



# INVOICE

Pace Analytical Services, Inc.  
 1700 Elm Street, Suite 200  
 Minneapolis, MN 55414  
 Phone: (612)607-1700

**Invoice Number: 111182289**  
**Date: 12/08/2011**  
**Total Amount Due: \$235.00**

**Sold To:**

**Accounts Payable**  
 Terracon Environmental, Inc.  
 3535 Hoffman Rd. E  
 White Bear Lake, MN 55110

**New Remittance Address**

Please ensure that payments are now mailed to:

**Pace Analytical Services, Inc.**  
 P.O. Box 684056  
 Chicago, IL 60695-4056

| Client Number/Client ID | Purchase Order No | Pace Project Mgr | Terms         | Page |
|-------------------------|-------------------|------------------|---------------|------|
| 10-109959 / TERRACON    |                   | Carolynne Trout  | Net 30 Days** | 1    |

**Client Project:** 41037061 Former Schmunk's  
**Pace Project No:** 10177303  
**Report Sent To:** Mr. Paul Wiese, Terracon Environmental, Inc.  
**Comments:** 3000001327

**Client Name:** Terracon Environmental, Inc.  
**Sample Received:** 12/2/2011

**ANALYTICAL CHARGES**

| Quantity                   | Unit | Description               | Method     | Matrix | Price   | Total           |
|----------------------------|------|---------------------------|------------|--------|---------|-----------------|
| 1                          | Ea   | 6010 MET ICP As, Hardness | EPA 6010   | Water  | \$27.50 | \$27.50         |
| 2                          | Ea   | 8260 VOC                  | EPA 8260   | Water  | \$77.50 | \$155.00        |
| 2                          | Ea   | WIGRO GCV                 | WI MOD GRO | Water  | \$26.25 | \$52.50         |
| <b>Analytical Subtotal</b> |      |                           |            |        |         | <b>\$235.00</b> |

**Total Number of Charges 5**

**Total Invoice Amount \$235.00**

**Samples Received for analysis:**

| Lab ID      | Client Sample ID | Received          |
|-------------|------------------|-------------------|
| 10177303001 | Caroline Well    | 12/2/2011 1:00:00 |
| 10177303002 | Trip Blank       | 12/2/2011 1:00:00 |

*If you have any questions or to pay by credit card, please contact Carolynne Trout at Pace.  
 Phone: 1(612)607-1700 Email: carolynne.trout@pacelabs.com*

**\*\*1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.  
 PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.**

AN EQUAL OPPORTUNITY EMPLOYER

*Please complete and return copy of invoice with your payment.*

**INVOICE TOTAL \$235.00**

Amount Paid: \$ \_\_\_\_\_

Check No: \_\_\_\_\_

Customer No: 10-109959 Invoice No: 111182289