

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:			License ID:		
Norwescap Ringoes					
Site Address	Building # and Street:	Municipality:	County:		
of Center:	79 Route 202/31	Ringoes	Hunterdon		
Sponsor/Sponsor Representative:		Phone Number:	Email:		
Lisa Kozuhowski		(908)284-4757	kozuhowski@norwescap.org		

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

Sampling Date(s):		2/19/2025	
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?	List of NJ Certified Laboratories: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories
2.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?	Drinking Water Outlet Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx
3.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?	Example Floor Plan
4.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: <u>2/19/2025</u>	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?	Types of Water Outlets: https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing
5.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: <u>2/19/2025</u>	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?	Sampling Order Vignette
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?	Water Stagnation Vignette: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx
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?	Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf
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?	Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf
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?	Pre Stagnation Flushing Log: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx
13.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?	Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx
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 checked="" 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?	Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc
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)	Lisa Kozuhowski
Signature:	
Signature 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 •

Name of Child Care Center: Norwescap Ringoes		License ID:
Site Address (Building # and Street): 79 Route 202/31		
Municipality: Ringoes	County: Hunterdon	
Sponsor/Sponsor Representative: Lisa Kozuhowski		Phone #: (908) 284-4757
Sponsor/Sponsor Representative Email: kozuhowski@norwescap.org		
Additional Contact Person:		Phone #:
Title:	Email:	

<p>1. The center, as described above, has reviewed the <u>MANUAL OF REQUIREMENTS FOR CHILD CARE CENTERS</u> 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.</p> <p>2. The center, as described above, provided all notifications of test results consistent with the requirements of this subchapter.</p> <p>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).</p>
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CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all statements above are true and accurate:

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

(Complete for each school)

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

# ¹	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)	Maintenance
1	KS	Kitchen	1KS	Y	N	N	Y	Y	N	N	
2	HS	Staff Room	2HS	Y	N	N	Y	Y	N	N	
3	KS	Preschool Rm 14	3KS	Y	N	N	Y	Y	N	N	
4	KS	Preschool Rm 12	4KS	Y	N	N	Y	Y	N	N	
5	KS	Socialization Rm	5KS	Y	N	N	Y	Y	N	N	
6				Y	N	N	Y	Y	N	N	
7				Y	N	N	Y	Y	N	N	
8				Y	N	N	Y	Y	N	N	

⁴ Document on Attachment D- Filter Inventory.

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax: cs@emsl.com
EMSL-CIN-01

EMSL Order ID: 012510502
LIMS Reference ID: AD10502
EMSL Customer ID: MWWC36

Attention: Sarah Holle
McGowan Well Water Compliance Mgmt LLC [MWWC36]
1141 Greenwood Lake Turnpike Suite
4B4
Ringwood, NJ 07456-1402
(973) 962-4432
sarah@mcgowanllc.com

Project Name: Norwescap Ringoes

Customer PO:
EMSL Sales Rep: John LaFleur
Received: 02/21/2025 09:00
Reported: 03/06/2025 17:19

Analytical Results

Analyte	Result	Q	DF	RL	Units	Prepared Date/Time	Analyzed Date/Time	Analyst Initials	Prep /Analytical Method
Sample: 1 KS Lims Reference ID: AD10502-01 Matrix: Drinking Water Sampled: 02/19/25 06:21:00									
Metals									
Copper	0.12		1	0.035	mg/L	02/26/25 12:28	03/03/25 19:39	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	0.00201		1	0.00100	mg/L	02/26/25 12:28	03/03/25 19:39	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 2 HS Lims Reference ID: AD10502-02 Matrix: Drinking Water Sampled: 02/19/25 06:22:00									
Metals									
Copper	0.045		1	0.035	mg/L	02/26/25 12:28	03/03/25 19:41	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	0.00242		1	0.00100	mg/L	02/26/25 12:28	03/03/25 19:41	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 3 KS Lims Reference ID: AD10502-03 Matrix: Drinking Water Sampled: 02/19/25 06:23:00									
Metals									
Copper	0.12		1	0.035	mg/L	02/26/25 12:28	03/03/25 19:43	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	0.0112		1	0.00100	mg/L	02/26/25 12:28	03/03/25 19:43	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 4 KS Lims Reference ID: AD10502-04 Matrix: Drinking Water Sampled: 02/19/25 06:24:00									
Metals									
Copper	0.19		1	0.035	mg/L	02/26/25 12:28	03/03/25 19:46	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	0.0125		1	0.00100	mg/L	02/26/25 12:28	03/03/25 19:46	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: 5 KS Lims Reference ID: AD10502-05 Matrix: Drinking Water Sampled: 02/19/25 06:25:00									
Metals									
Copper	0.086		1	0.035	mg/L	02/26/25 12:28	03/03/25 19:48	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	0.0103		1	0.00100	mg/L	02/26/25 12:28	03/03/25 19:48	JW1	EPA 200.8 (DA)/EPA 200.8

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax:cs@emsl.com
EMSL-CIN-01

EMSL Order ID: 012510502**LIMS Reference ID:** AD10502**EMSL Customer ID:** MWWC36**Attention:** Sarah Holle

McGowan Well Water Compliance Mgmt LLC [MWWC36]
1141 Greenwood Lake Turnpike Suite
484
Ringwood, NJ 07456-1402
(973) 962-4432
sarah@mcgowanllc.com

Project Name:

Norwescap Ringoes

Customer PO:**EMSL Sales Rep:**

John LaFleur

Received:

02/21/2025 09:00

Reported:

03/06/2025 17:19

Certified Analyses included in this Report**Analyte** **Certifications****EPA 200.8 in Drinking Water**

Copper	NJDEP
Lead	NJDEP

List of Certifications

Code	Description	Number	Expires
PADEP	Pennsylvania Department of Environmental Protection	68-00367	11/30/2025
NYSDOH	New York State Department of Health	10872	04/01/2025
NJDEP	New Jersey Department of Environmental Protection	03036	06/30/2025
MADEP	Massachusetts Department of Environmental Protection	M-NJ337	06/30/2025
CTDPH	Connecticut Department of Public Health	PH-0270	06/23/2026
California ELAP	California Water Boards	1877	06/30/2025
AIHA LAP	EMSL Analytical, Inc. Cinnaminson, NJ AIHA-LAP, LLC-ELLAP Accredited	100194	03/01/2025
A2LA	A2LA Environmental Certificate	2845.01	07/31/2026

Please see the specific Field of Testing (FOT) on www.emsl.com <<http://www.emsl.com>> for a complete listing of parameters for which EMSL is certified.

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
Telephone: 856-858-4800 Fax:cs@emsl.com
EMSL-CIN-01

EMSL Order ID: 012510502**LIMS Reference ID:** AD10502**EMSL Customer ID:** MWWC36**Attention:** Sarah Holle

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(973) 962-4432
sarah@mcgowanllc.com

Project Name:

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John LaFleur

Received:

02/21/2025 09:00

Reported:

03/06/2025 17:19

Notes and Definitions

Item	Definition
(Dig)	For metals analysis, sample was digested.
[2C]	Reported from the second channel in dual column analysis.
DA	Direct Analysis
DF	Dilution Factor
MDL	Method Detection Limit.
ND	Analyte was NOT DETECTED at or above the detection limit.
NR	Spike/Surrogate showed no recovery.
Q	Qualifier
RL	Reporting Limit
Wet	Sample is not dry weight corrected.

Measurement of uncertainty and any applicable definitions of method modifications are available upon request. Per EPA NLLAP policy, sample results are not blank corrected.

Owen McKenna Laboratory Manager or other approved signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted.



FMSL Order Number / Lab Use Only

PHONE: (800) 220-3675

EMAIL: EnyChen11n2@EMSL.com

AD 10562

Customer Information	Customer ID:		Billing ID:	
	Company Name: McGowan Water Compliance		Company Name: McGowan Water Compliance	
	Contact Name: Sarah Holle		Billing Contact: Andria Ferraiolo	
	Street Address: 1141 Greenwood Lake Turnpike Suite 4B4		Street Address: 1141 Greenwood Lake Turnpike Suite 4B4	
	City, State, Zip: Ringwood, NJ 07456		City, State, Zip: Ringwood, NJ 07456	
	Phone: 973 962 4432		Phone: 973 962 4432	
	Email(s) for Report: sarah@mcgowanllc.com		Email(s) for Invoice: andriaferraiolo@mcgowanllc.com	

Project Name/No: Norwescap Ringoes		Purchase Order:
EMSL LIMS Project ID: (If applicable, EMSL will provide)		US State where samples collected:
State of Connecticut (CT) must select protect location:		
Samples for Compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, for NPDES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) Daycare Licensing		PWS ID: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)
Samples Collected by (Check One): <input type="checkbox"/> EMSL <input checked="" type="checkbox"/> CLIENT		Samples Received Chilled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sampled By Name: Jesse McGowan		Sampled By Signature:
Turn-Around-Time (TAT)		No. of Samples in Shipment:
Standard Turn-Around-Time: <input checked="" type="checkbox"/> 2 Weeks		The following TAT's are subject to Lab approval. Call lab to confirm TAT before submitat.
		<input type="checkbox"/> 1 Week <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Day

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (Write in test below, then check on sample line)									Comments		
						W=Water S=Soil A=Air SL=Sludge O=Other	1 HCL 2 HNO3 3 H2SO4 4 ICE 5 Other	PBCU	1st Draw	Test 1	Test 2	Test 3	Test 4	Test 5		Test 6	Test 7
1KS		X	6:21	W	HNO3												
2AS		X	1:22	W	HNO3												
3KS		X	1:23	W	HNO3												
4KS		X	1:24	W	HNO3												

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Reporting Requirements:	<input checked="" type="checkbox"/> Results Only	<input type="checkbox"/> Results and QC	<input type="checkbox"/> Reduced Deliverables	<input type="checkbox"/> Hz results EDD	<input type="checkbox"/> Excel	<input type="checkbox"/> Other (Describe Above)
Method of Shipment:	Sample Condition Upon Receipt:					
Relinquished by: <i>[Signature]</i>	Date/Time: 2/19/25 4:00 PM	Received by: <i>[Signature]</i>				Date/Time: 2/19/25 4:00 PM
Relinquished by: Sarah Holle	Date/Time: 2/20/25	Received by: <i>[Signature]</i>				Date/Time: 2/20/25 14:30

Printed by: User - CCG-07 Chemistry\H11 02/20/2021

EMML Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Order and this Order is:

RLQ BY: Fred a Fox 2/20/05 17:03

document's electronic signature 2/21/25 09:00
Rec'd Pres.

5 May



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

AD10502

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

PHONE: (609) 220-3875
EMAIL: EnvChemistry2@EMSL.com

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information.

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Units of Detection, etc.)

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (Write in test below, then check on sample line)								Comments
				W=Water S=Soil A=Air SL=Sludge O=Other	1 HCL 2 HNO3 3 H2SO4 4 ICE 5 Other Describe in Special Instructions	PBCU 1st Draw Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8	
5KS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2/19/25 06:25	W	HNO3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		W	HNO3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Method of Storage:

Prepared by: *[Signature]*
Received by: *[Signature]*

Date/Time: 2/19/25 4:00 pm
Date/Time: 2/20/25

Sample Condition Upon Receipt:

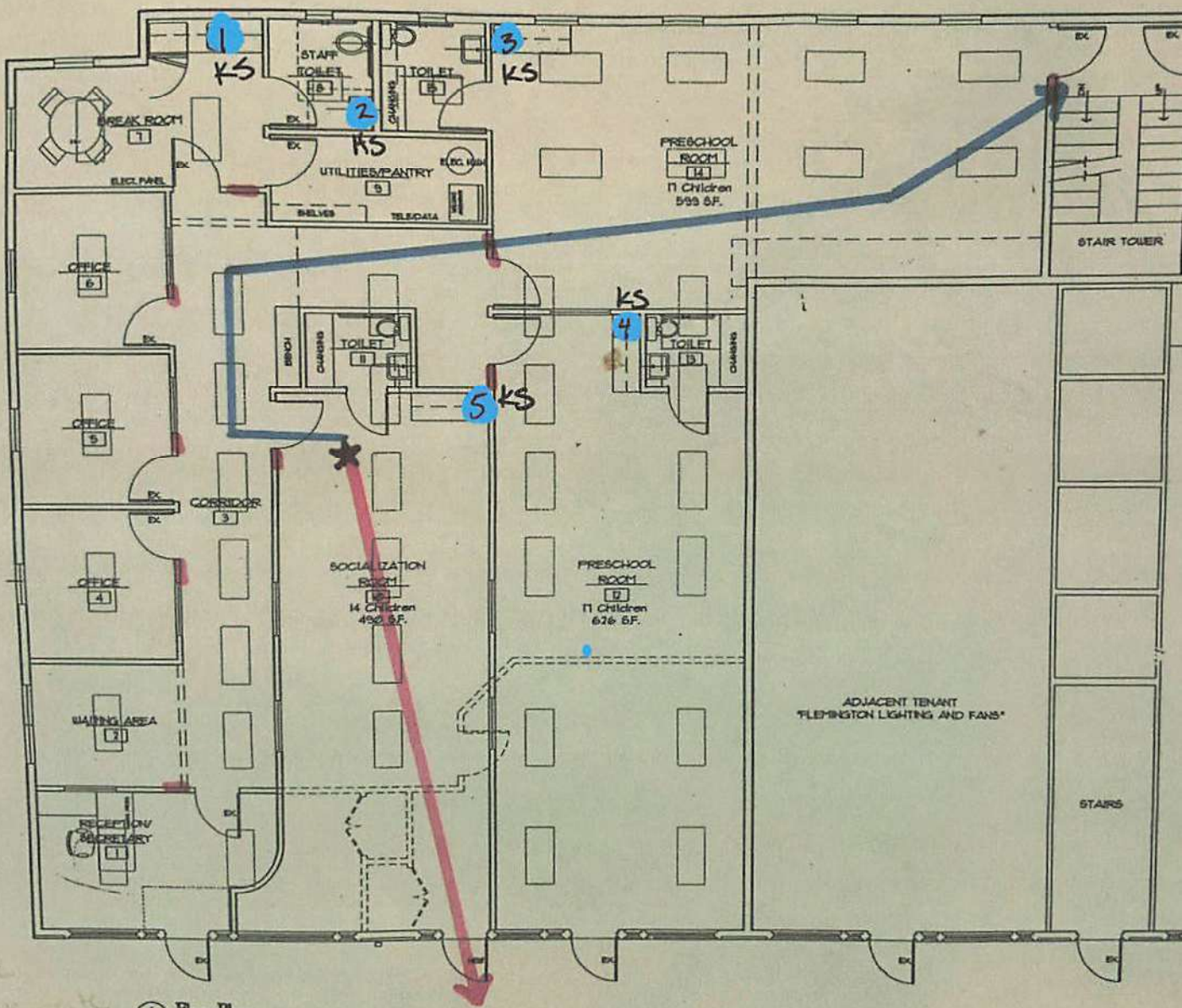
Received by: *[Signature]* Date/Time: 2/19/25 4:00
Received by: *[Signature]* Date/Time: 2/20/25 14:30

Controlled Document - 000-07 Chemistry R1 (12/28/2021)

☐ AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature)

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 acknowledgment of all terms and conditions by Customer.

REL BY: *[Signature]* 2/20/25 17:03



1 Floor Plan
Scale: 1/4" = 1'-0"