

State of New Jersey
Department of Children and Families
Office of Licensing

DRINKING WATER TESTING STATEMENT OF ASSURANCE

• PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM •

Name of Child Care Center: The Leaguers, Inc.		License ID: 07LEA0009
Site Address (Building # and Street): 10-12 Marshall Street		
Municipality: Irvington	County: Essex	
Sponsor/Sponsor Representative: Helen Grace-Fields		Phone #: 973-643-0300 x208
Sponsor/Sponsor Representative Email: helen_grace@theleaguers.org		
Additional Contact Person:		Phone #:
Title: Director of Facilities	Email:	

1. The center, as described above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS requiring testing for lead and copper in drinking water and provides assurance that the development and implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evidenced by our completion of the attached Drinking Water Testing Checklist.
2. The center, as described above, provided all notifications of test results consistent with the requirements of this subchapter.
3. The center, as described above, will continue to fully implement the requirements of this subchapter, including the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continue to provide bottled water and/or maintain any remedial measure or treatment unit).

CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all statements above are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	Helen Grace-Fields
Signature: Helen Grace-Fields	Helen Grace-Fields
Signature Date:	07/26/2021

State of New Jersey
Department of Children and Families
Office of Licensing

DRINKING WATER TESTING CHECKLIST

Note: This form is for child care centers that are supplied water by a community water system.

•PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM•

CHILD CARE CENTER INFORMATION

Name of Child Care Center: The Leaguers, Inc.		License ID: 07LEA0009	
Site Address of Center:	Building # and Street: 10-12 Marshall Street	Municipality: Irvington	County:
Sponsor/Sponsor Representative:		Phone Number: 973-643-0300 x208	Email:

CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER

Sampling Date(s):	SAMPLES COLLECTED BY MANDELL ENVIRONMENTAL CONSULTING 5-5-21 and 6-6-21
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 µg/L)?
15. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was use of all drinking water outlets immediately discontinued?
16. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was bottled water provided for drinking and food preparation?
17. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?
18. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) have a follow-up flush sample conducted?

19. <input type="checkbox"/> YES <input type="checkbox"/> NO	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was the local health office notified of results?
20. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1500 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date:	If a chemical treatment unit or process was installed to remedy an action level exceedance (e.g., corrosion control treatment), were additional samples collected after the installation?
25. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a mechanical process was implemented to remedy an action level exceedance (e.g., flushing program), were additional samples collected after the implementation?
27. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If no remedial action was taken, such as those indicated in 21 through 26 above, has the center implemented a written plan of action for use of bottled water for drinking and food preparation?

CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	HELEN GRACE-FIELDS
Signature:	<i>Helen Grace-Fields</i>
Signature Date:	07/26/2021

DRINKING WATER TESTING RESOURCES

List of NJ Certified Laboratories:

<https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories>

Drinking Water Outlet Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx

Types of Water Outlets:

<https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing>

Water Stagnation Vignette:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Sample Collection Vignette:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

Pre Stagnation Flushing Log:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx

Filter Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:

<http://www.nj.gov/dep/watersupply/doc/resultsletter.doc>



MANDELL ENVIRONMENTAL CONSULTING

409 MINNISINK ROAD ♦ SUITE 102 ♦ TOTOWA, NJ 07512 ♦ (973) 785-7574 ♦ FAX (973) 785-0561

Limited Water Sampling Report

Project Name: The Leaguers Head Start

Project Location: 10-12 Marshall Street, Irvington, NJ

Date of Sampling: May 5, 2021 & June 16, 2021

Limited water sampling was performed by Mandell Environmental Consulting at The Leaguers Head Start, 10-12 Marshall Street, Irvington, NJ. Water samples were collected from the kitchen sink and water cooler used by the child care center. Samples were also collected from 50% of the other indoor water faucets utilized by the child care. The samples were collected prior to water being used in the building for a minimum of 8 hours and not longer than 48 hours. The samples were collected in 250 milliliter (ml) containers accordance with New Jersey Regulations.

