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

DRINKING WATER TESTING CHECKLIST

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

•PR	OGRAMS IN OPERATING PUBLIC	SCHOOLS ARE	NOT REQUI	RED TO COMPL	ETE TI	HIS FORM•
		CARE CENTER I				
Name of Chil	d Care Center: Headstart – Phillipsburg - Fi	ischer Ave		License ID:		
Site Address	Building # and Street:	Municipality:		County		
of Center:	535 Fischer Ave,		District I		Warren	
Sponsor/Sponsor Representative: Rebecca Brooking		Phone Number:	(908)454-5936	Email: brookingr@		

			WITH LEAD & CODDED CANADIMIC AT THE A		
Sam	pling Date(s):	5/16/22	WITH LEAD & COPPER SAMPLING AT THE A	ABOVE CHILD CA	ARE CENTER
1.	⊠YES □NO	Does the center hav	re a signed contract with a New Jersey Certified Drinking or lead & copper analysis?	https://www13.stat ch/SearchByCategor	ified Laboratories: e.nj.us/DataMiner/Sear y?isExternal=y&getCate Certified+Laboratories
2.	⊠yes □no	Is there an onsite waguidance?	ater outlet assessment in accordance with technical	Drinking Water O	utlet Inventory Form: //dep/watersupply/d ment%20C.docx
	⊠YES □NO	Is there a floor plan	in accordance with technical guidance?		Floor Plan
	YES NO Sample Date: <u>6</u>	6/22 Were all the drinking may have access (incoutlets) sampled?	g water outlets in the center where a child or staff has or cluding food preparation and outside drinking water	https://www.epa	Vater Outlets: .gov/dwreginfo/3ts- nking-water-testing
1	\square YES \square NO Sample Date: 6,	Were at least 50% of	all indoor water faucets utilized by the center sampled?		, see testing
6.	⊠yes □no	Does the child care o	enter have the chain of custody and analytical reports for tlets sampled? Please attach copies .		
7.	⊠yes □no	Was all the drinking the floor plan beginn	water outlets sampled in the sequence determined by ing with the outlet closest to the point of entry?	Sampling O	rder Vignette
8.	⊠yes ∏no	Were all samples tak hours but no more th	en after the water sat undisturbed in pipes for at least 8 lan 48 hours?	http://www.nj.gov	ation Vignette: /dep/watersupply/dment%20F.docx
9.	⊠yes □no	Were samples collect ml wide mouth single	red in pre-cleaned high density polyethylene (HDPE) 250 use rigid sample containers?	http://www.nj.gov	ction Vignette: /dep/watersupply/p
	⊠yes □no	Were all existing aera the sampling event?	tors, screens, and filters left in place prior to and during	Sample Collection	ction Vignette: /dep/watersupply/p kref.pdf
11.	⊠yes □no	Were only cold water	samples collected?	<u>, quic</u>	
12.	⊠yes □no	Did no pre-stagnant fl normal use and docur	ushing take place unless the outlet deviated from mented on flushing log?	Pre Stagnation	n Flushing Log:

1.7				http://www.nj.gov/dep/watersupply/d oc/SP Attachment%20E.docx
13	3. YES NO	Was all point of use trea	tment on outlets, such as filters, documented?	Filter Inventory Form: http://www.nj.gov/dep/watersupply/d oc/SP Attachment%20D.docx
14	. □YES ⊠NO	Did any result exceed the µg/L)?	e action level for lead (.015 μg/L) or copper (1.3	SS/SI Attachment/820D.docx
15	. YES NO N/A	If a result exceeded the a was use of all drinking w	action level for lead (15 μg/L) or copper (1500 μg/L) ater outlets immediately discontinued?	
16	. YES NO N/A	If a result exceeded the a	action level for lead (15 μg/L) or copper (1500 μg/L) ded for drinking and food preparation?	
17.	YES NO N/A	If a result exceeded the a were signs posted to indi or food preparation?	iction level for lead (15 μ g/L) or copper (1500 μ g/L) cate that the outlets are not to be used for drinking	
18.	□YES □NO ⊠N/A	Did all drinking water out lead (15 µg/L) or copper (conducted?	elets with a result that exceeded the action level for (1500 μg/L) have a follow-up flush sample	
19.	□yes □no ⊠n/a	If a result exceeded the awas the local health office	ction level for lead (15 μg/L) or copper (1500 μg/L) e notified of results?	
20.	□YES □NO ⊠N/A	(που μβ/ L), was notificat	ded the action level for lead (15 µg/L) or copper ion, including results and remediation measures, of all children attending the center, the staff, and	Results Letter Template: http://www.nj.gov/dep/watersupply/d oc/resultsletter.doc
21.	□YES ⊠NO □N/A	Were any drinking water of a remedy for an action lev	outlets or potable plumbing replaced or repaired as rel exceedance?	
22.	□YES □NO ☑N/A Sample Date:	If any drinking water outle were additional samples c	et or potable plumbing was replaced or repaired, ollected after installation?	
23.	□YES □NO ⊠N/A	Was any chemical treatme level exceedance (e.g., cor	ent unit or process installed to remedy an action rosion control treatment)?	
24.	□YES □NO ☑N/A Sample Date:	If a chemical treatment un level exceedance (e.g., cor collected after the installar	it or process was installed to remedy an action rosion control treatment), were additional samples tion?	
25.	□yes □no ⊠n/a	Was a mechanical process exceedance (e.g., flushing	implemented to remedy an action level program)?	
26.	□yes □no ⊠n/a	If a mechanical process wa exceedance (e.g., flushing the implementation?	s implemented to remedy an action level program), were additional samples collected after	
27.	□yes □no ⊠n/a	If no remedial action was to above, has the center imple water for drinking and food	aken, such as those indicated in 21 through 26 emented a written plan of action for use of bottled breparation?	
CE I	RTIFICATION: B	By signing below, tl	he Sponsor or Sponsor Represent	ative certifies that all
	Treis on this che	cklist are true and esentative: (PRINT)	accurate:	
	ature:		Rebecca Brooking	
	ature Date:			

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•

Norwescap Head Start - Phillipsburg - Fischer Ave Site Address (Building # and Street): 535 Fischer Ave Municipality: Phillipsburg Sponsor/Sponsor Representative: Rebecca Brooking Sponsor/Sponsor Representative Email: Drookingr@norwescap.org Additional Contact Person: Phone #: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., contito provide bottled water and/or maintain any remedial measure or treatment unit). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative certifies that all tatements above are true and accurate:			License ID:			
Site Address (Building # and Street): 535 Fischer Ave Municipality: Phillipsburg Sponsor/Sponsor Representative: Rebecca Brooking Sponsor/Sponsor Representative Email: Orookingr@norwescap.org Additional Contact Person: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., contit to provide bottled water and/or maintain any remedial measure or treatment unit). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative cortifics that he is a subchapter or treatment unit).		Norwescap Head Start - Phillipsburg - Fischer Ave				
Municipality: Phillipsburg Sponsor/Sponsor Representative: Rebecca Brooking Sponsor/Sponsor Representative Email: Orookingr@norwescap.org Additional Contact Person: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include continuance of any actions taken in response to a lead or copper action level exceedance (e.g., contito provide bottled water and/or maintain any remedial measure or treatment unit). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative cortifics that all the cortinuance or sponsor provides and cortifications of the stream of the cortification of the subchapter.	ruui ess (Dullaing # and Street):					
Phillipsburg Sponsor/Sponsor Representative: Rebecca Brooking Sponsor/Sponsor Representative Email: Drookingr@norwescap.org Additional Contact Person: Phone #: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)Si as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, included 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). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative cortifies that all the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of						
Phillipsburg Sponsor/Sponsor Representative: Rebecca Brooking Sponsor/Sponsor Representative Email: Brookingr@norwescap.org Additional Contact Person: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)Si as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, included the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of an	cipality:	County:		-		
Rebecca Brooking Sponsor/Sponsor Representative Email: brookingr@norwescap.org Additional Contact Person: Phone #: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuation provide bottled water and/or maintain any remedial measure or treatment unit). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in response or Sponsor Representative cortifies that all the continuance of any actions taken in the continuance of any actions taken	psburg					
Rebecca Brooking Sponsor/Sponsor Representative Email: Drookingr@norwescap.org Additional Contact Person: Phone #: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuation provide bottled water and/or maintain any remedial measure or treatment unit). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative cortifies that all the continuance of any actions that a provide sponsor response to a lead or copper action level exceedance (e.g., continuation provide bottled water and/or maintain any remedial measure or treatment unit).	sor/Sponsor Representative:		Phone #:			
Sponsor/Sponsor Representative Email: brookingr@norwescap.org Additional Contact Person: Phone #: Title: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuation provide bottled water and/or maintain any remedial measure or treatment unit). EERTIFICATION: By signing below, the Sponsor or Sponsor Representative cortifies that he is the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuation provide bottled water and/or maintain any remedial measure or treatment unit).	cca Brooking					
Additional Contact Person: Email: 1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., contition to provide bottled water and/or maintain any remedial measure or treatment unit).	sor/Sponsor Representative Email:		(***)			
1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., contito provide bottled water and/or maintain any remedial measure or treatment unit).	kingr@norwescap.org					
1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuation to provide bottled water and/or maintain any remedial measure or treatment unit). **EERTIFICATION:** By signing below, the Sponsor or Sponsor Representative cortifies that all the continuance of the c	ional Contact Person:		Phone #:			
1. The center, as decribed above, has reviewed the MANUAL OF REQUIREMENTS FOR CHILD CARE CENTER requiring testing for lead and copper in drinking water and provides assurance that the development an implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include the continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuation to provide bottled water and/or maintain any remedial measure or treatment unit). **EERTIFICATION:** By signing below, the Sponsor or Sponsor Representative cortifies that all the continuance of the c						
implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of the continuance of any actions taken in response to a lead or treatment unit). **ERTIFICATION: By signing below, the Sponsor or Sponsor Representative contifies that all the continuance of the		Email:				
implementation of a testing program was completed in accordance with N.J.A.C. 3A:52-5.3(i)5i as evider by our completion of the attached Drinking Water Testing Checklist. 2. The center, as decribed above, provided all notifications of test results consistent with the requirements this subchapter. 3. The center, as decribed above, will continue to fully implement the requirements of this subchapter, include continuance of any actions taken in response to a lead or copper action level exceedance (e.g., continuance of the continuance of any actions taken in response to a lead or treatment unit). **ERTIFICATION: By signing below, the Sponsor or Sponsor Representative contifies that all the continuance of the						
tatements above are true and accurate:	orementation of a resulting program was con	npleted in accordance	P With N I A C 2A.E2 F 2/:\F:			
	e center, as decribed above, provided all not subchapter. e center, as decribed above, will continue to continuance of any actions taken in respondence bottled water and/or maintain any	vater Testing Checklist otifications of test res o fully implement the nse to a lead or copper	st. sults consistent with the requirements e requirements of this subchapter, incl per action level exceedance (e.g., contil r treatment unit).	d ced of uding		
ponsor/Sponsor Representative: (PRINT) Rebecca Brooking	e center, as decribed above, provided all not subchapter. e center, as decribed above, will continue to continuance of any actions taken in respondence borovide bottled water and/or maintain any actions. By signing below, the Spents above are true and accurate:	otifications of test resolutions of test remedial measure or sponsolutions of the test resolutions of the test remedial measure or sponsolutions of the test resolutions of test resolutio	st. sults consistent with the requirements e requirements of this subchapter, incl per action level exceedance (e.g., contil r treatment unit).	d ced of uding		
ignature:	e center, as decribed above, provided all not subchapter. e center, as decribed above, will continue to continuance of any actions taken in respondence borovide bottled water and/or maintain any actions. By signing below, the Spents above are true and accurate:	otifications of test resolutions of test remedial measure or a ponsor or Sponsor	sults consistent with the requirements e requirements of this subchapter, includer action level exceedance (e.g., conting treatment unit). Or Representative certifies that all	d ced of uding		
ignature Date:	e center, as decribed above, provided all not subchapter. e center, as decribed above, will continue to continuance of any actions taken in respondence borovide bottled water and/or maintain any all the subchapter. IFICATION: By signing below, the subchapter above are true and accurate: or/Sponsor Representative: (PRINT)	otifications of test resolutions of test remedial measure or a ponsor or Sponsor	sults consistent with the requirements e requirements of this subchapter, includer action level exceedance (e.g., conting treatment unit). Or Representative certifies that all	d ced of uding		

Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Head Start Phillipsburg Fischer Ave Address: 535 Fischer Ave., Phillipsburg NJ

Grade Levels: infant - Kindergarten Year School Constructed: Renovated/Additions: none

