



# Garden State Laboratories, Inc.

Report Date: 03/17/2022

## Bacteriological and Chemical Testing

Toll Free 800-273-8901  
Telephone 908-688-8900  
Fax 908-688-8966  
Email: info@gsllabs.com  
Internet: www.gsllabs.com

Main Lab  
410 Hillside Avenue  
Hillside, New Jersey 07205  
NJDEP Lab Cert. #20044

Jersey Shore Lab  
54 Main Street  
Waretown, New Jersey 08758  
NJDEP Lab Cert. #15037

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: Project Self-Sufficiency  
127 Mill St.

Newton, NJ 07860

Laboratory Director:

Attention: Kate McNamara

Client Number: PRO29

Sample ID: Field Blank      Lab Sample ID: 220310069-01  
Site:      Collection Date/Time: 03/10/2022 07:11  
Matrix: Potable water      Sample Type: Grab

Analyte	Method	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	0.0021	20044	03/16/22 11:54	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/14/22 22:49	

Sample ID: Room #404; Non-Consumable      Lab Sample ID: 220310069-02  
Site:      Collection Date/Time: 03/10/2022 06:44  
Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.237 mg/l	1.3	0.0100	0.0021	20044	03/16/22 11:58	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/14/22 22:52	

Sample ID: Room #409; Consumable (Sink 1)      Lab Sample ID: 220310069-03  
Site:      Collection Date/Time: 03/10/2022 06:46  
Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.260 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:03	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:30	



Sample ID: Room #409; Consumable (Sink 2) Lab Sample ID: 220310069-04  
 Site: Collection Date/Time: 03/10/2022 06:46  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.270 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:08	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:39	

Sample ID: Room #410; Consumable (Sink 1) Lab Sample ID: 220310069-05  
 Site: Collection Date/Time: 03/10/2022 06:50  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.251 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:12	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:42	

Sample ID: Room #410; Consumable (Sink 2) Lab Sample ID: 220310069-06  
 Site: Collection Date/Time: 03/10/2022 06:50  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.265 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:17	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:45	

Sample ID: Room #402; Consumable Lab Sample ID: 220310069-07  
 Site: Collection Date/Time: 03/10/2022 07:00  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.326 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:21	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:48	

Sample ID: Room #402; Non-Consumable Lab Sample ID: 220310069-08  
 Site: Collection Date/Time: 03/10/2022 07:00  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.346 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:36	



Sample ID: Room #402; Non-Consumable      Lab Sample ID: 220310069-08  
 Site:      Collection Date/Time: 03/10/2022 07:00  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:51	

Sample ID: Room #401; Consumable      Lab Sample ID: 220310069-09  
 Site:      Collection Date/Time: 03/10/2022 07:04  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.319 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:40	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 19:54	

Sample ID: Room #407; Consumable      Lab Sample ID: 220310069-10  
 Site:      Collection Date/Time: 03/10/2022 07:05  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.336 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:45	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 20:03	

Sample ID: Room #407; Non-Consumable      Lab Sample ID: 220310069-11  
 Site:      Collection Date/Time: 03/10/2022 07:07  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.289 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:50	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 20:05	

Sample ID: Staff Restroom; Non-Consumable      Lab Sample ID: 220310069-12  
 Site:      Collection Date/Time: 03/10/2022 07:09  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.297 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:54	
Lead, Total Recoverable	EPA 200.9	1	0.00218 mg/l	0.015	0.00100	0.00055	20044	03/15/22 20:08	



Sample ID: Room #406; Consumable      Lab Sample ID: 220310069-13  
 Site:      Collection Date/Time: 03/10/2022 06:54  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.281 mg/l	1.3	0.0100	0.0021	20044	03/16/22 12:59	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/15/22 20:11	

*DF=Dilution factor; <=less than, MCL=Maximum Contaminant Level, Rep. Limit=Reporting Limit and MDL=Method Detection Limit.  
 The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 When sample is collected by Garden State Labs, it is taken in accordance with the most current Field Sampling Plan GSL.FS.  
 Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.*



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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:

3/10/22 15:56 2.2°C

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**GSL CLIENT # PRO29**

MICRO #

CHEM. # 220310069-01-05

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: Project Self-Sufficiency Contact/Authorized by: Kate McNamara  
 Mailing Address: 127 Mill St. Phone: 973-940-3500 X128  
 City/State/Zip: Newton, NJ 07860 Fax:

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION Project Self-Sufficiency - 127 Mill St., Newton, NJ 07860

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		Field Blank	3-10-22	7:11	X		Lead & Copper (First Draw)	1	P	250ml	A	069-01
X	✓	Room # 404; non-consumable	3-10-22	6:44	X		Lead & Copper (First Draw)	1	P	250ml	A	069-02
X	✓	Room # 409; Consumable (sink 1)	3-10-22	6:46	X		Lead & Copper (First Draw)	1	P	250ml	A	069-03
X	✓	Room # 409; Consumable (sink 2)	3-10-22	6:46	X		Lead & Copper (First Draw)	1	P	250ml	A	069-04
X	✓	Room # 410; Consumable (sink 1)	3-10-22	6:50	X		Lead & Copper (First Draw)	1	P	250ml	A	069-05

⇒ Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thro 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 Inosulfate H = Ascorbic Acid I = Looled Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

TURNAROUND TIME:  Standard  Rush (if RUSH REQUESTED) Rush Due by: **1 DAY AT SOONER**

SEND TO:

REPORT FORMAT:  Standard Report  Other/Specify: **VM 3/8/22**

DATE/TIME:

Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$ ~~2,000~~ **1,300**

Payment Method:  Credit Card Type:  Check # **1367**  Other:

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

**519.9°C NEOC**

**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): <b>Noreen Kilduff</b>	Signature: <i>[Signature]</i>
Client/Client's Representative (PRINT):	Signature: <i>[Signature]</i> Date/Time: <b>3-10-22 6:44am</b>
1. Received/Relinquished by (PRINT): <b>Noreen Kilduff</b>	Signature: <i>[Signature]</i> Date/Time: <b>3-10-22 10:41a</b>
2. Received/Relinquished by (PRINT): <b>V Schiavik</b>	Signature: <i>[Signature]</i> Date/Time: <b>3/10/22 15:56</b>

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:

3/10/22 15:56 2.2<sup>00</sup>

Page 2 of 3

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

GSL CLIENT # **PRO29**

### CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Project Self-Sufficiency Contact/Authorized by: Kate McNamara  
 Mailing Address: 127 Mill St. Phone: 973-940-3500 X128  
 City/State/Zip: Newton, NJ 07860 Fax:

MICRO #  
 CHEM. # **220310069-06-10**

SAMPLE REC'D BY:

- GSL FIELD SAMPLER/PICK-UP  
 PICK-UP AT DROP OFF LOCATION  
 DELIVERED BY CLIENT

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION Project Self-Sufficiency - 127 Mill St., Newton, NJ 07860

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X	✓	Room #410; Consumable (stink)	3-10-22	6:50	X		Lead & Copper (First Draw)	1	P	250ml	A	269-06
X	✓	Room #402; Consumable	3-10-22	7:00	X		Lead & Copper (First Draw)	1	P	250ml	A	269-07
X	✓	Room #402; Non-Consumable	3-10-22	7:00	X		Lead & Copper (First Draw)	1	P	250ml	A	269-08
X	✓	Room #401; Consumable	3-10-22	7:04	X		Lead & Copper (First Draw)	1	P	250ml	A	269-09
X	✓	Room #407; Consumable	3-10-22	7:05	X		Lead & Copper (First Draw)	1	P	250ml	A	269-10

\*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 Iminosulfate H=Ascorbic Acid I=Loose Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by: **3 DAY TAT or SOONER**

SEND TO:

REPORT FORMAT:  Standard Report  Other/Specify:

DATE/TIME:

Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$ See Page 1 **1300.00**

Payment Method:  Credit Card Type:  Check # **1367**  Other:

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

**519.9°C NEOC**

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): **Nareen Kiduff** Signature: *Nareen Kiduff* Date/Time: **3-10-22 6:50a**  
 Client/Client's Representative (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 1. Received/Relinquished by (PRINT): **Nyberk Reda** Signature: *Nyberk Reda* Date/Time: **3-10-22 10:29a**  
 2. Received/Relinquished by (PRINT): **Schi Pip** Signature: *Schi Pip* Date/Time: **3/10/22 15:56**

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

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FOR SAMPLE RECEIVING USE ONLY

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

3/10/22 15:56 2.2°C

Page 2 of 3

GSL CLIENT # **PRO29**

MICRO #

CHEM. # **220310069-11-13**

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: Project Self-Sufficiency Contact/Authorized by: Kate McNamara  
 Mailing Address: 127 Mill St. Phone: 973-940-3500 X128  
 City/State/Zip: Newton, NJ 07860 Fax:

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION Project Self-Sufficiency - 127 Mill St., Newton, NJ 07860

Grab	Comp.	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X	✓	Room # 407; Non-Consumable	3-10-22	7:07	X		Lead & Copper (First Draw)	1	P	250ml	A	069-11
X	✓	Staff Restroom; Non-Consumable	3-10-22	7:09	X		Lead & Copper (First Draw)	1	P	250ml	A	069-12
X	✓	Room # 406; Consumable	3-10-22	6:54	X		Lead & Copper (First Draw)	1	P	250ml	A	069-13

\*Container Type: P=Plastic G=Glass A=Amber Glass I=Sterile Thro 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=Looled Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

TURNAROUND TIME:  Standard  Rush (If RUSH REQUESTED) Rush Due by: **3 DAY TAT or SOONER**

REPORT FORMAT:  Standard Report  Other/Specify:

Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$ SEE PAGE 1 **1300.00**

Payment Method:  Credit Card Type:  Check # **1367**  Other:

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

**S19.90C NE0C**

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): **Nareen Kilduff** Signature: *[Signature]* Date/Time: **3-10-22 6:54a**  
 Client/Client's Representative (PRINT): \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: **3-10-22 10:42a**  
 1. Received/Relinquished by (PRINT): **Nareen Kilduff** Signature: *[Signature]* Date/Time: **3/10/22 15:56**  
 2. Received/Relinquished by (PRINT): **V. Schiavone** Signature: *[Signature]* Date/Time: **3/10/22 15:56**

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

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED