

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: <i>The Leaguers, Inc.</i>		License ID: <i>07LEA0008</i>
Site Address (Building # and Street): <i>731 Clinton Avenue</i>		
Municipality: <i>Newark</i>	County: <i>ESSEX</i>	
Sponsor/Sponsor Representative: <i>Helen Grace-Fields</i>		Phone #: <i>973-643-0300x208</i>
Sponsor/Sponsor Representative Email: <i>helen-grace@theleaguers.org</i>		
Additional Contact Person: <i>Precious Waters</i>		Phone #: <i>973-643-0300</i>
Title: <i>Facilities Coordinator</i>	Email: <i>Precious-Waters@theleaguers.org</i>	

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)	<i>Helen Grace-Fields</i>
Signature:	<i>Helen Grace-Fields</i>
Signature Date:	<i>8/13/2020</i>

## 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: 07LEA0008	
Site Address of Center:	Building # and Street: 731 Clinton Avenue	Municipality: Newark	County: Essex
Sponsor/Sponsor Representative: Helen Grace - Fields		Phone Number: 973-643-0300 x208	Email: helen_grace@theleaguers.org

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

Sampling Date(s):	SAMPLES COLLECTED BY MANDELL ENVIRONMENTAL CONSULTING
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?
<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? <b>Please attach copies.</b>
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 µg/L)?
15. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input checked="" 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 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 type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input checked="" 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:	Helen Grace-Fields	Digitally signed by Helen Grace-Fields Date: 2020.08.13 15:28:34 -04'00'
Signature Date:	August 31, 2019	

### 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](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](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](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](http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx)

Results Letter Template:

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

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•**

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Sponsor/Sponsor Representative: Helen Grace-Fields		Phone Number: 973-643-0300 x208	Email: helen_grace@theleaguers.org

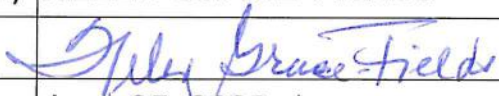
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14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 µg/L)?
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**CERTIFICATION:** By signing below, the **Sponsor or Sponsor Representative** certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	HELEN GRACE-FIELDS
Signature:	
Signature Date:	June 25, 2020

### 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](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](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](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](http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx)

Results Letter Template:

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



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## MANDELL ENVIRONMENTAL CONSULTING

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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: 731 Clinton Avenue, Newark, NJ

Date of Sampling: June 25, 2020

Limited water sampling was performed by Mandell Environmental Consulting at The Leaguers Head Start, 731 Clinton Avenue, Newark, NJ. Water samples were collected from the water cooler and kitchen 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 06/25/2020

Sample Number	Source	Results Lead	Results Copper	Units	Pos/Neg
L-1	Water Cooler	<1.0	<2.00	Ug/L	Neg.
L-2	Kitchen Outlet 2	2.4	91.2	ug/L	Neg.
L-3	Outlet 3	5.0	151	ug/L	Neg.
L-4	Outlet 5	5.2	128	ug/L	Neg.
L-5	Outlet 6	7.2	144	ug/L	Neg.
L-6	Outlet 9	2.3	199	ug/L	Neg.
L-7	Outlet 12	6.3	278	ug/L	Neg.

The laboratory results show that none of the samples were found to exceed the lead in drinking water action level of 15 ug/L and copper 1,300 ug/L. 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: 7-24-2020



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

July 21, 2020

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

RE: Project: THE LEAGUES HEAD START 6/25  
Pace Project No.: 70137172

Dear Stuart Casciano:

Enclosed are the analytical results for sample(s) received by the laboratory on July 07, 2020. 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,

Jennifer Aracri  
jennifer.aracri@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: THE LEAGUES HEAD START 6/25  
Pace Project No.: 70137172

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### Pace Analytical Services Long Island

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

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Melville, NY 11747  
(631)694-3040

### ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-1 WATER COOLER		Lab ID: 70137172001	Collected: 06/25/20 10:20	Received: 07/07/20 15:20	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		07/20/20 15:33	7440-50-8	
Lead	<1.0	ug/L	1.0	1		07/20/20 15:33	7439-92-1	

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## ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-2 KITCHEN OUTLET 2		Lab ID: 70137172002	Collected: 06/25/20 10:20		Received: 07/07/20 15:20		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	91.2	ug/L	2.0	1		07/20/20 15:34	7440-50-8	
Lead	2.4	ug/L	1.0	1		07/20/20 15:34	7439-92-1	

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Melville, NY 11747  
(631)694-3040

## ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-3 OUTLET 3      Lab ID: 70137172003      Collected: 06/25/20 10:20      Received: 07/07/20 15:20      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	151	ug/L	2.0	1		07/20/20 15:35	7440-50-8	
Lead	5.0	ug/L	1.0	1		07/20/20 15:35	7439-92-1	

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Melville, NY 11747  
(631)694-3040

## ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-4 OUTLET 5		Lab ID: 70137172004		Collected: 06/25/20 10:20		Received: 07/07/20 15:20		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	128	ug/L	2.0	1		07/20/20 15:36	7440-50-8		
Lead	5.2	ug/L	1.0	1		07/20/20 15:36	7439-92-1		

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Melville, NY 11747  
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## ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-5 OUTLET 6		Lab ID: 70137172005	Collected: 06/25/20 10:20	Received: 07/07/20 15:20	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	144	ug/L	2.0	1		07/20/20 15:37	7440-50-8	
Lead	7.2	ug/L	1.0	1		07/20/20 15:37	7439-92-1	

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Melville, NY 11747  
(631)694-3040

## ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-6 OUTLET 9		Lab ID: 70137172006	Collected: 06/25/20 10:20	Received: 07/07/20 15:20	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	199	ug/L	2.0	1		07/20/20 15:38	7440-50-8	
Lead	2.3	ug/L	1.0	1		07/20/20 15:38	7439-92-1	

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## ANALYTICAL RESULTS

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Sample: L-7 OUTLET 12		Lab ID: 70137172007	Collected: 06/25/20 10:20	Received: 07/07/20 15:20	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	278	ug/L	2.0	1		07/20/20 15:42	7440-50-8	
Lead	6.3	ug/L	1.0	1		07/20/20 15:42	7439-92-1	

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

QC Batch: 169223

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: 70137172001, 70137172002, 70137172003, 70137172004, 70137172005, 70137172006

METHOD BLANK: 817995

Matrix: Water

Associated Lab Samples: 70137172001, 70137172002, 70137172003, 70137172004, 70137172005, 70137172006

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Copper	ug/L	<2.0	2.0	07/20/20 15:11	
Lead	ug/L	<1.0	1.0	07/20/20 15:11	

LABORATORY CONTROL SAMPLE: 817996

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	50	51.8	104	85-115	
Lead	ug/L	50	54.8	110	85-115	

MATRIX SPIKE SAMPLE: 817998

Parameter	Units	70137168001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	316	50	359	85	70-130	
Lead	ug/L	<1.0	4	5.5	118	70-130	

MATRIX SPIKE SAMPLE: 818000

Parameter	Units	70137170007 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	<2.0	50	54.6	109	70-130	
Lead	ug/L	<1.0	4	5.0	118	70-130	

SAMPLE DUPLICATE: 817997

Parameter	Units	70137168001 Result	Dup Result	RPD	Qualifiers
Copper	ug/L	316	311	2	
Lead	ug/L	<1.0	<1.0		

SAMPLE DUPLICATE: 817999

Parameter	Units	70137170007 Result	Dup Result	RPD	Qualifiers
Copper	ug/L	<2.0	<2.0		
Lead	ug/L	<1.0	<1.0		

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### 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

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

QC Batch: 169224

QC Batch Method: EPA 200.8

Analysis Method: EPA 200.8

Analysis Description: 200.8 MET No Prep Drinking Water

Laboratory: Pace Analytical Services - Melville

Associated Lab Samples: 70137172007

METHOD BLANK: 818001

Matrix: Water

Associated Lab Samples: 70137172007

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Copper	ug/L	<2.0	2.0	07/20/20 15:39	
Lead	ug/L	<1.0	1.0	07/20/20 15:39	

LABORATORY CONTROL SAMPLE: 818002

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	50	49.3	99	85-115	
Lead	ug/L	50	52.4	105	85-115	

MATRIX SPIKE SAMPLE: 818005

Parameter	Units	70137172007 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	278	50	330	104	70-130	
Lead	ug/L	6.3	4	11.1	120	70-130	

MATRIX SPIKE SAMPLE: 818007

Parameter	Units	70137877002 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Copper	ug/L	320	50	368	96	70-130	
Lead	ug/L	11.6	4	16.3	118	70-130	

SAMPLE DUPLICATE: 818004

Parameter	Units	70137172007 Result	Dup Result	RPD	Qualifiers
Copper	ug/L	278	283	2	
Lead	ug/L	6.3	6.3	0	

SAMPLE DUPLICATE: 818006

Parameter	Units	70137877002 Result	Dup Result	RPD	Qualifiers
Copper	ug/L	320	330	3	
Lead	ug/L	11.6	11.8	1	

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

## QUALIFIERS

Project: THE LEAGUES HEAD START 6/25  
Pace Project No.: 70137172

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### 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.

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

### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: THE LEAGUES HEAD START 6/25

Pace Project No.: 70137172

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
70137172001	L-1 WATER COOLER	EPA 200.8	169223		
70137172002	L-2 KITCHEN OUTLET 2	EPA 200.8	169223		
70137172003	L-3 OUTLET 3	EPA 200.8	169223		
70137172004	L-4 OUTLET 5	EPA 200.8	169223		
70137172005	L-5 OUTLET 6	EPA 200.8	169223		
70137172006	L-6 OUTLET 9	EPA 200.8	169223		
70137172007	L-7 OUTLET 12	EPA 200.8	169224		

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CHAIN-OF-CUSTODY / Analytical  
The Chain-of-Custody is a LEGAL DOCUMENT. /

WO#: 70137172

Section A  
Required Client Information:  
Company: MANDELL ENVIRONMENTAL  
Address: 409 MINNESOTA ROAD  
SUITE 103, TOTOWAUNG, NJ 07068  
Email To: MANDELL.ENV@GMAIL.COM  
Phone: 973-785-0574  
Fax: 973-785-0574  
Requested Due Date/TIME: 5 DAY

Section B  
Required Project Information:  
Report To: MANDELL ENV.  
Copy To:  
Purchase Order No.:  
Project Name: THE LEXINGTON HOLD STMT  
Project Number: 731 CUNTON AVE, NEWARK, NJ

Section C  
Invoice Information:  
Attention:  
Company Name: MANDELL ENV.  
Address: SAME  
Page Code: 2054211  
Page Project Manager:  
Page Profile #:

REGULATORY AGENCY  
☐ NPDES ☐ GROUND WATER ☒ DRINKING WATER  
☐ UST ☐ RORA ☐ OTHER

Site Location: NJ  
STATE: NJ

Section D Required Client Information		Matrix Codes MATRIX CODE Drinking Water Water Waste Water Product Solid Oil Wipo Air Tissue Other		MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G-RAB C-COMP)	COLLECTED		SAMPLE TEMP AT COLLECTION		# OF CONTAINERS		Preservatives										Analysis Test		Requested Analysis Filtered (Y/N)										Residual Chlorine (Y/N)		Page Project No./ Lab I.D.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
ITEM #	SAMPLE ID (A-Z, 0-9, /, -) Sample IDs MUST BE UNIQUE	DW	WT	WW	P	SL	OL	WP	AR	TS	OT	DATE	TIME	DATE	TIME	COMPOSITE START	COMPOSITE END/GRAB	Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Methanol	Other	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N</

ADDITIONAL COMMENTS

RELINQUISHED BY / AFFILIATION: [Signature] DATE: 7-6-2020

ACCEPTED BY / AFFILIATION: [Signature] DATE: 7-7-20 1245

Temp in °C: 7/12/20 25.20 20.1

Received on: 7/12/20 25.20 20.1

Custody Sealed Cooler (Y/N)

Samples Intact (Y/N)

DATE SIGNED: 6-30-2020

DATE SIGNED (MM/DD/YY): 6-30-2020

SAMPLER NAME AND SIGNATURE: [Signature]

PRINT Name of SAMPLER: SUZANNE CASCIANO

SIGNATURE of SAMPLER: [Signature]

ORIGINAL

\*Important Note: By signing this form you are accepting Face's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within an date





## Sample Condition Upon Receipt

Client Name: \_\_\_\_\_

Proje \_\_\_\_\_

WO#: 70137172

PM: JSA

Due Date: 07/21/20

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: +0.4

Temperature Blank Present: ☐ Yes ☒ NoType of Ice: Wet Blue ☒ None

Cooler Temperature (°C): 20.1

Cooler Temperature Corrected (°C): 20.5

☐ 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: HJR 7/1/20

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally, including 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 MS/MSD):	<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/Analysis 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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # HC904495				Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).				
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.
KI starch test strips Lot #				
Residual chlorine strips Lot #				Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>5mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	16.
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: \_\_\_\_\_

\* PM (Project Manager) review is documented electronically in LIMS.

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# Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: THE LEAGUERS HEAD START Address: 731 CLINTON AVENUE

NEWARK NJ.

Grade Levels: \_\_\_\_\_ Year School Constructed: \_\_\_\_\_ Renovated/Additions: \_\_\_\_\_

Individual school project officer Name/Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

#	Type	Location	Code	Operational <sup>2</sup> (Y/N)	Signs of Corrosion <sup>3</sup> (Y/N)	Filter <sup>4</sup> (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/ Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler	Co
1	WC	LOUNGE		Y	N	N	N	N	N	Y	ELWAY	EZ FSE
2	FP	KITCHEN		Y	N	N	N	N	N	N		
3	IWF	HALLWAY		Y	N	N	N	N	N	N		
4		LADIES RM		Y	N	N	N	N	N	N		
5		"		Y	N	N	N	N	N	N		
6		"		Y	N	N	N	N	N	N		
7		"		Y	N	N	N	N	N	N		
8		WASH RM		Y	N	N	N	N	N	N		
9		MENS RM		Y	N	N	N	N	N	N		
10		"		Y	N	N	N	N	N	N		
11		"		Y	N	N	N	N	N	N		

WC - WATER COOLER FP - FOOD PREPARATION IWF - INDOOR WARE FAULT

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

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

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

<sup>4</sup> Document on Attachment D- Filter Inventory.



(Complete for each school)

Address: 731 CUNTON AVENUE

NEWARK NJ.

Renovated/Additions:

Date Completed:

WC - WATER COLUMN	FP - FOOD PREPARATION	IWF - INDOOR WARDEN FACILITY
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<sup>4</sup> Document on Attachment D-Filter Inventory.

### Attachment D - Filter Inventory (Complete for each school)

Name of School: THE LANGUAGES HEAD SMART Grade Levels: \_\_\_\_\_

Address: 731 CLINTON AVE NEWARK NJ

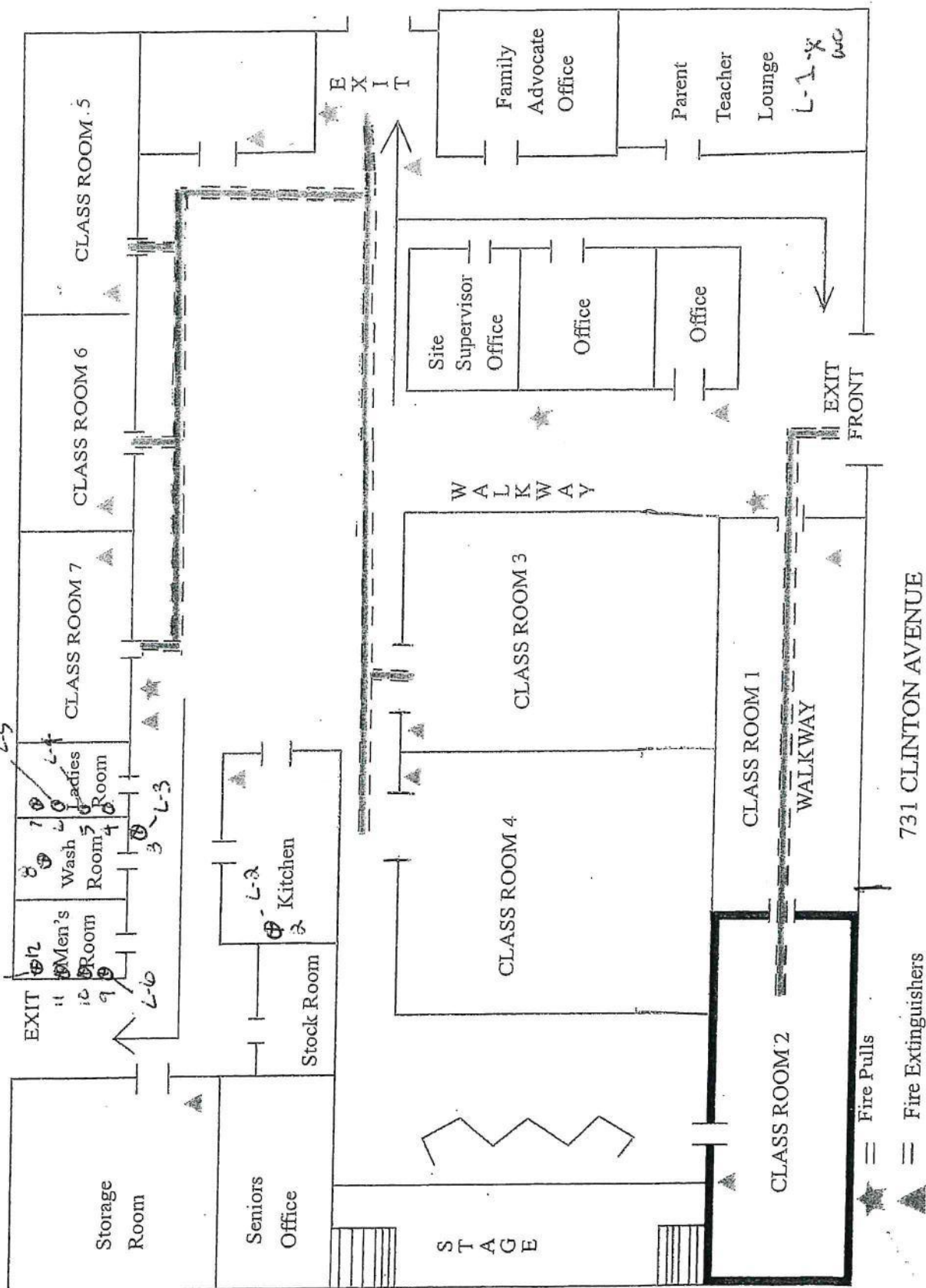
Individual School Project Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]



THE LEAGUERS 731 CLINTON AVENUE

L-7



14TH STREET

731 CLINTON AVENUE