Individual school project officer Name/Signature: Date Completed: 6/16/2022

	0	0 01	4	ယ	2	_	_		:
Kitchen Sink	Kitchen Hand Sink	ᆽ		Hand Sink	Hand Sink	Fountain	Water		- T (
Kitchen	Kitchen	Room 2	Room 2	Room 1	Room 1	панжау			Posation
Kit KS	Kit - HS	R2-HS-B	R2-HS-A	R1-HS-B	R1-HS-A	V			Code
~	~	~	~	~	~	~			(Y/N)
Z	Z	Z	Z :	Z	Z	Z		(Y/N)	Signs of Corrosion
Z	Z	Z	Z	Z	Z	Z			Filter ⁴ (Y/N)
~	~	≺ ·	≺ -	< -	<	~	(Y/N)	Or Or	
~	~	≺ :	z -	< -	<	~		(1/14)	Aerator/ Motion Screen Activate
Z	Z	ZZ	ZZ	2 2	2	Z		(X/N)	ed
Z	Z	ZZ	ZZ	2 2	2	Z			Chiller (Y/N)
									Water Cooler Make Model
									Comments

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.



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077

Phone: (856) 303-2500 Fax: (856) 858-4571 Email: EnvChemistry2@emsl.com

Attn:

Sarah Holle McGowen Well Water Compliance Mgmt LLC 213 Lakeview Avenue Ringwood, NJ 07456

Phone: (973) 962-4432 Fax: (973) 962-7041

The following analytical report covers the analysis performed on samples submitted to EMSL Analytical, Inc. on 6/22/2022. The results are tabulated on the attached data pages for the following client designated project:

Headstart Fischer Ave., 535 Fischer Ave, Phillipsburg NJ

The reference number for these samples is EMSL Order #012209790. Please use this reference when calling about these samples. If you have any questions, please do not hesitate to contact me at (856) 303-2500.

Approved By:

Owen McKenna, Chemistry Laboratory Director



The test results contained within this report meet the requirements of NELAP and/or the specific certification program that is applicable, unless otherwise noted.

NELAP Certifications: NJ 03036, NY 10872, PA 68-00367, CA ELAP 1877

The samples associated with this report were received in good condition unless otherwise noted. This report relates only to those items tested as received by the laboratory. The QC data associated with the sample results meet the recovery and precision requirements established by the NELAP, unless specifically indicated. All results for soil samples are reported on a dry weight basis, unless otherwise noted. This report may not be reproduced except in full and without written approval by EMSL Analytical, Inc.

7/5/2022



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077 Phone/Fax: (856) 303-2500 / (856) 858-4571

http://www.EMSL.com EnvChemistry2@emsl.com CustomerID:

012209790 MWWC36

CustomerPO: ProjectID:

EMSL Order:

Attn: Sarah Holle

McGowen Well Water Compliance Mgmt LLC 213 Lakeview Avenue

Project: Headstart Fischer Ave., 535 Fischer Ave, Phillipsburg NJ

Ringwood, NJ 07456

Phone:

(973) 962-4432

Fax:

(973) 962-7041

Received:

6/22/2022 09:00 AM

		Analytical I	Results					
Client Sample D	Description WF		Collected:	6/16/2022 1:20:00 PM	Lá	nb ID:	012209790	-0001
Method	Parameter	Result	Prep Result RL Units Date & Analyst		Analysis Date & Analyst			
METALS								
200.8	Copper	200 D	25 μg/L	6	6/23/2022	VD	6/24/2022 17:54	J۷
200.8	Lead	ND	1.00 µg/L	6	6/23/2022	VD	6/24/2022 16:40	JV
Client Sample De	escription R1-HS-A		Collected:	6/16/2022 1:21:00 PM	La	b ID:	012209790-	0002
Method	Parameter	Result	RL Units		Prep Date & Analyst		Analysis Date & Analyst	
METALS								
200.8	Соррег	360 D	25 μg/L	6.	/23/2022	VD	6/24/2022 17:57	JW
200.8	Lead	1.43	1.00 μg/L	6	/23/2022	VD	6/24/2022 16:43	JV
Client Sample De	escription R1-HS-B		Collected:	6/16/2022 1:22:00 PM	Lab	ID:	012209790-0	0003
flethod .	Parameter	Result	RL Units		Prep Date & An	alyst	Analysi Date & An	
METALS								
00.8	Copper	240 D	25 μg/L	6/3	23/2022	VD	6/24/2022 17:59	JW
	Lead	1.75	1.00 μg/L	6/2	23/2022	VD	6/24/2022 16:45	JW
Client Sample Des	scription RZ-HS-A			6/16/2022 :23:00 PM	Lab	ID:	012209790-0	004
ethod	Parameter	Result	RL Units	E	Prep Pate & Ana	alyst	Analysis Date & Ana	
METALS								
00.8	Copper	210 D	25 μg/L	6/2	23/2022	VD	6/24/2022 18:01	JW
8.00	Lead	2.28	1.00 µg/L	6/2	3/2022	VD	6/24/2022 16:47	JW