The samples collected were submitted for analysis to Pace Analytical, 575 Broad Hollow Road, Melville, NY 11747, certification # NY158. Samples were analyzed by Graphite Furnace AA, EPA 200.9. The following table contains the results of the sampling. The maximum contaminant level (MCL) for lead in drinking water is 15 ug/L and copper 1,300 ug/L. (Laboratory Results and sampling forms Attached).

Sample Date 05/05/2021


Sample Number	Source	Results Lead	Results Copper	Units	Pos/Neg
M-1	Outlet 2	1.3	355	ug/L	Neg.
M-2	Outlet 5	1.6	289	ug/L	Neg.
M-3	Outlet 3	37.5	224	ug/L	Pos.
M-4	Outlet 7	2.0	165	ug/L	Neg.
M-5	Outlet 8	<1.0	117	ug/L	Neg.
M-6	Water Cooler	<1.0	<2.0	ug/L	Neg.
M-7	Portable Sink	<1.0	143	ug/L	Neg.

Sample Date 05/05/2021

Sample Number	Source	Results Lead	Results Copper	Units	Pos/Neg
10-1	Outlet 3	16.1	403	ug/L	Pos.
10-2	Outlet 3 Flush	2.0	79.5	ug/L	Neg.

The laboratory results show that one of the samples was found to exceed the lead in drinking water action level of 15 ug/L and copper 1,300 ug/L. The sample was collected from outlet #3. This outlet is for hand washing by kitchen staff only. Follow up flush sampling was performed and the result did not exceed the thresholds. Sampling forms and diagram are attached.

Sampling Performed by: Stuart Casciano
NJ Lead Inspector/Risk Assessor
Mandell Environmental Consulting
409 Minnisink Road, Suite 102
Totowa, NJ 07512

Signed:  Date: 7-18-2021

May 12, 2021

Stuart Casciano
Mandell Environmental Consulting
409 Minnisink Road
Suite 102
Totowa, NJ 07512

RE: Project: THE LEAGUERS HEAD START 5/5
Pace Project No.: 70172215

Dear Stuart Casciano:

Enclosed are the analytical results for sample(s) received by the laboratory on May 07, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Melville

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Kimberley M. Mack
kimberley.mack@pacelabs.com
(631)694-3040
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: THE LEAGUERS HEAD START 5/5
Pace Project No.: 70172215

Pace Analytical Services Long Island

Virginia Certification # 460302
Delaware Certification # NY10478
Delaware Certification # NY10478
575 Broad Hollow Rd, Melville, NY 11747
New York Certification #: 10478 Primary Accrediting Body
New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350
Connecticut Certification #: PH-0435
Maryland Certification #: 208
Rhode Island Certification #: LAO00340
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5

Pace Project No.: 70172215

Sample: M-1 OUTLET 2		Lab ID: 70172215001	Collected: 05/05/21 14:00	Received: 05/07/21 10:00	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	355	ug/L	2.0	1		05/12/21 10:09	7440-50-8	M1
Lead	1.3	ug/L	1.0	1		05/12/21 10:09	7439-92-1	

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5
Pace Project No.: 70172215

Sample: M-2 OUTLET 5		Lab ID: 70172215002	Collected: 05/05/21 14:00	Received: 05/07/21 10:00	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	289	ug/L	2.0	1		05/12/21 10:12	7440-50-8	
Lead	1.6	ug/L	1.0	1		05/12/21 10:12	7439-92-1	

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5
Pace Project No.: 70172215

Sample: M-3 OUTLET 3		Lab ID: 70172215003	Collected: 05/05/21 14:00	Received: 05/07/21 10:00	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	224	ug/L	2.0	1		05/12/21 10:13	7440-50-8	
Lead	37.5	ug/L	1.0	1		05/12/21 10:13	7439-92-1	

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5

Pace Project No.: 70172215

Sample: M-4 OUTLET 7		Lab ID: 70172215004	Collected: 05/05/21 14:00	Received: 05/07/21 10:00	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	165	ug/L	2.0	1		05/12/21 10:14	7440-50-8	
Lead	2.0	ug/L	1.0	1		05/12/21 10:14	7439-92-1	

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5

Pace Project No.: 70172215

Sample: M-5 OUTLET 8		Lab ID: 70172215005	Collected: 05/05/21 14:00		Received: 05/07/21 10:00		Matrix: Drinking Water	
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	117	ug/L	2.0	1		05/12/21 10:17	7440-50-8	
Lead	<1.0	ug/L	1.0	1		05/12/21 10:17	7439-92-1	

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5

Pace Project No.: 70172215

Sample: M-6 WATER COOLER		Lab ID: 70172215006	Collected: 05/05/21 14:00	Received: 05/07/21 10:00	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	<2.0	ug/L	2.0	1		05/12/21 10:18	7440-50-8	
Lead	<1.0	ug/L	1.0	1		05/12/21 10:18	7439-92-1	

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ANALYTICAL RESULTS

Project: THE LEAGUERS HEAD START 5/5

Pace Project No.: 70172215

Sample: M-7 PORTABLE SINK		Lab ID: 70172215007	Collected: 05/05/21 14:00	Received: 05/07/21 10:00	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Melville						
Copper	143	ug/L	2.0	1		05/12/21 10:19	7440-50-8	
Lead	<1.0	ug/L	1.0	1		05/12/21 10:19	7439-92-1	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: THE LEAGUERS HEAD START 5/5
Pace Project No.: 70172215

QC Batch:	208158	Analysis Method:	EPA 200.8
QC Batch Method:	EPA 200.8	Analysis Description:	200.8 MET No Prep Drinking Water
		Laboratory:	Pace Analytical Services - Melville

Associated Lab Samples: 70172215001, 70172215002, 70172215003, 70172215004, 70172215005, 70172215006, 70172215007

METHOD BLANK: 1035966 Matrix: Water
Associated Lab Samples: 70172215001, 70172215002, 70172215003, 70172215004, 70172215005, 70172215006, 70172215007

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Copper	ug/L	<2.0	2.0	05/12/21 10:08	
Lead	ug/L	<1.0	1.0	05/12/21 10:08	

LABORATORY CONTROL SAMPLE: 1035967

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	50	48.7	97	85-115	
Lead	ug/L	50	51.3	103	85-115	

MATRIX SPIKE SAMPLE: 1035969

Parameter	Units	70172215001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	355	50	384	57	70-130	M1
Lead	ug/L	1.3	50	53.1	103	70-130	

MATRIX SPIKE SAMPLE: 1035971

Parameter	Units	70172217004 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	11.2	50	56.8	91	70-130	
Lead	ug/L	<1.0	50	54.8	108	70-130	

SAMPLE DUPLICATE: 1035968

Parameter	Units	70172215001 Result	Dup Result	RPD	Qualifiers
Copper	ug/L	355	351	1	
Lead	ug/L	1.3	1.3	2	

SAMPLE DUPLICATE: 1035970

Parameter	Units	70172217004 Result	Dup Result	RPD	Qualifiers
Copper	ug/L	11.2	11.2	1	
Lead	ug/L	<1.0	<1.0		

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: THE LEAGUERS HEAD START 5/5
Pace Project No.: 70172215

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.
ND - Not Detected at or above adjusted reporting limit.
TNTC - Too Numerous To Count
J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.
MDL - Adjusted Method Detection Limit.
PQL - Practical Quantitation Limit.
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.
S - Surrogate
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable.
SG - Silica Gel - Clean-Up
U - Indicates the compound was analyzed for, but not detected.
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.
TNI - The NELAC Institute.

ANALYTE QUALIFIERS

M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: THE LEAGUERS HEAD START 5/5

Pace Project No.: 70172215


Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
70172215001	M-1 OUTLET 2	EPA 200.8	208158		
70172215002	M-2 OUTLET 5	EPA 200.8	208158		
70172215003	M-3 OUTLET 3	EPA 200.8	208158		
70172215004	M-4 OUTLET 7	EPA 200.8	208158		
70172215005	M-5 OUTLET 8	EPA 200.8	208158		
70172215006	M-6 WATER COOLER	EPA 200.8	208158		
70172215007	M-7 PORTABLE SINK	EPA 200.8	208158		

REPORT OF LABORATORY ANALYSIS

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CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Section A: Required Client Information: Company: MANDELL ENVIRONMENTAL Address: 409 MUSKOGEE ROAD City: SUITE 102, TOTALING, MS 38792 Email: MANDELL@ENVIRONMENTAL.COM Phone: 662-785-5574 Fax: 662-785-5571 Requested Date: 5 DAY		Section B: Required Project Information: Report To: MANDELL ENV. Copy To: Purchase Order No: Project Name: THE LOGANES ROAD SITE Project Number: 10-12 MADISON STREET Project Location: IRVINGTON, NJ		Section C: Invoice Information: Attention: Company Name: MANDELL ENV. Address: SAME Place Equip. Returned: Place Project Completed: Place Profile It:		Section D: Requested Client Information: Matrix Codes: DW, WT, WW, P, SL, OL, WP, AR, TO, OT Drinking Water, Water, Waste Water, Product, Solid, Oil, Wipe, Air, Tissue, Other SAMPLE ID: (4-2, 0-9 / A) Sample IDs MUST BE UNIQUE																																																																																																																																																																																																																	
Section E: Regulatory Agency: NPDES <input type="checkbox"/> GROUND WATER <input checked="" type="checkbox"/> DRINKING WATER UST <input type="checkbox"/> RORA <input type="checkbox"/> OTHER <input type="checkbox"/>		Regulatory Agency: MANDELL ENV. State: NJ		Page Project No./ Lab I.D.:																																																																																																																																																																																																																			
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<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">ITEM #</th> <th rowspan="2">SAMPLE ID</th> <th rowspan="2">MATRIX CODE</th> <th rowspan="2">SAMPLE TYPE (Grab or Comp)</th> <th colspan="2">COLLECTED</th> <th rowspan="2">DATE</th> <th rowspan="2">TIME</th> <th rowspan="2">DATE</th> <th rowspan="2">TIME</th> <th rowspan="2">DATE</th> <th rowspan="2">TIME</th> <th rowspan="2">ACCEPTED BY / AFFILIATION</th> <th rowspan="2">DATE</th> <th rowspan="2">TIME</th> <th rowspan="2">SAMPLE CONDITIONS</th> </tr> <tr> <th>COMPOSITE START</th> <th>COMPOSITE END/GRAB</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>M-1</td> <td>OUTLET 2</td> <td>DW</td> <td>5-5-21</td> <td>2:00 PM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>M-2</td> <td>OUTLET 5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>M-3</td> <td>OUTLET 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>M-4</td> <td>OUTLET 7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>M-5</td> <td>OUTLET 8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>M-6</td> <td>WATER COOL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>M-7</td> <td>PORTABLE SINK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE (Grab or Comp)	COLLECTED		DATE	TIME	DATE	TIME	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS	COMPOSITE START	COMPOSITE END/GRAB	1	M-1	OUTLET 2	DW	5-5-21	2:00 PM											2	M-2	OUTLET 5														3	M-3	OUTLET 3														4	M-4	OUTLET 7														5	M-5	OUTLET 8														6	M-6	WATER COOL														7	M-7	PORTABLE SINK														8																9																10																11																12															
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Section F: Additional Comments: RELINQUISHED BY / AFFILIATION: <i>[Signature]</i> DATE: 5-5-21 ACCEPTED BY / AFFILIATION: <i>[Signature]</i> DATE: 5/14/21 TIME: 12:00																																																																																																																																																																																																																							
Section G: Sampler Name and Signature: SAMP: SNIPET CASANOVA PRINT Name of SAMPLER: <i>[Signature]</i> SIGNATURE of SAMPLER: <i>[Signature]</i> DATE SIGNED (MM/DD/YYYY): 5-5-2024																																																																																																																																																																																																																							
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Custody Sealed Cooler (Y/N):																																																																																																																																																																																																																							
Samples Intact (Y/N):																																																																																																																																																																																																																							

Sample Condition Upon Receipt

WO#: 70172215

Pace Analytical®

Client Name:

MEC

Project

PM: KMM

Due Date: 05/14/21

CLIENT: MEC

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.0

Cooler Temperature(°C): 4.0

Cooler Temperature Corrected(°C): 4.0

Temperature Blank Present: ☐ Yes ☒ NoType of Ice: ☒ Ice Blue None☐ Samples on ice, cooling process has begun

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☒ N/A, water sample)

Date and Initials of person examining contents: KW 5/1/21

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source

NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ Yes ☐ Noincluding Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

				COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		7.
Sufficient Volume: (Triple volume provided for)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		12.
-Includes date/time/ID, Matrix: SL <input checked="" type="checkbox"/> OIL				
All containers needing preservation have been checked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # 148894				Sample #
All containers needing preservation are found to be in compliance with method recommendation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
(HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide)				
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).				Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis				
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #				
Residual chlorine strips Lot #				
SM 4500 CN samples checked for sulfide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	15.
Lead Acetate Strips Lot #				
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	17.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:



Pace Analytical Services, LLC
575 Broad Hollow Road
Melville, NY 11747
(631)694-3040

July 01, 2021

Stuart Casciano
Mandell Environmental Consulting
409 Minnisink Road
Suite 102
Totowa, NJ 07512

RE: Project: PB/CU 6/16
Pace Project No.: 70178312

Dear Stuart Casciano:

Enclosed are the analytical results for sample(s) received by the laboratory on June 24, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:
• Pace Analytical Services - Ormond Beach

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Kimberley M. Mack
kimberley.mack@pacelabs.com
(631)694-3040
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, LLC
575 Broad Hollow Road
Melville, NY 11747
(631)694-3040

CERTIFICATIONS

Project: PB/CU 6/16
Pace Project No.: 70178312

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236

Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

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575 Broad Hollow Road
Melville, NY 11747
(631)694-3040

SAMPLE ANALYTE COUNT

Project: PB/CU 6/16

Pace Project No.: 70178312

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
70178312001	10-1 OUTLET 3	EPA 200.8	SLG	2	PASI-O
70178312002	10-2 OUTLET 3 FLUSH	EPA 200.8	SLG	2	PASI-O

PASI-O = Pace Analytical Services - Ormond Beach

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Melville, NY 11747
(631)694-3040

ANALYTICAL RESULTS

Project: PB/CU 6/16

Pace Project No.: 70178312

Sample: 10-1 OUTLET 3		Lab ID: 70178312001	Collected: 06/16/21 12:00	Received: 06/24/21 19:45	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Ormond Beach						
Copper	403	ug/L	1.0	1		06/30/21 19:40	7440-50-8	
Lead	16.1	ug/L	1.0	1		06/30/21 19:40	7439-92-1	

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575 Broad Hollow Road
Melville, NY 11747
(631)694-3040

ANALYTICAL RESULTS

Project: PB/CU 6/16

Pace Project No.: 70178312

Sample: 10-2 OUTLET 3 FLUSH		Lab ID: 70178312002	Collected: 06/16/21 12:00	Received: 06/24/21 19:45	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8 Pace Analytical Services - Ormond Beach						
Copper	79.5	ug/L	1.0	1		06/30/21 19:42	7440-50-8	
Lead	2.0	ug/L	1.0	1		06/30/21 19:42	7439-92-1	

REPORT OF LABORATORY ANALYSIS

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Date: 07/01/2021 10:28 AM

Page 5 of 10

QUALITY CONTROL DATA

Project: PB/CU 6/16

Pace Project No.: 70178312

QC Batch: 741926

Analysis Method: EPA 200.8

QC Batch Method: EPA 200.8

Analysis Description: 200.8 MET No Prep Drinking Water

Laboratory: Pace Analytical Services - Ormond Beach

Associated Lab Samples: 70178312001, 70178312002

METHOD BLANK: 4048251

Matrix: Water

Associated Lab Samples: 70178312001, 70178312002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Copper	ug/L	<1.0	1.0	06/30/21 20:04	
Lead	ug/L	<1.0	1.0	06/30/21 20:04	

LABORATORY CONTROL SAMPLE: 4048252

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	50	53.3	107	85-115	
Lead	ug/L	50	53.0	106	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 4048247 4048248

Parameter	Units	70178309001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	351	50	50	395	399	88	97	70-130	1	
Lead	ug/L	<1.0	50	50	54.9	55.3	108	109	70-130	1	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 4048249 4048250

Parameter	Units	70178313009 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
Copper	ug/L	949	50	50	988	1020	79	136	70-130	3 E,M1	
Lead	ug/L	2.8	50	50	56.5	56.2	107	107	70-130	1	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: PB/CU 6/16
Pace Project No.: 70178312

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.
ND - Not Detected at or above adjusted reporting limit.
TNTC - Too Numerous To Count
J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.
MDL - Adjusted Method Detection Limit.
PQL - Practical Quantitation Limit.
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.
S - Surrogate
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable.
SG - Silica Gel - Clean-Up
U - Indicates the compound was analyzed for, but not detected.
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.
TNI - The NELAC Institute.

ANALYTE QUALIFIERS

E Analyte concentration exceeded the calibration range. The reported result is estimated.
M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, LLC
575 Broad Hollow Road
Melville, NY 11747
(631)694-3040

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: PB/CU 6/16

Pace Project No.: 70178312

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
70178312001	10-1 OUTLET 3	EPA 200.8	741926		
70178312002	10-2 OUTLET 3 FLUSH	EPA 200.8	741926		

REPORT OF LABORATORY ANALYSIS

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WO#: 70178312



CHAIN-OF-CUSTODY / Analytical Request Document

a Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Section A Requestor Client Information:		Section C Invoice Information:	
Company: DAVIDSON ENVIRONMENTAL	Report To: DAVIDSON ENVIRONMENTAL	Attention: DAVIDSON ENVIRONMENTAL	Page: 1 of 2
Address: 102 TOWSON ROAD	Copy To: DAVIDSON ENVIRONMENTAL	Company Name: DAVIDSON ENVIRONMENTAL	Page Project No./ Lab ID: 2054209
City: SPRINGFIELD	State: MD	Address: 102 TOWSON ROAD	REGULATORY AGENCY
Zip: 21151	Phone: 410-778-7574	City: SPRINGFIELD	<input type="checkbox"/> NPDES <input type="checkbox"/> GROUND WATER <input checked="" type="checkbox"/> DRINKING WATER
Requested Date: 6/16/21	Project Name: The Leaguers Head Start	State: MD	<input type="checkbox"/> UST <input type="checkbox"/> RCRA <input type="checkbox"/> OTHER
	Project Number: 10-12 Marshall St	Site Location: 10-12 Marshall St	
		State: MD	

ITEM #	Matrix Codes Drinking Water Waste Water Wastewater Sewage Oil Air Tissue Other	Matrix Code (see void code to left)	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives Unpreserved H ₂ SO ₄ HNO ₃ HCl NaOH Na ₂ S ₂ O ₃ Methanol Other	Analysis Test Leak Leak Leak	Requested Analysis, Filtered (Y/N)	Temp in °C	Received on	Custody Sealed Cooler	Samples In/Out
			DATE	TIME									
1	10-1 Outlet 3	DG	6-16-21	12pm	1	1							
2	10-2 Outlet 3 (Flush)	DG	6-16-21	12pm	1	1							
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
<i>[Signature]</i>	6-16-21	4pm	<i>[Signature]</i>	6-16-21	16:30	
<i>[Signature]</i>	6-16-21	19:45	<i>[Signature]</i>	6-16-21	14:45	

SAMPLER NAME AND SIGNATURE	
PRINT Name of SAMPLER: <i>[Signature]</i>	DATE Signed (MM/DD/YYYY): 6-16-21
SIGNATURE of SAMPLER: <i>[Signature]</i>	



Sample Condition Upon Receipt

WO#: 70178312

Client Name:

Project

PM: KMH

Due Date: 07/12/21

CLIENT: MEC

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.0

Cooler Temperature(°C): 21.0

Cooler Temperature Corrected(°C): 21.0

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: KJ 6/24/21

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source

NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ Yes ☒ Noincluding Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

				COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		7.
Sufficient Volume: (Triple volume provided for)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		12.
-Includes date/time/ID, Matrix: SL WT OIL				
All containers needing preservation have been checked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # HCSS68				Sample #
All containers needing preservation are found to be in compliance with method recommendation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
(HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)				
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).				Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis				
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #				
Residual chlorine strips Lot #				
SM 4500 CN samples checked for sulfide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	15.
Lead Acetate Strips Lot #				
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	17.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

(Complete for each school)

CHILD CARD

Grade Levels: _____ Year School Constructed: _____ Renovated/Additions: _____

Individual school project officer Name/Signature:

Date Completed:

#	Type	Location	Code	Operational ² (Y/N)	Signs of Corrosion ³ (Y/N)	Filter ⁴ (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/ Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Cooling Coil ⁵
											Make	Model	
1	IWF	BOYS BATH		YES	N	2	2	N	2	3			
2	"	"											
3	"	KITCHEN											
4	"	STAFF BATH											
5	"	GIRLS BATH											
6	"	"											
ME-1	FP	KITCHEN											
ME-2	FP	"											
WC-1	OFFICE	WC											
7	IWC	CLASS 2		X	2	2	2	2	2	Y	ALPINE	03G700K	

IWF - INDOOR WATER FAUCET
 FP - FOOD PREPARATION

WC-WATER COOLER

¹ Number outlets starting at the closest outlet to the Point of Entry (POE).

- 2 Document if permanently or temporarily out of service on the Attachment B- Plumbing Profile.

³ Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.

⁴ Document on Attachment D- Filter Inventory.

(Complete for each school)





Grade Levels: _____

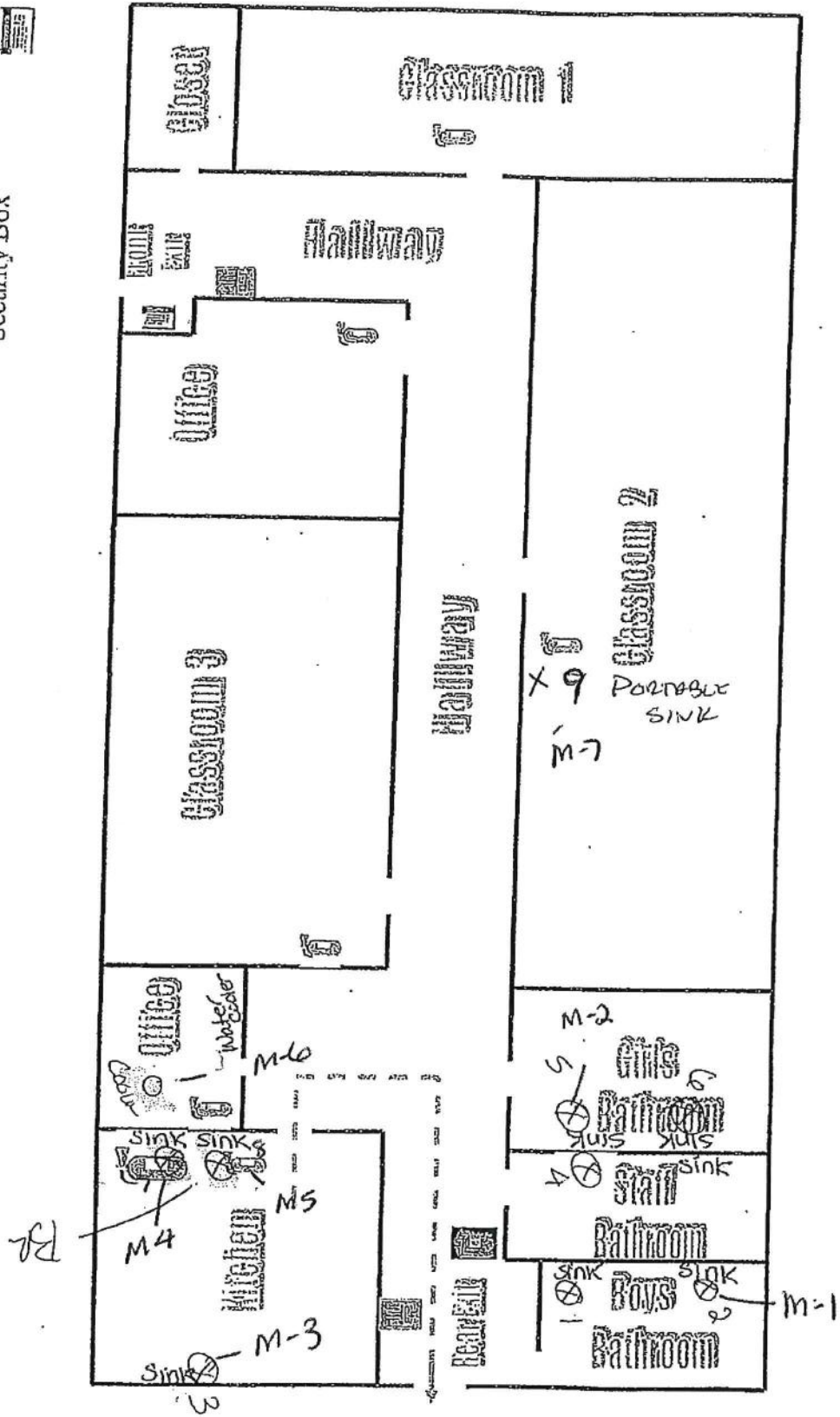
Address: 10-12 MARSHALL STREET IRVINGTON NJ

Individual School Project Officer Signature: _____ Date: _____

[illegible]

10-12 Marshall Evacuation Plans

-  Fire extinguisher
-  Alarm Box
-  Pull Station
-  Security Box



State of New Jersey
Department of Children and Families
Office of Licensing

DRINKING WATER TESTING CHECKLIST

Note: This form is for child care centers that are supplied water by a community water system.
•PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM•

CHILD CARE CENTER INFORMATION

Name of Child Care Center: THE LEAGUES HEAD START		License ID:	
Site Address of Center:	Building # and Street: 10-12 MARSHALL STREET	Municipality: IRVINGTON	County: ESSSEX
Sponsor/Sponsor Representative:		Phone Number:	Email:

CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER

Sampling Date(s):	5-5-2021, 6-16-2021
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 µg/L)?
15. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was use of all drinking water outlets immediately discontinued?
16. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was bottled water provided for drinking and food preparation?
17. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) have a follow-up flush sample conducted?
19. <input type="checkbox"/> YES <input type="checkbox"/> NO	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was the local health office notified of results?
20. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date:	If a chemical treatment unit or process was installed to remedy an action level exceedance (e.g., corrosion control treatment), were additional samples collected after the installation?
25. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a mechanical process was implemented to remedy an action level exceedance (e.g., flushing program), were additional samples collected after the implementation?
27. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If no remedial action was taken, such as those indicated in 21 through 26 above, has the center implemented a written plan of action for use of bottled water for drinking and food preparation?

CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	
Signature:	
Signature Date:	

DRINKING WATER TESTING RESOURCES
<p>Schools - Lead Sampling Information http://www.nj.gov/dep/watersupply/schools.htm</p> <p>Lead Sampling in Schools Technical Guidance FAQs http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf</p> <p>3Ts for Reducing Lead in Drinking Water: Testing https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing</p> <p>Quick Reference Guide Sampling For Lead in Drinking Water in Schools: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf</p> <p>List of NJ Certified Laboratories: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories</p> <p>Drinking Water Outlet Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx</p> <p>Sampling Water Use Certification: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx</p> <p>Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx</p> <p>Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc</p>