



Garden State Laboratories, Inc.

Report of Analysis

410 Hillside Ave.
Hillside, NJ 07205

Telephone: 800-273-8901
Email: info@gsllabs.com
Internet: www.gsllabs.com

Main Lab
NJDEP Lab Cert. #20044

Jersey Shore Lab
NJDEP Lab Cert. #15037

Lakehurst Lab
NJDEP Lab Cert. #15041

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A. Laboratory Manager

For: Early Childhood Center of the North Ward
29 Summer Pace

Newark, NJ 07104

Laboratory Director:

Report Date: 09/03/2024

Attention: Tawauna Stukes

Client Number: EAR05

Sample ID: Early Childhood Center of the
North Ward, 29 Summer Pl.,
Newark, NJ/Field Blank

Lab Sample ID: 240821039-01

Site: Collection Date/Time: 08/19/2024 06:40

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	< 0.0100 mg/l	1.3	0.0100	0.0048	20044	08/26/24 13:52	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	08/30/24 11:36	

Sample ID: Early Childhood Center of the
North Ward, 29 Summer Pl.,
Newark, NJ/Bathroom
(women's)

Lab Sample ID: 240821039-02

Site: Collection Date/Time: 08/19/2024 06:44

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0810 mg/l	1.3	0.0100	0.0048	20044	08/26/24 13:55	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	08/30/24 11:39	

Sample ID: Early Childhood Center of the
North Ward, 29 Summer Pl.,
Newark, NJ/Bathroom 201

Lab Sample ID: 240821039-03

Site: Collection Date/Time: 08/19/2024 06:48

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0924 mg/l	1.3	0.0100	0.0048	20044	08/26/24 14:05	
Lead, Total Recoverable	EPA 200.9		1	0.00113 mg/l	0.015	0.00100	0.00055	20044	08/30/24 11:42	



Garden State Laboratories, Inc.

Sample ID: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ/Bathroom 202 Lab Sample ID: 240821039-04

Site: Collection Date/Time: 08/19/2024 06:53

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.135 mg/l	1.3	0.0100	0.0048	20044	08/26/24 14:08	
Lead, Total Recoverable	EPA 200.9		1	0.00306 mg/l	0.015	0.00100	0.00055	20044	08/30/24 11:45	

Sample ID: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ/Bathroom 205 Lab Sample ID: 240821039-05

Site: Collection Date/Time: 08/19/2024 06:57

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.108 mg/l	1.3	0.0100	0.0048	20044	08/26/24 14:12	
Lead, Total Recoverable	EPA 200.9		1	0.00139 mg/l	0.015	0.00100	0.00055	20044	08/30/24 11:53	

Sample ID: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ/Bathroom 206 Lab Sample ID: 240821039-06

Site: Collection Date/Time: 08/19/2024 07:01

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.138 mg/l	1.3	0.0100	0.0048	20044	08/26/24 14:15	
Lead, Total Recoverable	EPA 200.9		1	0.00303 mg/l	0.015	0.00100	0.00055	20044	08/30/24 11:56	

DF=Dilution factor, <=less than, MCL=Maximum Contaminant Level, Rep. Limit=Reporting Limit, MDL=Method Detection Limit, SM YR=Standard Methods Publication Year, and NC=Not Certified. The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice. Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

8/21/24 15:22 3.9°C

D.D

Page 1 of 2

GSL CLIENT # EAR05

MICRO #

CHEM. # 240821039-01-05

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Early Childhood Center of the North Ward Contact/Authorized by: Tawauna Stukes

Mailing Address: 29 Summer Place Phone: 973-350-8690

City/State/Zip: Newark, NJ 07104 Email: tstukes@ieponline.com

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATI Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ

Grab/Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
		Date	Time	AM	PM	<input type="checkbox"/> List attached Total Pages	No.	Type*	Size	Pres.*	
X	Field Blank	8-19	6:40	✓		Lead & Copper (First Draw) 39-01	1	P	250ml	A	
X	Bathroom (women's)	8-19	6:48	✓		Lead & Copper (First Draw) 39-02	1	P	250ml	A	
X	Bathroom 201	8-19	6:48	✓		Lead & Copper (First Draw) 39-03	1	P	250ml	A	
X	Bathroom 202	8-19	6:53	✓		Lead & Copper (First Draw) 39-04	1	P	250ml	A	
X	Bathroom 205	8-19	6:57	✓		Lead & Copper (First Draw) 39-05	1	P	250ml	A	

⇒ Container Type: P=Plastic G=Glass A=Amber Glass T=Sterile Thio V=Vial Other/Specify: _____
 ⇒ Preservation Code: A=Non Preserved B=Sulfuric Acid C=Sodium Hydroxide D=Nitric Acid
 E=Hydrochloric Acid F=Zinc Acetate G=Sodium Ithosulfate H=Ascorbic Acid I=Cooled Other/Specify: _____

SUBCONTRACTED WORK

TURNAROUND TIME: Standard Rush (IF RUSH REQUESTED) Rush Due by:

SEND TO:

REPORT FORM: Standard Report Other/Specify:

DATE/TIME:

Standard Report + E2 PWSID#:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ 600

Payment Method: Credit Card Type: Check # Other:

Note: **LEAD & COPPER SAMPLING FOR CHILD CARE FACILITY ON PUBLIC WATER SYSTEM**

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): Laura Wright Signature: [Signature]
 Client/Client's Representative (PRINT): Tawauna Stukes Signature: [Signature] Date/Time:
 1. Received/Relinquished by (PRINT): MARCHE DATUS Signature: [Signature] Date/Time: 8/21/24 9:15 AM
 2. Received/Relinquished by (PRINT): Danielle Diggs-Colon Signature: [Signature] Date/Time: 8/21/24 15:22

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN
 IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

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FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

8/21/24 15:22 3.9°C

D.D

Page 2 of 2

GSL CLIENT # EAR05

MICRO #

CHEM. # **240821039-06**

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Early Childhood Center of the North Ward Contact/Authorized by: Tawana Stukes

Mailing Address: 29 Summer Place Phone: 973-350-8690

City/State/Zip: Newark, NJ 07104 Email: tstukes@ieponline.com

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATI: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ

Grab/Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
		Date	Time	AM	PM	<input type="checkbox"/> List attached Total Pages _____	No.	Type*	Size	Pres.*	
X	Bathroom 206	8-19	7:01	✓		Lead & Copper (First Draw) 39-06	1	P	250ml	A	

⇒ Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Thio V = Vial Other/Specify: _____
 ⇒ Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Iodosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

TURNAROUND TIME: Standard Rush (if RUSH REQUESTED) Rush Due by: _____

REPORT FORM: Standard Report Other/Specify: _____

Standard Report + E2 PWSID#: _____

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ Cp1

Payment Method: Credit Card Type: Check # Other: _____

SUBCONTRACTED WORK

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

Note: LEAD & COPPER SAMPLING FOR CHILD CARE FACILITY ON PUBLIC WATER SYSTEM

**SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
 PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME**

Sampled by (PRINT): LOUIS WRIGHT	Signature: <i>Louis Wright</i>	
Client/Client's Representative (PRINT): Tawana Stukes	Signature: <i>Tawana Stukes</i>	Date/Time: _____
1. Received/Relinquished by (PRINT): MARIE DAVIS	Signature: <i>Marie Davis</i>	Date/Time: 8/21/24 9:15 AM
2. Received/Relinquished by (PRINT): Danielle Diggs-Colon	Signature: <i>Danielle Diggs-Colon</i>	Date/Time: 8/21/24 15:22

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN
 IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED