

TAYLOR ENVIRONMENTAL GROUP, INC.  
130 JERICHO TPKE., FLORAL PARK, NY 11001

516-358-2955  
Fax 516-358-1780

21224

## LEAD SAMPLING DATA AND CHAIN OF CUSTODY DOCUMENT

|                                             |          |                                      |                                    |                                                                                                       |                             |                        |                     |                                          |  |                                    |  |
|---------------------------------------------|----------|--------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|---------------------|------------------------------------------|--|------------------------------------|--|
| CLIENT NAME/ADDRESS<br><b>SCA</b>           |          | CONTACT:<br><b>Hamid Saeed</b>       |                                    | SAMPLER (SIGNATURE)<br>                                                                               |                             | DATE<br><b>8/15/02</b> |                     | TIME                                     |  | SAMPLE(S) SEALED<br><b>YES</b> NO  |  |
| PROJECT LOCATION:<br><b>Stuyvesant H.S.</b> |          | PROJECT #<br><b>M477-15217/29881</b> |                                    | SAMPLER NAME (PRINT)<br><b>AL. KARAKAS</b>                                                            |                             |                        |                     |                                          |  | CORRECT CONTAINER(S) <b>YES</b> NO |  |
| SAMPLE INFORMATION:                         |          |                                      |                                    | MATRIX (CIRCLE ONE): <b>WIPE</b> PAINT SOIL OTHER                                                     |                             |                        |                     |                                          |  |                                    |  |
| LABORATORY #                                | SAMPLE # | LOCATION                             | AREA (FT <sup>2</sup> )            | SURFACE MATERIAL                                                                                      |                             |                        |                     | LAB RESULT                               |  |                                    |  |
|                                             |          |                                      |                                    | WOOD                                                                                                  | METAL                       | BRICK                  | OTHER               |                                          |  |                                    |  |
|                                             | LW01     | Rm 302 TOP of COMPUTER DESK          | 1.0                                |                                                                                                       |                             |                        | X                   | < 9.0                                    |  |                                    |  |
|                                             | LW02     | Rm 302 FLOOR CENTER of room          | 1.0                                |                                                                                                       |                             |                        | X                   | 11.1                                     |  |                                    |  |
|                                             | LW03     | Rm 302A TOP of DESK                  | 1.0                                |                                                                                                       |                             |                        | X                   | < 9.0                                    |  |                                    |  |
|                                             | LW04     | Rm 302A FLOOR NEAR ENTRANCE          | 1.0                                |                                                                                                       |                             |                        | X                   | < 9.0                                    |  |                                    |  |
|                                             | LW05     | Rm 302B TOP of FILE CABINET          | 1.0                                |                                                                                                       | X                           |                        |                     | < 9.0                                    |  |                                    |  |
|                                             | LW06     | Rm 302B FLOOR BETWEEN BOOKSHELVES    | 1.0                                |                                                                                                       |                             |                        | X                   | < 9.0                                    |  |                                    |  |
|                                             | LW07     | Rm 301 FLOOR CENTER AREA             | 1.0                                |                                                                                                       |                             |                        | X                   | < 9.0                                    |  |                                    |  |
|                                             | LW08     | Rm 301B TOP of DESK                  | 1.0                                |                                                                                                       |                             |                        | X                   | < 9.0                                    |  |                                    |  |
|                                             |          |                                      |                                    | TURNAROUND REQUIRED:<br>NORMAL <input type="checkbox"/> STAT <input type="checkbox"/> BY <b>1 / 1</b> |                             |                        |                     | COMMENTS / INSTRUCTIONS<br><b>OK VAS</b> |  |                                    |  |
| RELINQUISHED BY (SIGNATURE)<br>             |          | DATE <b>8/16/02</b>                  | PRINTED NAME<br><b>AL. KARAKAS</b> |                                                                                                       | RECEIVED BY (SIGNATURE)<br> |                        | DATE <b>8/16/02</b> | PRINTED NAME<br><b>MEI WANG</b>          |  |                                    |  |
| RELINQUISHED BY (SIGNATURE)                 |          | DATE                                 | PRINTED NAME                       |                                                                                                       | RECEIVED BY LAB (SIGNATURE) |                        | DATE                | PRINTED NAME                             |  |                                    |  |
|                                             |          | TIME                                 |                                    |                                                                                                       |                             |                        | TIME                |                                          |  |                                    |  |