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077 Phone/Fax: (856) 303-2500 / (856) 858-4571

http://www.EMSL.com

EnvChemistry2@emsl.com

EMSL Order: CustomerID:

012209790 MWWC36

CustomerPO:

ProjectID:

Sarah Holle

McGowen Well Water Compliance Mgmt LLC 213 Lakeview Avenue

Ringwood, NJ 07456

Phone:

(973) 962-4432

Fax: Received:

(973) 962-7041 6/22/2022 09:00 AM

Project: Headstart Fischer Ave., 535 Fischer Ave, Phillipsburg NJ

Analytical Results

Client Sample Description RZ-HS-B Collected: 6/16/2022 Lab ID: 012209790-0005

1:24:00 PM

Method	Parameter	Result	RL Units	Prep Date & Analyst		Analys Date & An	
METALS							
200.8	Copper	200 D	25 μg/L	6/23/2022	VD	6/24/2022	JW
200.8	Lead	3.01	1.00 µg/L	6/23/2022	VD	18:04 6/24/2022 16:49	JW

Client Sample Description Kit-HS Collected: 6/16/2022 Lab ID: 012209790-0006

1:25:00 PM

Prep Method Analysis Parameter Result **RL Units** Date & Analyst Date & Analyst

METALS 200.8 Copper 180 D 25 µg/L 6/23/2022 VD 6/24/2022 JW 18:06 200.8 Lead 2.34 1.00 µg/L 6/23/2022 VD 6/24/2022 JW 16:52

Client Sample Description Kit-KS Collected: 6/16/2022 Lab ID: 012209790-0007

1:26:00 PM

Prep Method Parameter Analysis Result **RL Units** Date & Analyst Date & Analyst **METALS** 200.8 Copper 180 D 25 µg/L 6/23/2022 VD 6/24/2022 JW 18:08 200.8 Lead 2.42 1.00 µg/L 6/23/2022 VD 6/24/2022 JW 17:03

Definitions:

MDL - method detection limit

J - Result was below the reporting limit, but at or above the MDL

ND - indicates that the analyte was not detected at the reporting limit

RL - Reporting Limit (Analytical)

D - Dilution Sample required a dilution which was used to calculate final results



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody EMSL Order Number / Lab Use Only

EMSL Analytical, Inc. 200 Rt. 130 N Chnaminson, NJ 08077

Commentations Commentation	Customer ID:
## PHONE: (200) 120-3675 ### EMAIL: Envolvemistra@EMSI.com #### Andria Ferraiolo 213 Lakeview Ave Ringwood, NJ 07456 973 962 4432 andriaferraiolo@mcgowanllc.com Purchase Order. Purchase Order. Purchase Order. Commercial (Taxable) A Days 3 Days 2 Days 4 Days 1 Da	Cinnaminson, NJ 08077



Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

200 Rt. 130 N EMSL Analytical, Inc. Cinnaminson, NJ 08077

PHONE: (800) 220-3675 EMAIL: EnuChemistry2@EMSL.com

Controlled Document - COC-07 Chemistry R11 02/26/2021 Relinquished by: Relinquished by: Method of Shipment EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and R2-115-12 Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Special Instructions and/or Regulatory-Regulatory Client Sample ID Rit-HS × × Comp × × × Grab 1:26 1:25 Date / Time Collected AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.) 1:24 Date/Time: Date/Time: W=Water S=Soil A=Air SL=Sludge O=Other ≶ > \leq \leq ≶ ≶ ≶ ≶ Matrix 1 HCL
2 HNO3
3 H2SO4
'e 4 ICE
5 Other
Describe in
Special Instructions 100 HN₀3 HN₀3 HN₀3 HN₀3 HN₀3 HN₀3 HN₀3 HN₀3 300. Preservative . < Received by: PBCU 1st Draw 7 Received by: 7 Sample Condition Upon Receipt List Test(s) Needed (Write in fest below, then check on sample line:) Test 2 Test 3: Test 4: Test 5: Test 6: Test 7: Test 8: Comments

