



April 10, 2023

Lucas McCain
Ironwood Well Service LLC
2778 W Leafwing Dr
Tucson, AZ 85741

TEL (520) 261-4516
FAX

Work Order No.: 23C0646
Order Name: TUCK

RE: Special

Dear Lucas McCain,

Turner Laboratories, Inc. received 1 sample(s) on 03/27/2023 for the analyses presented in the following report.

All results are intended to be considered in their entirety, and Turner Laboratories, Inc. is not responsible for use of less than the complete report. Results apply only to the samples analyzed. Samples will be disposed of 30 days after issue of our report unless special arrangements are made.

The pages that follow may contain sensitive, privileged or confidential information intended solely for the addressee named above. If you receive this message and are not the agent or employee of the addressee, this communication has been sent in error. Please do not disseminate or copy any of the attached and notify the sender immediately by telephone. Please also return the attached sheet(s) to the sender by mail.

Environmental Protection Agency Safe Drinking Water Act limits have been added for reference only. This information is subject to change without notice. For additional information please visit <https://www.epa.gov/dwstandardsregulations>

Please call if you have any questions.

Respectfully submitted,

Turner Laboratories, Inc.
ADHS License AZ0066

Kevin Brim
Project Manager

Client: Ironwood Well Service LLC
Project: Special
Work Order: 23C0646
Date Received: 03/27/2023

Order: TUCK

Work Order Sample Summary

Lab Sample ID	Client Sample ID	Matrix	Collection Date/Time
23C0646-01	WELL	Drinking Water	03/27/2023 1304

Client: Ironwood Well Service LLC
Project: Special
Work Order: 23C0646
Date Received: 03/27/2023

Case Narrative

Notified Lucas McCain 3/28/23 @ 16:58 by MCH

M2 Matrix spike recovery was low; the associated LCS/LCSD was acceptable.

All soil, sludge, and solid matrix determinations are reported on a wet weight basis unless otherwise noted.

ND Not Detected at or above the PQL

PQL Practical Quantitation Limit

DF Dilution Factor

Turner Laboratories, Inc.

Date: 04/10/2023

Client: Ironwood Well Service LLC
Project: Special
Work Order: 23C0646
Lab Sample ID: 23C0646-01

Client Sample ID: WELL
Collection Date/Time: 03/27/2023 1304
Matrix: Drinking Water
Order Name: TUCK

Analyses	Result	EPA Standard	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst	
ICP/MS Total Metals-E200.8 (5.4)										
Antimony	ND	0.006	0.00050		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Arsenic	0.00076	0.01	0.00050		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Barium	0.029	2	0.00050		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Cadmium	ND	0.005	0.00025		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Chromium	0.00084	0.1	0.00050		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Lead	0.00094	0.015	0.00050		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Selenium	ND	0.05	0.0025		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
Thallium	ND	0.002	0.00050		mg/L	1	04/05/2023 1004	04/06/2023 2133	ACG	
CVAA Total Mercury-E245.1										
Mercury	ND	0.05	0.0010		mg/L	1	04/06/2023 1430	04/06/2023 1916	CR	
Anions by Ion Chromatography-E300.0 (2.1)										
Fluoride	0.81	4	0.50		mg/L	1	03/27/2023 1500	03/27/2023 1751	ACG	
Nitrogen, Nitrate (As N)	ND	10	0.50		mg/L	1	03/27/2023 1500	03/27/2023 1751	ACG	
Coliform by Colilert-SM9223B										
E.Coli	Absent						03/27/2023 1651	03/28/2023 1652	AGC	
Total Coliform	Present						03/27/2023 1651	03/28/2023 1652	AGC	

TURNER WORK ORDER #

280646

DATE

3/22/23

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OF

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CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

