



Garden State Laboratories, Inc.

Report of Analysis

410 Hillside Ave.
Hillside, NJ 07205

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. Manager Emerita

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

For: Little Sprouts Early Learning Center
127 Mill St

Newton, NJ 07860

Laboratory Director:

Report Date: 03/13/2025

Attention: Noreen Kilduff

Client Number: LIT08

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Field Blank

Lab Sample ID: 250305035-01

Site: Collection Date/Time: 03/04/2025 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	< 0.0100 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:18	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 14:47	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #404/Non-Consumption

Lab Sample ID: 250305035-02

Site: Collection Date/Time: 03/04/2025 06:26

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	0.111 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:22	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 14:50	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #409 (R)-Consumption

Lab Sample ID: 250305035-03

Site: Collection Date/Time: 03/04/2025 06:28

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	0.145 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:25	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 14:53	



Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #409 (L)-Consumption Lab Sample ID: 250305035-04

Site: Collection Date/Time: 03/04/2025 06:30

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	0.144 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:30	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:01	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #410 (R) - Consumption Lab Sample ID: 250305035-05

Site: Collection Date/Time: 03/04/2025 06:32

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	0.142 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:42	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:04	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #410 (L) - Consumption Lab Sample ID: 250305035-06

Site: Collection Date/Time: 03/04/2025 06:35

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	0.136 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:45	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:07	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #406 -Consumption Lab Sample ID: 250305035-07

Site: Collection Date/Time: 03/04/2025 06:37

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	0.181 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:49	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:10	



Garden State Laboratories, Inc.

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #402/Non - Consumption
 Lab Sample ID: 250305035-08

Site: Collection Date/Time: 03/04/2025 06:39

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	0.184 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:53	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:13	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #402/ -Consumption
 Lab Sample ID: 250305035-09

Site: Collection Date/Time: 03/04/2025 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	0.164 mg/l	1.3	0.0100	0.0048	20044	03/07/25 08:57	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:15	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #401/ -Consumption
 Lab Sample ID: 250305035-10

Site: Collection Date/Time: 03/04/2025 06:43

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	0.163 mg/l	1.3	0.0100	0.0048	20044	03/07/25 09:00	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:18	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #401/Non - Consumption
 Lab Sample ID: 250305035-11

Site: Collection Date/Time: 03/04/2025 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	0.252 mg/l	1.3	0.0100	0.0048	20044	03/07/25 09:04	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:21	



Garden State Laboratories, Inc.

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #407/Non - Consumption
 Lab Sample ID: 250305035-12

Site: Collection Date/Time: 03/04/2025 06:47

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	0.148 mg/l	1.3	0.0100	0.0048	20044	03/07/25 09:08	
Lead, Total Recoverable	EPA 200.9		1	0.00114 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:24	

Sample ID: Little Sprouts Early Learning Center 127 Mill St., Newton, NJ/Room #407/ Consumption
 Lab Sample ID: 250305035-13

Site: Collection Date/Time: 03/04/2025 06:49

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	0.162 mg/l	1.3	0.0100	0.0048	20044	03/07/25 09:11	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/11/25 15:38	

*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:

3/5/25 15:15 4.4c

Page 1 of 3

GSL CLIENT # LIT08

MICRO #

CHEM. # *250305035-01-05*

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: Little Sprouts Early Learning Center Contact/Authorized by: Noreen Kilduff

Mailing Address: 127 Mill St. Phone: 973-940-3540

City/State/Zip: Newton, NJ 07860 Email: nkilduff@projectselfsufficiency.org

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATI: Little Sprouts Early Learning Center 127 Mill St. Newton, 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	3-4-25	6:23	✓		Lead & Copper (First Draw) <i>35-01</i>	1	P	250ml	A	
X	Room #404/ non-consumption	3-4-25	6:26	✓		Lead & Copper (First Draw) <i>35-02</i>	1	P	250ml	A	
X	Room #409(B) - Consumption	3-4-25	6:28	✓		Lead & Copper (First Draw) <i>35-03</i>	1	P	250ml	A	
X	Room #409(L) - Consumption	3-4-25	6:30	✓		Lead & Copper (First Draw) <i>35-04</i>	1	P	250ml	A	
X	Room #410(R) - Consumption	3-4-25	6:32	✓		Lead & Copper (First Draw) <i>35-05</i>	1	P	250ml	A	

⇒ Container Type: P = Plastic G = Glass TA = 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 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: \$ 1200

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

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

IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED

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): <i>Noreen Kilduff</i>	Signature: <i>N. Kilduff</i>	Date/Time: <i>3/5/25 12:56pm</i>
Client/Client's Representative (PRINT): <i>Noreen Kilduff</i>	Signature: <i>N. Kilduff</i>	Date/Time: <i>3/5/25 12:59pm</i>
1. Received/Relinquished by (PRINT): <i>MARIE DONS</i>	Signature: <i>[Signature]</i>	Date/Time: <i>3/5/25 15:15</i>
2. Received/Relinquished by (PRINT): <i>[Signature]</i>	Signature: <i>[Signature]</i>	Date/Time: <i>3/5/25 15:15</i>

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
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

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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:

3/5/25 15:15 4.4c

Page 2 of 3

GSL CLIENT # LIT08

MICRO #

CHEM. # 250805035-06-10

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: Little Sprouts Early Learning Center Contact/Authorized by: Noreen Kilduff

Mailing Address: 127 Mill St. Phone: 973-940-3540

City/State/Zip: Newton, NJ 07860 Email: nkilduff@projectselfsufficiency.org

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATI: Little Sprouts Early Learning Center 127 Mill St. Newton, 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		Room # 410(L) - Consumption	3-4-25	6:35	✓		Lead & Copper (First Draw) 35-06	1	P	250ml	A	
X		Room # 406 - consumption	3-4-25	6:37	✓		Lead & Copper (First Draw) 35-07	1	P	250ml	A	
X		Room # 402 / non-consumption	3-4-25	6:39	✓		Lead & Copper (First Draw) 35-08	1	P	250ml	A	
X		Room # 402 / consumption	3-4-25	6:41	✓		Lead & Copper (First Draw) 35-09	1	P	250ml	A	
X		Room # 401 / consumption	3-4-25	6:43	✓		Lead & Copper (First Draw) 35-10	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 Thiosulfate 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: \$ Cp1

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

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

IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED

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>Noreen Kilduff</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 1:00pm</u>
Client/Client's Representative (PRINT): <u>Noreen Kilduff</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 1:00pm</u>
1. Received/Relinquished by (PRINT): <u>MARIE DAVIS</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 1:00pm</u>
2. Received/Relinquished by (PRINT): <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 15:15 13:00pm</u>

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:

3/5/25 15:15 4/46

Page 3 of 3

GSL CLIENT # LIT08

MICRO #

CHEM. # 250395035-11-13

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: Little Sprouts Early Learning Center Contact/Authorized by: Noreen Kilduff

Mailing Address: 127 Mill St. Phone: 973-940-3540

City/State/Zip: Newton, NJ 07860 Email: nkilduff@projectselfsufficiency.org

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATI Little Sprouts Early Learning Center 127 Mill St. Newton, 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	Room #401/non-consumption	3-4-25	6:44	✓		Lead & Copper (First Draw) 35/11	1	P	250ml	A	
X	Room #407/non-consumption	3-4-25	6:47	✓		Lead & Copper (First Draw) 35/12	1	P	250ml	A	
X	Room #407/consumption	3-4-25	6:49	✓		↓ 35/13					

⇒ 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: _____

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: \$ Cp1

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

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

IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED

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>Noreen Kilduff</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 1:00 PM</u>
Client/Client's Representative (PRINT): <u>Noreen Kilduff</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 1:00 PM</u>
1. Received/Relinquished by (PRINT): <u>MARIE DAVIS</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 1:15 PM</u>
2. Received/Relinquished by (PRINT): <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date/Time: <u>3/5/25 15:15</u>

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN