for but was not detected above the reported quantitation limit. The quantitation limit has

been adjusted for any dilution or concentration of the sample.

Cooler Receipt Log

Cooler ID: Default Cooler



Cooler Inspection Checklist

Ice Present or not required?	Yes
Shipping containers sealed or not required?	Yes
Custody seals intact or not required?	Yes
Chain of Custody (COC) Present?	Yes
COC includes customer information?	Yes
Relinquished and received signature on COC?	Yes
Sample collector identified on COC?	Yes
Sample type identified on COC?	Yes
Correct type of Containers Received	Yes
Correct number of containers listed on COC?	Yes
Containers Intact?	Yes
COC includes requested analyses?	Yes
Enough sample volume for indicated tests received?	Yes
Sample labels match COC (Name, Date & Time?)	Yes
Samples arrived within hold time?	Yes
Correct preservatives on COC or not required?	Yes
Chemical preservations checked or not required?	Yes
Preservation checks meet method requirements?	Yes
VOA vials have zero headspace, or not recd.?	Yes

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CHAIN OF CUSTODY REC	Number 152366
7	

DY RECORD

Samples Received on Ice? Xes Also | N/A Salfa Temperature Upon Receipt (°C) ζ , ζ , ζ , ζ Custody Seals Intact? | Yes | No KN/A TO BE COMPLETED BY MICROBAC ☐ Results Only ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ EDD Date/Time ☐ Dispose as appropriate ☐ Return ☐ Archive Sampler Phone No.: 219-644-7535 ** Preservative Types: (1) HN03, (2) H2SO4, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methan (7) Sodium Bisulfate, (8) Sodium Thiosulfate, (9) Hexane, (U) Unpreserved Holding Time * Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify) Received By (signature) ☐ Mail ☐ Fax ☐ e-mail (address) ☐ Routine (5 to 7 business days) **Turnaround Time** (needed by) Report Type Sample Disposition Send Invoice via: PO No.: Date/Time 6-18-19 Preservative OF COL BUNG 4 Grab / Comp Shed By (signature) Matrix ☐ Hazardous ☐ Non-Hazardous ☐ Radioactive Sampler Signature: | do, of Containers Invoice Address City, State, Zip: Telephone No.: Client Name: Time Address: Location: Contact: Date ☐ Mail ☐ Fax ☐ e-mail (address) Slient Sample ID Sampled by (PRINT): Datisles When Collected Temp = 84.8 Possible Hazard Identification Project: 0*F* 002 Lab Report Address Send Report via: City, State, Zip: Telephone No.: Client Name: Carey Gadzala Address: Contact: 19H1132 ArcelorMittal - Burns Harbor, IN NPDES Parameters 08/19/2019

6230

8-19-19

Date/Time

Received By (signature)

Date/Time

Refered By (Signature)

1045

61-61-8

Date/Time

Date/Time

rev.12/26/2017