

Water Certification

Name: Kids Place
128 62nd Street
West New York, NJ 07093
Phone:

Inspection Address: 128 62nd Street
West New York, NJ 07093

Inspection date: March 27, 2021

Water Outlets Tested:	1 st floor / Kitchen / Sink	Pass
	1 st floor / Bathroom / Sink	Pass
	1 st floor / Classroom / Fountain	Pass
	2 nd floor / Kitchen / Sink	Pass
	2 nd floor / Fountain	Pass

Certification: Meets EPA Standards

Standards: EPA Standards for Drinking Water
Copper <1300 PPB Lead <15 PPB
See reports from (*Environmental Hazard Services, LLC.*)

Operator License: 00121-E



G. Luke Schroeder
NJ dept of Health ID# 001537



PHILIP D. MURPHY
Governor

LOCATION
101 SOUTH BROAD STREET
TRENTON, NEW JERSEY 08618

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
LEAD HAZARD UNIT

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

MAILING ADDRESS
PO BOX 821
TRENTON, NJ 08625-0821

Certificate - Lead Evaluation Contractor

This is to certify that the Department of Community Affairs has

() CERTIFIED
(XX) RECERTIFIED

LEAD CONSULTING & INSPECTION
784 MORRIS TURNPIKE
SUITE 329
SHORT HILLS, NJ 07078

To act as a Lead Evaluation Contractor on the following projects

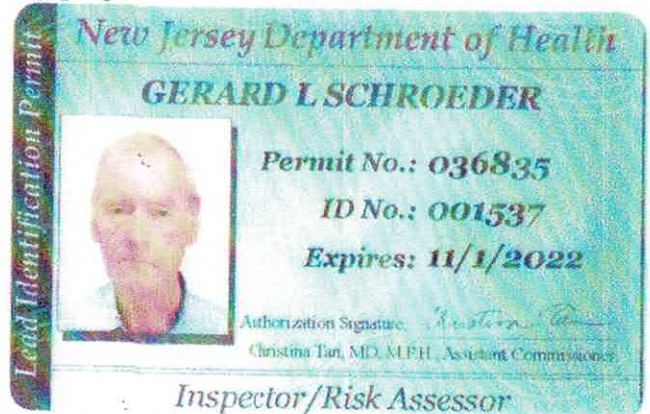
Residential
Public Buildings
Comm/Steel Structure

Cert # 00121 E

Effective Date: MAY 1, 2019

Date of Expiration: APRIL 30, 2021

Certificate Type: 2 YEAR

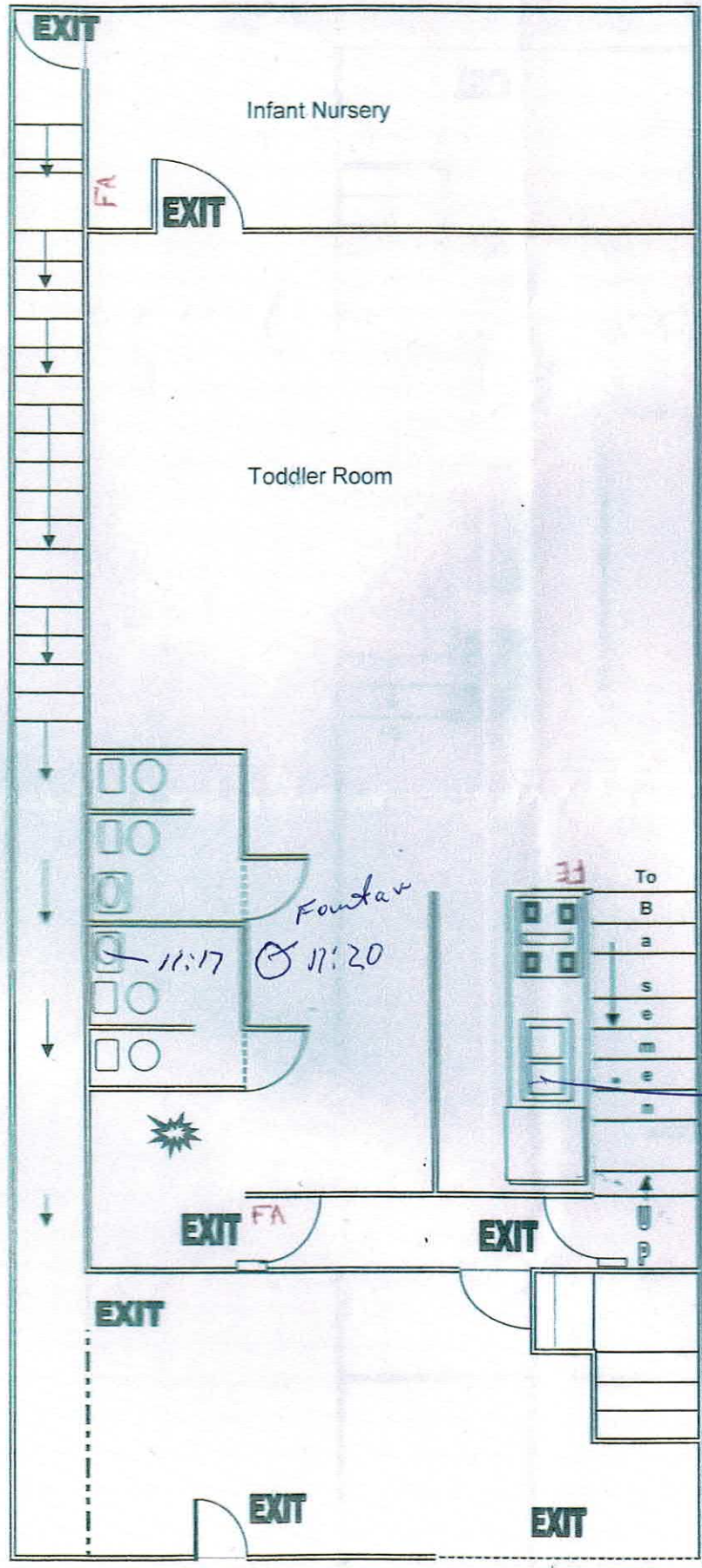


Sincerely,

O. Tex Falajiki
Supervisor of Certification
Lead Hazard Unit



128 - 62nd St
West New York



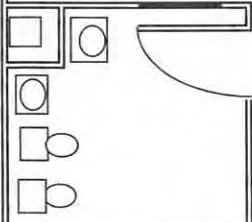
Legend:
★ You are here

62nd Street



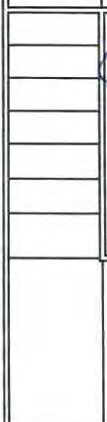
EXIT

Ground Floor
Abbott Class



1:25

1:30



EXIT

Legend:



You are here

EXIT

P
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EXIT

EXIT

62nd Street

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: Kids PLACE		License ID:	
Site Address of Center:	Building # and Street: 128 62nd Street	Municipality: WEST NEW YORK	County: Hudson
Sponsor/Sponsor Representative:		Phone Number:	Email:

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

Sampling Date(s):	MARCH 27, 2021
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VERBAL	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: 3/27/21	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 3/27/21	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input type="checkbox"/> YES <input type="checkbox"/> NO NO Flushing	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 (15 µg/L) or copper (1300 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 (1300 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 (1300 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 (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input 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 (1300 µg/L) have a follow-up flush sample conducted?
19.	<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 (1300 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 (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21.	<input type="checkbox"/> YES <input 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)	
Signature:	
Signature Date:	

DRINKING WATER TESTING RESOURCES

Schools - Lead Sampling Information

<http://www.nj.gov/dep/watersupply/schools.htm>

Lead Sampling in Schools Technical Guidance FAQs

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

3Ts for Reducing Lead in Drinking Water: Testing

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

Quick Reference Guide Sampling For Lead in Drinking Water in Schools:

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

List of NJ Certified Laboratories:

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

Drinking Water Outlet Inventory Form:

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

Sampling Water Use Certification:

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

Filter Inventory Form:

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

Results Letter Template:

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

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:		License ID:
Site Address (Building # and Street):		
Municipality:	County:	
Sponsor/Sponsor Representative:		Phone #:
Sponsor/Sponsor Representative Email:		
Additional Contact Person:		Phone #:
Title:	Email:	

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

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

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



Tuesday, April 06, 2021

G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Project ID: KIDS PLACE 128-62ND ST W NY
SDG ID: GCH89051
Sample ID#s: CH89051 - CH89055

This laboratory is in compliance with the NELAC requirements of procedures used except where indicated.

This report contains results for the parameters tested, under the sampling conditions described on the Chain Of Custody, as received by the laboratory. This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included.

A scanned version of the COC form accompanies the analytical report and is an exact duplicate of the original.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Sincerely yours,

A handwritten signature in black ink that reads "Phyllis Shiller". The signature is written in a cursive style.

Phyllis Shiller
Laboratory Director

NELAC - #NY11301
CT Lab Registration #PH-0618
MA Lab Registration #M-CT007
ME Lab Registration #CT-007
NH Lab Registration #213693-A,B

NJ Lab Registration #CT-003
NY Lab Registration #11301
PA Lab Registration #68-03530
RI Lab Registration #63
UT Lab Registration #CT00007
VT Lab Registration #VT11301



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Sample Id Cross Reference

April 06, 2021

SDG I.D.: GCH89051

Project ID: KIDS PLACE 128-62ND ST W NY

Client Id	Lab Id	Matrix
1ST/KIT/SINK	CH89051	DRINKING WATER
1ST/BATH/SINK	CH89052	DRINKING WATER
1ST/CR/FOUNT	CH89053	DRINKING WATER
2ND/KIT/SINK	CH89054	DRINKING WATER
2ND/FOUNTAIN	CH89055	DRINKING WATER



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Analysis Report

April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:15
 8:40

Laboratory Data

SDG ID: GCH89051
 Phoenix ID: CH89051

Project ID: KIDS PLACE 128-62ND ST W NY
 Client ID: 1ST/KIT/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.015	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
 BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
 AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Maximum Contaminant Level (MCL): 40 CFR Part 141. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.

Action Level (AL): 40 CFR Part 141.80.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



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 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:17
 8:40

Laboratory Data

SDG ID: GCH89051
 Phoenix ID: CH89052

Project ID: KIDS PLACE 128-62ND ST W NY
 Client ID: 1ST/BATH/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.033	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	0.0012	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
 BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
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Comments:

Maximum Contaminant Level (MCL): 40 CFR Part 141. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.

Action Level (AL): 40 CFR Part 141.80.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

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Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



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 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:20
 8:40

Laboratory Data

SDG ID: GCH89051
 Phoenix ID: CH89053

Project ID: KIDS PLACE 128-62ND ST W NY
 Client ID: 1ST/CR/FOUNT

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	< 0.002	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

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Comments:

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Action Level (AL): 40 CFR Part 141.80.

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Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



Environmental Laboratories, Inc.
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:25
 8:40

Laboratory Data

SDG ID: GCH89051
 Phoenix ID: CH89054

Project ID: KIDS PLACE 128-62ND ST W NY
 Client ID: 2ND/KIT/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.031	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
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Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



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Analysis Report

April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:30
 8:40

Laboratory Data

SDG ID: GCH89051
 Phoenix ID: CH89055

Project ID: KIDS PLACE 128-62ND ST W NY
 Client ID: 2ND/FOUNTAIN

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	< 0.002	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
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Action Level (AL): 40 CFR Part 141.80.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

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Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



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 Tel. (860) 645-1102 Fax (860) 645-0823



QA/QC Report

April 06, 2021

QA/QC Data

SDG I.D.: GCH89051

Parameter	Blank	Bk RL	Sample Result	Dup Result	Dup RPD	LCS %	LCSD %	LCS RPD	MS %	MSD %	MS RPD	% Rec Limits	% RPD Limits
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QA/QC Batch 569587A (mg/L), QC Sample No: CH89049 (CH89051, CH89052, CH89053, CH89054, CH89055)

ICP Metals - Aqueous

Copper	BRL	0.0020				101			100			85 - 115	20
Lead	BRL	0.0010				103			98.4			85 - 115	20

Comment:

This batch does not include a duplicate.

Additional: LCS acceptance range is 85-115% MS acceptance range 75-125%.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.

- RPD - Relative Percent Difference
- LCS - Laboratory Control Sample
- LCSD - Laboratory Control Sample Duplicate
- MS - Matrix Spike
- MS Dup - Matrix Spike Duplicate
- NC - No Criteria
- Intf - Interference

Phyllis Shiller
 Phyllis Shiller, Laboratory Director
 April 06, 2021

Tuesday, April 06, 2021

Criteria: NJ: DW

State: NJ

Sample Criteria Exceedances Report

GCH89051 - LEADCONSULT

SampNo	Acode	Phoenix Analyte	Criteria	Result	RL	Criteria	RL	Criteria	Analysis Units
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*** No Data to Display ***

Phoenix Laboratories does not assume responsibility for the data contained in this exceedance report. It is provided as an additional tool to identify requested criteria exceedances. All efforts are made to ensure the accuracy of the data (obtained from appropriate agencies). A lack of exceedance information does not necessarily suggest conformance to the criteria. It is ultimately the site professional's responsibility to determine appropriate compliance.



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Comments

April 06, 2021

SDG I.D.: GCH89051

The following analysis comments are made regarding exceptions to criteria not already noted in the Analysis Report or QA/QC Report: None.



NY/NJ/PA CHAIN OF CUSTODY RECORD

587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06040
 Email: info@phoenixlabs.com Fax (860) 645-0823
 Client Services (860) 645-8726

Coolant: Yes No
 IPK ICE Pg 8 of
 Temp 18.7 C

Contact Options:
 Phone: 973-912-0222
 Fax: 973-912-5227
 Email: luke973@verizon.net

Customer: G. Luke Schroeder
 Address: Lead Consulting & Inspection, Inc.
 219 Main Street, P O Box 814
 Chatham, NJ 07928

Project Name: **KIDS PLACE**
 Street Address: **128-62nd Street**
 City, State, Zip: **West New York, N.J.**
 Quote #: **L110220BA 07093**

Project P.O.:

This section MUST be completed with Bottle Quantities.

Sampler's Signature: *G. Luke Schroeder* Date: **3/27/21**

Matrix Code:
 DW=Drinking Water GW=Ground Water SW=Surface Water WW=Waste Water
 RW=Raw Water SE=Sediment SL=Sludge S=Soil SD=Solid W=Wipe
 OH=Oil B=Bulk L=Liquid

PHOENIX USE ONLY SAMPLE #	Customer Sample Identification	Sample Matrix	Date Sampled	Time Sampled	Analysis Request	Turnaround:		Data Package:		PA	Clean Fill Limits
						NJ	NY	PA	NY		
89051	1st KIT / Sink	DW	3/27/21	11:57A	X	1 Day* <input type="checkbox"/>	Res. Criteria <input type="checkbox"/>	Res. Criteria <input type="checkbox"/>	TOGS GW <input type="checkbox"/>	<input type="checkbox"/>	PA PA-GW
89052	1st BATH / Sink	DW	3/27/21	11:17A	X	2 Days* <input type="checkbox"/>	Non-Res. Criteria <input type="checkbox"/>	Impact to GW Soil Cleanup Criteria <input type="checkbox"/>	CP-51 SOIL <input type="checkbox"/>	<input type="checkbox"/>	Reg Fill Limits
89053	1st GR / Found	DW	3/27/21	11:20A	X	3 Days* <input checked="" type="checkbox"/>	Impact to GW Soil Cleanup Criteria <input type="checkbox"/>	Impact to GW soil screen Criteria <input type="checkbox"/>	Unrestricted Soil <input type="checkbox"/>	<input type="checkbox"/>	PA Soil Restricted
89054	2nd KIT / Sink	DW	3/27/21	11:25A	X	5 Days <input type="checkbox"/>	Impact to GW soil screen Criteria <input type="checkbox"/>	GW Criteria <input type="checkbox"/>	375SCO Residential <input type="checkbox"/>	<input type="checkbox"/>	PA non-restricted
89055	2nd / Fountain	DW	3/27/21	11:30A	X	10 Days <input type="checkbox"/>	GW Criteria <input type="checkbox"/>		375SCO Commercial <input type="checkbox"/>	<input type="checkbox"/>	State Samples Collected?
						Other <input type="checkbox"/>			375SCO Industrial <input type="checkbox"/>		
						*SURCHARGE			Subpart 5 DW <input type="checkbox"/>		