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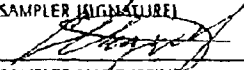
CITY\_DEP\_WORBY\_CANNATA\_SUBP\_000003528

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|                                                                                                                    |          |                                                |                         |                                                                                                                                                          |                  |                                                                                                                  |       |                                          |            |                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|------------|---------------------------------------------------------------------------------------------|--|
| CLIENT NAME/ADDRESS<br><b>SCA</b>                                                                                  |          | CONTACT:<br><b>Hamid Savar</b>                 |                         | SAMPLER SIGNATURE<br>                                                 |                  | DATE<br><b>8/16/02</b>                                                                                           |       | TIME                                     |            | SAMPLE(S) SEALED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO     |  |
| PROJECT LOCATION:<br><b>Stuyvesant H.S.</b>                                                                        |          | PROJECT #<br><b>W47T-15217/29881</b>           |                         | SAMPLER NAME (PRINT)<br><b>M. Kazarov</b>                                                                                                                |                  |                                                                                                                  |       |                                          |            | CORRECT CONTAINER(S)<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| SAMPLE INFORMATION:                                                                                                |          |                                                |                         | MATRIX (CIRCLE ONE) <input checked="" type="checkbox"/> WIFE <input type="checkbox"/> PAINT <input type="checkbox"/> SOIL <input type="checkbox"/> OTHER |                  |                                                                                                                  |       |                                          |            |                                                                                             |  |
|                                                                                                                    |          |                                                | AREA (FT <sup>2</sup> ) |                                                                                                                                                          | SURFACE MATERIAL |                                                                                                                  |       |                                          | LAB RESULT |                                                                                             |  |
| LABORATORY #                                                                                                       | SAMPLE # | LOCATION                                       |                         | WOOD                                                                                                                                                     | METAL            | BRICK                                                                                                            | OTHER |                                          |            |                                                                                             |  |
|                                                                                                                    | LW 09    | Room 301B FLOOR EAST OF DESK                   | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 10    | Room 301A TOP OF COMPUTER DESK / BENEATH CLOCK | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 11    | Room 301A FLOOR CENTER AREA                    | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 12    | Room 301C TOP OF DESK / NEAR COMPUTER          | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 13    | Room 301C FLOOR NEAR WINDOW                    | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 14    | Room 303 TOP OF TEACHER'S DESK                 | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 15    | Room 303 FLOOR NEAR CABINETS                   | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
|                                                                                                                    | LW 16    | Room 305 TOP OF TEACHER'S DESK                 | 1.0                     |                                                                                                                                                          |                  |                                                                                                                  | X     | < 9.0                                    |            |                                                                                             |  |
| Fax results to Taylor (212) 406-2535                                                                               |          |                                                |                         | TURNAROUND REQUIRED:<br>NORMAL <input type="checkbox"/> STAT <input type="checkbox"/> BY 1/1                                                             |                  |                                                                                                                  |       | COMMENTS / INSTRUCTIONS<br><b>OK TAV</b> |            |                                                                                             |  |
| RELINQUISHED BY (SIGNATURE)<br> |          | DATE <b>8/16/02</b><br>TIME <b>1300</b>        |                         | PRINTED NAME<br><b>M. Kazarov</b>                                                                                                                        |                  | RECEIVED BY (SIGNATURE)<br> |       | DATE <b>8/16/02</b><br>TIME <b>1400</b>  |            | PRINTED NAME<br><b>M. Kazarov</b>                                                           |  |
| RELINQUISHED BY (SIGNATURE)                                                                                        |          | DATE<br>TIME                                   |                         | PRINTED NAME                                                                                                                                             |                  | RECEIVED BY LAB (SIGNATURE)                                                                                      |       | DATE<br>TIME                             |            | PRINTED NAME                                                                                |  |

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|                                                   |          |                                       |                             |                                                                                                                                                           |       |                 |                               |                                   |  |                                                                                             |  |
|---------------------------------------------------|----------|---------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------|-------------------------------|-----------------------------------|--|---------------------------------------------------------------------------------------------|--|
| CLIENT NAME/ADDRESS<br><del>Al. Kacaron</del> SCA |          | CONTACT:<br>Harriet Savoy             |                             | SAMPLER SIGNATURE<br>                                                                                                                                     |       | DATE<br>8/16/02 |                               | TIME                              |  | SAMPLE(S) SEALED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO     |  |
| PROJECT LOCATION:<br>Stuyvesant H.S.              |          | PROJECT #<br>M477-15217/24881         |                             | SAMPLER NAME (PRINT)<br>AL. KACARON                                                                                                                       |       |                 |                               |                                   |  | CORRECT CONTAINER(S)<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| SAMPLE INFORMATION:                               |          |                                       |                             | MATRIX (CIRCLE ONE): <input checked="" type="checkbox"/> WIFE <input type="checkbox"/> PAINT <input type="checkbox"/> SOIL <input type="checkbox"/> OTHER |       |                 |                               |                                   |  |                                                                                             |  |
| LABORATORY #                                      | SAMPLE # | LOCATION                              | AREA (FT <sup>2</sup> )     | SURFACE MATERIAL                                                                                                                                          |       |                 |                               | LAB RESULT                        |  |                                                                                             |  |
|                                                   |          |                                       |                             | WOOD                                                                                                                                                      | METAL | BRICK           | OTHER                         |                                   |  |                                                                                             |  |
|                                                   | LW 17    | Room 305 Floor<br>NEAR WEST WINDOW    | 1.0                         |                                                                                                                                                           |       |                 | X                             | < 9.0                             |  |                                                                                             |  |
|                                                   | LW 18    | Room 309 MIDDLE OF<br>NORTH BOOKSHELF | 1.0                         |                                                                                                                                                           | X     |                 |                               | < 9.0                             |  |                                                                                             |  |
|                                                   | LW 19    | Room 309 FLOOR<br>NEAR ENTRANCE       | 1.0                         |                                                                                                                                                           |       |                 | X                             | < 9.0                             |  |                                                                                             |  |
|                                                   | LW 20    | Room 313 TOP OF<br>TEACHER'S DESK     | 1.0                         |                                                                                                                                                           |       |                 | X                             | < 9.0                             |  |                                                                                             |  |
|                                                   | LW 21    | Room 313 FLOOR<br>NEAR TEACHER'S DESK | 1.0                         |                                                                                                                                                           |       |                 | X                             | < 9.0                             |  |                                                                                             |  |
|                                                   | LW 22    | FIELD BLANKS                          |                             |                                                                                                                                                           |       |                 |                               | —                                 |  |                                                                                             |  |
|                                                   | LW 23    | FIELD BLANKS                          |                             |                                                                                                                                                           |       |                 |                               | —                                 |  |                                                                                             |  |
| Pay results to Daylon (212)406-2535               |          |                                       |                             | TURNAROUND REQUIRED:<br>NORMAL <input type="checkbox"/> STAT <input type="checkbox"/> BY 1/1                                                              |       |                 |                               | COMMENTS / INSTRUCTIONS<br>OK TAD |  |                                                                                             |  |
| RELINQUISHED BY (SIGNATURE)<br>                   |          | DATE<br>8/16/02                       | PRINTED NAME<br>AL. KACARON | RECEIVED BY (SIGNATURE)<br>                                                                                                                               |       | DATE<br>8/16/02 | PRINTED NAME<br>HARRIET SAVOY |                                   |  |                                                                                             |  |
| RELINQUISHED BY (SIGNATURE)<br>                   |          | DATE                                  | PRINTED NAME                | RECEIVED BY LAB (SIGNATURE)                                                                                                                               |       | DATE            | PRINTED NAME                  |                                   |  |                                                                                             |  |
|                                                   |          | TIME                                  |                             |                                                                                                                                                           |       | TIME            |                               |                                   |  |                                                                                             |  |

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