PROJECT NAME TRUCK # _____

CONTACT NAME _____

COMPANY NAME ROXWOOD WELL

ADDRESS _____

ZIP _____ PHONE _____ EMAIL _____

SAMPLER'S SIGNATURE _____

SAMPLE ID. WELL DATE 3/27 TIME 1304 LAB ID. _____

SAMPLE MATRIX* GW NUMBER OF CONTAINERS 3

CIRCLE ANALYSIS REQUESTED AND/OR CHECK THE APPROPRIATE BOX	
Base Neutrals 625/8270 <input type="checkbox"/>	Acids <input type="checkbox"/>
Volatile Organics 624 <input type="checkbox"/>	524.2 <input type="checkbox"/> 8260 <input type="checkbox"/>
TTHMS <input type="checkbox"/>	HAA5 <input type="checkbox"/>
Chloride <input type="checkbox"/>	Sulfate <input type="checkbox"/> Resistivity <input type="checkbox"/>
NO ₂ <input type="checkbox"/>	NO ₃ <input type="checkbox"/> TKN <input type="checkbox"/>
TPH <input type="checkbox"/>	1664 <input type="checkbox"/> Oil & Grease <input type="checkbox"/>
VOA <input type="checkbox"/>	TCLP Analysis <input type="checkbox"/> Semi-VOA <input type="checkbox"/> Pest. <input type="checkbox"/>
TCLP <input type="checkbox"/>	Metals <input type="checkbox"/> Total <input type="checkbox"/>
Dissolved <input type="checkbox"/>	RCRA8 <input type="checkbox"/>
Total <input type="checkbox"/>	Cyanide <input type="checkbox"/> WAD <input type="checkbox"/>
SDWA-INORGANICS <input checked="" type="checkbox"/>	SECONDARY <input type="checkbox"/>
PRIMARY <input checked="" type="checkbox"/>	Coliform <input checked="" type="checkbox"/>
MPN <input type="checkbox"/>	PIA <input type="checkbox"/>
pH <input type="checkbox"/>	Cr ₆ <input type="checkbox"/> Cl ₂ <input type="checkbox"/>
COD <input type="checkbox"/>	Fecal <input type="checkbox"/> Turb <input type="checkbox"/>
	TSS <input type="checkbox"/> BOD <input type="checkbox"/>

1. RELINQUISHED BY:	2. RECEIVED BY:	TURNAROUND REQUIREMENTS:	REPORT REQUIREMENTS:	INVOICE INFORMATION:	SAMPLE RECEIPT:
Signature: <u>[Signature]</u> Printed Name: <u>L. McLaughlin</u> Firm: <u>1200 WOOD</u> Date/Time: <u>3.27 1554</u>	Signature: <u>[Signature]</u> Printed Name: _____ Firm: _____ Date/Time: _____	Standard (approx. 10 days)* Next Day _____ 2 Day _____ 5 Day* Email Preliminary Results _____ *Working Days	I. Routine Report _____ II. Report (includes DUP, MS, MSD, as required, may be changed as samples) _____ III. Date Validation Report (Includes All Raw Data) _____ Add 10% to Invoice _____	P.O. # _____ Account _____ Y _____ N _____ Bill to: _____	Total Containers <u>3</u> Temperature <u>6.2</u> <input checked="" type="checkbox"/> Wet Ice <input type="checkbox"/> Ambient <input type="checkbox"/> Blue Ice <u>WR33</u>

3. RELINQUISHED BY:

Signature _____
 Printed Name _____
 Firm _____
 Date/Time _____

4. RECEIVED BY:

Signature [Signature]
 Printed Name Turner Laboratories, Inc.
 Firm 512 7123 1534
 Date/Time _____

* LEGEND
 SAMPLE MATRIX
 DW = DRINKING WATER
 GW = GROUNDWATER
 SD = SOLID
 SC = SLUDGE
 SL = SOIL
 ST = STORMWATER
 WW = WASTEWATER

Compliance Analysis: Yes No
 ADEQ Forms: Yes No
 Mail ADEQ Forms: Yes No

Custody Seals:
 Container Intact:
 COC / Labels Agree:

Preservation Confirmation:
 Appropriate Head Space:
 Received Within Hold Time:

SPECIAL INSTRUCTIONS/COMMENTS: