

30-025-01444



PHONE (575) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

November 18, 2011

MIKE STUBBLEFIELD

TALON LPE

408 W. TEXAS AVE.

ARTESIA, NM 88210

HOBBS OCD

NOV 21 2011

RECEIVED

RE: CAPROCK MALJAMAR UNIT #10

Enclosed are the results of analyses for samples received by the laboratory on 11/16/11 16:23.

Cardinal Laboratories is accredited through Texas NELAP for:

Method SW-846 8021	Benzene, Toluene, Ethyl Benzene, and Total Xylenes
Method SW-846 8260	Benzene, Toluene, Ethyl Benzene, and Total Xylenes
Method TX 1005	Total Petroleum Hydrocarbons

Certificate number T104704398-08-TX. Accreditation applies to solid and chemical materials and non-potable water matrices.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2	Haloacetic Acids (HAA-5)
Method EPA 524.2	Total Trihalomethanes (TTHM)
Method EPA 524.4	Regulated VOCs (V2, V3)

Accreditation applies to public drinking water matrices.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Celey D. Keene

Lab Director/Quality Manager

Site approved for liner and backfill
Jeff Hering
Env. Specialist
NMOCB-HOBBS
11/21/11

Analytical Results For:

TALON LPE
MIKE STUBBLEFIELD
408 W. TEXAS AVE.
ARTESIA NM, 88210
Fax To: (575) 745-8905

Received: 11/16/2011
Reported: 11/18/2011
Project Name: CAPROCK MALJAMAR UNIT #10
Project Number: 701378.002.01
Project Location: SEC. 17-17S-33E

Sampling Date: 11/16/2011
Sampling Type: Soil
Sampling Condition: Cool & Intact
Sample Received By: Jodi Henson

Sample ID: S-1 NORTHSIDE WALL (H102497-01)

Chloride, SM4500Cl-B		mg/kg		Analyzed By: AP					
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Chloride	816	16.0	11/18/2011	ND	464	116	400	7.14	

Sample ID: S-2 EASTSIDE WALL (H102497-02)

Chloride, SM4500Cl-B		mg/kg		Analyzed By: AP						
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier	
Chloride	144	16.0	11/18/2011	ND	464	116	400	7.14		

Sample ID: S-3 SOUTHSIDE WALL (H102497-03)

Chloride, SM4500Cl-B		mg/kg		Analyzed By: AP					
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Chloride	1180	16.0	11/18/2011	ND	464	116	400	7.14	

Sample ID: S-4 WESTSIDE WALL (H102497-04)

Chloride, SM4500Cl-B		mg/kg		Analyzed By: AP					
Analyte	Result	Reporting Limit	Analyzed	Method Blank	BS	% Recovery	True Value QC	RPD	Qualifier
Chloride	80.0	16.0	11/18/2011	ND	464	116	400	7.14	

Cardinal Laboratories

* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Notes and Definitions

ND	Analyte NOT DETECTED at or above the reporting limit
RPD	Relative Percent Difference
**	Samples not received at proper temperature of 6°C or below.
***	Insufficient time to reach temperature.
-	Chloride by SM4500Cl-B does not require samples be received at or below 6°C Samples reported on an as received basis (wet) unless otherwise noted on report

Cardinal Laboratories

* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Company Name: Talons/20E		Project Manager: Mike Stubbins		Address: 408 West Tenth Ave		City: Altoona		State: PA		Zip: 16801		Phone #: 814-341-7354		Fax #: 814-341-7354		Project #: 701378-002-01		Project Owner: Spa Ridge Property		Project Name: Caprock Motel near Unit No. 10		Project Location: sec. 17-T195-R33E		Sampler Name: Mike Stubbins		FOR LAB USE ONLY	
P.O. #:		Company: Talons/20E		Attn:		Address:		City:		State:		Phone #:		Fax #:													
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Relinquished By: M. S. [Signature] Date: 11/14/04 Time: 4:23 PM Received By: [Signature] Date: _____ Time: _____

Relinquished By: _____ Date: _____ Time: _____

Delivered By: (Circle One) _____ Date: _____ Time: _____

Sampler - UPS - Bus - Other: _____

Phone Result: ☐ Yes ☐ No Add'l Phone #: _____
 Fax Result: ☐ Yes ☐ No Add'l Fax #: _____
 REMARKS: _____

Sample Condition: Cool ☒ Yes ☐ No Intact ☒ Yes ☐ No Checked By: (Initials) [Signature]

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476