



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: 07/08/2024

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: 240621034-01

Site: Collection Date/Time: 06/18/2024 06:46

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	06/28/24 09:00	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	06/28/24 19:05	

Sample ID: Early Childhood Center of the
North Ward, 29 Summer Pl.,
Newark, NJ/ Nurse Office Sink

Lab Sample ID: 240621034-02

Site: Collection Date/Time: 06/18/2024 06:17

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	0.227 mg/l	1.3	0.0100	0.0048	20044	06/28/24 09:03	
Lead, Total Recoverable	EPA 200.9		1	0.00384 mg/l	0.015	0.00100	0.00055	20044	06/28/24 19:08	

Sample ID: Early Childhood Center of the
North Ward, 29 Summer Pl.,
Newark, NJ/ Family Workers
Sink

Lab Sample ID: 240621034-03

Site: Collection Date/Time: 06/18/2024 06:23

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	0.106 mg/l	1.3	0.0100	0.0048	20044	06/28/24 09:13	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	06/28/24 19:11	



Garden State Laboratories, Inc.

Sample ID: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ/ Kitchen Sink Lab Sample ID: 240621034-04

Site: Collection Date/Time: 06/18/2024 06:31

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	0.174 mg/l	1.3	0.0100	0.0048	20044	06/28/24 09:16	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	06/28/24 19:20	

Sample ID: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ/ Staff Lounge Sink Lab Sample ID: 240621034-05

Site: Collection Date/Time: 06/18/2024 06:36

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	0.113 mg/l	1.3	0.0100	0.0048	20044	06/28/24 09:19	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	06/28/24 19:22	

Sample ID: Early Childhood Center of the North Ward, 29 Summer Pl., Newark, NJ/ Staff Lounge Fountain Lab Sample ID: 240621034-06

Site: Collection Date/Time: 06/18/2024 06:41

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	06/28/24 09:22	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	06/28/24 19:25	

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:

6/21/24 16:33 4.7°C

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GSL CLIENT # EAR05

MICRO #

CHEM. # 240621034-01-05

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	6/18	6:46	✓		Lead & Copper (First Draw)	1	P	250ml	A	034-01
X	Nurse Office Sink	6/18	6:17	✓		Lead & Copper (First Draw)	1	P	250ml	A	034-02
X	Family Workers Sink	6/18	6:23	✓		Lead & Copper (First Draw)	1	P	250ml	A	034-03
X	Kitchen Sink	6/18	6:31	✓		Lead & Copper (First Draw)	1	P	250ml	A	034-04
X	Staff lounge Sink	6/18	6:36	✓		Lead & Copper (First Draw)	1	P	250ml	A	034-05

⇒ 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 Ithiosulfate 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): <u>Louis Wright</u>	Signature: <u>[Signature]</u>
Client/Client's Representative (PRINT): <u>Tawauna Stukes</u>	Signature: <u>[Signature]</u> Date/Time: <u>10/18/24</u>
1. Received/Relinquished by (PRINT): <u>Tanisha Flowers</u>	Signature: <u>[Signature]</u> Date/Time: <u>6/21/24 11:25</u>
2. Received/Relinquished by (PRINT): <u>V. Schiglik</u>	Signature: <u>[Signature]</u> Date/Time: <u>6/21/24 16:33</u>

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

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
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FOR SAMPLE RECEIVING USE ONLY

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

6/21/24 16:33 4.7°C

Page 2 of 2

GSL CLIENT # EAR05

MICRO #

CHEM. # 240621034-06

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: 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

GrabComp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
		Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X	Staff Lounge Fountain	6/18	6:41	✓		<input type="checkbox"/> List attached Total Pages _____	1	P	250ml	A	0406
						Lead & Copper (First Draw)					

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 Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

SUBCONTRACTED WORK

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

REPORT FORM: Standard Report Other/Specify:

Standard Report + E2 PWSID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

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

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): Louis Wright	Signature: <i>Louis Wright</i>	Date/Time: 6/18/24
Client/Client's Representative (PRINT): Tawauna Stukes	Signature: <i>Tawauna Stukes</i>	Date/Time: 6/21/24 11:24
1. Received/Relinquished by (PRINT): Tanisha Flowers	Signature: <i>Tanisha Flowers</i>	Date/Time: 6/21/24 16:33
2. Received/Relinquished by (PRINT): V. Schiolik	Signature: <i>V. Schiolik</i>	Date/Time: 6/21/24 16:33

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