Relinquished by: G. Luke Schroeder Accepted by: *(Signature)* Date: **3/31/21** Time: **8:45**

Comments, Special Requirements or Regulations: Phoenix Std Report Equis NJ Hazsite EDD PDF NY EZ EDD (ASP) GIS/Key Other

Water Certification

Name: Kids Place
130 62nd Street
West New York, NJ 07093
Phone:

Inspection Address: 130 62nd Street
West New York, NJ 07093

Inspection date: March 27, 2021

Water Outlets Tested:	1 st floor / Kitchen / Sink	Pass
	1 st floor / Kitchen / Dish Washing Sink	Pass
	1 st floor / Kitchen / Fountain	Pass

Certification: Meets EPA Standards

Standards: EPA Standards for Drinking Water
Copper <1300 PPB Lead <15 PPB
See reports from (*Environmental Hazard Services, LLC.*)

Operator License: 00121-E



G. Luke Schroeder
NJ dept of Health ID# 001537



PHILIP D. MURPHY
Governor

LOCATION
101 SOUTH BROAD STREET
TRENTON, NEW JERSEY 08618

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
LEAD HAZARD UNIT

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

MAILING ADDRESS
PO BOX 821
TRENTON, NJ 08625-0821

Certificate - Lead Evaluation Contractor

This is to certify that the Department of Community Affairs has

() CERTIFIED
(XX) RECERTIFIED

LEAD CONSULTING & INSPECTION
784 MORRIS TURNPIKE
SUITE 329
SHORT HILLS, NJ 07078

To act as a Lead Evaluation Contractor on the following projects

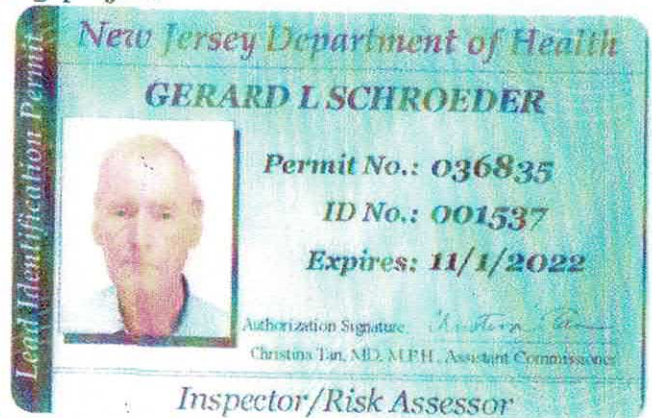
Residential
Public Buildings
Comm/Steel Structure

Cert # 00121 E

Effective Date: MAY 1, 2019

Date of Expiration: APRIL 30, 2021

Certificate Type: 2 YEAR



Sincerely,

O. Tex Falajiki
Supervisor of Certification
Lead Hazard Unit

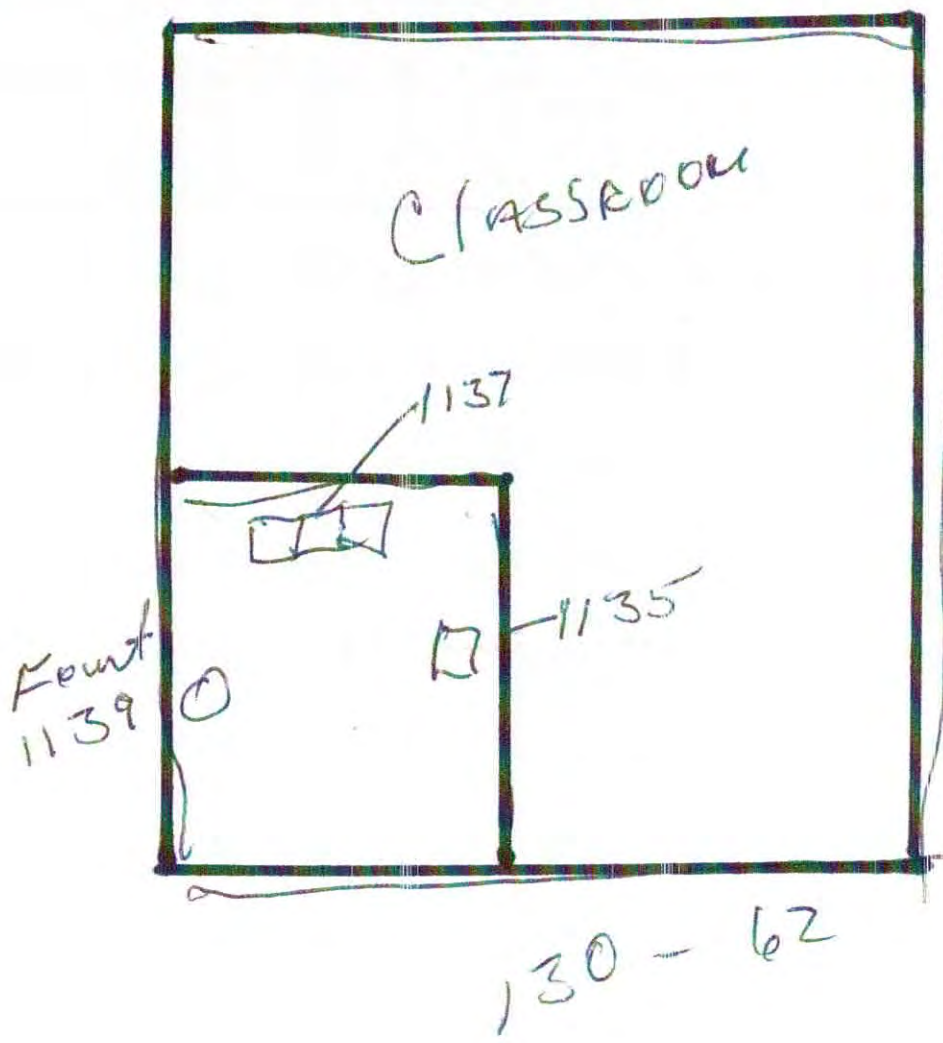


WATER

for Saturday 3/27/21 11:00 am

130 - 62nd Street

ation



AM Sat water

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: Kids PLACE		License ID:	
Site Address of Center:	Building # and Street: 130 62nd Street	Municipality: WEST NEW YORK	County: Hudson
Sponsor/Sponsor Representative:		Phone Number:	Email:

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

Sampling Date(s):	MARCH 27, 2021
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VERBAL	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: 3/27/21	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 3/27/21	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input type="checkbox"/> YES <input type="checkbox"/> NO NO Flushing	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 (15 µg/L) or copper (1300 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 (1300 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 (1300 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 (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input 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 (1300 µg/L) have a follow-up flush sample conducted?
19.	<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 (1300 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 (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21.	<input type="checkbox"/> YES <input 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)	
Signature:	
Signature Date:	

DRINKING WATER TESTING RESOURCES

Schools - Lead Sampling Information

<http://www.nj.gov/dep/watersupply/schools.htm>

Lead Sampling in Schools Technical Guidance FAQs

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

3Ts for Reducing Lead in Drinking Water: Testing

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

Quick Reference Guide Sampling For Lead in Drinking Water in Schools:

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

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

Sampling Water Use Certification:

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

Filter Inventory Form:

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

Results Letter Template:

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

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:		License ID:
Site Address (Building # and Street):		
Municipality:	County:	
Sponsor/Sponsor Representative:		Phone #:
Sponsor/Sponsor Representative Email:		
Additional Contact Person:		Phone #:
Title:	Email:	

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

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

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



Tuesday, April 06, 2021

G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Project ID: KIDS PLACE 130 62ND ST WEST NY
SDG ID: GCH89046
Sample ID#s: CH89046 - CH89048

This laboratory is in compliance with the NELAC requirements of procedures used except where indicated.

This report contains results for the parameters tested, under the sampling conditions described on the Chain Of Custody, as received by the laboratory. This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included.

A scanned version of the COC form accompanies the analytical report and is an exact duplicate of the original.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Sincerely yours,

A handwritten signature in black ink that reads "Phyllis Shiller". The signature is written in a cursive style.

Phyllis Shiller
Laboratory Director

NELAC - #NY11301
CT Lab Registration #PH-0618
MA Lab Registration #M-CT007
ME Lab Registration #CT-007
NH Lab Registration #213693-A,B

NJ Lab Registration #CT-003
NY Lab Registration #11301
PA Lab Registration #68-03530
RI Lab Registration #63
UT Lab Registration #CT00007
VT Lab Registration #VT11301



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Sample Id Cross Reference

April 06, 2021

SDG I.D.: GCH89046

Project ID: KIDS PLACE 130 62ND ST WEST NY

Client Id	Lab Id	Matrix
1ST KITCH SINK	CH89046	DRINKING WATER
1ST KIT DISH WASH SINK	CH89047	DRINKING WATER
1ST KIT FOUNT	CH89048	DRINKING WATER



Environmental Laboratories, Inc.
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report
 April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:35
 8:40

Laboratory Data

SDG ID: GCH89046
 Phoenix ID: CH89046

Project ID: KIDS PLACE 130 62ND ST WEST NY
 Client ID: 1ST KITCH SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.026	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	0.0017	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
 BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
 AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Maximum Contaminant Level (MCL): 40 CFR Part 141. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.

Action Level (AL): 40 CFR Part 141.80.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



Environmental Laboratories, Inc.
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date: 03/27/21 11:37
 03/31/21 8:40

Laboratory Data

SDG ID: GCH89046
 Phoenix ID: CH89047

Project ID: KIDS PLACE 130 62ND ST WEST NY
 Client ID: 1ST KIT DISH WASH SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.044	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
 BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
 AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Maximum Contaminant Level (MCL): 40 CFR Part 141. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.

Action Level (AL): 40 CFR Part 141.80.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



Environmental Laboratories, Inc.
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report
 April 06, 2021

FOR: G. Luke Schroeder
 Lead Consulting & Inspection, Inc.
 219 Main St. P.O. Box 814
 Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
 Location Code: LEADCONSULT
 Rush Request: Standard
 P.O.#:

Custody Information

Collected by:
 Received by: SW
 Analyzed by: see "By" below

Date

03/27/21
 03/31/21

Time

11:39
 8:40

Laboratory Data

SDG ID: GCH89046
 Phoenix ID: CH89048

Project ID: KIDS PLACE 130 62ND ST WEST NY
 Client ID: 1ST KIT FOUNT

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	< 0.002	0.002	1	mg/L	1.3			04/05/21	EK	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			04/05/21	EK	E200.5
Total Metal Digestion	Completed							04/03/21	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
 BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
 AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Maximum Contaminant Level (MCL): 40 CFR Part 141. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.

Action Level (AL): 40 CFR Part 141.80.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Phyllis Shiller, Laboratory Director

April 06, 2021

Reviewed and Released by: Rashmi Makol, Project Manager



Environmental Laboratories, Inc.
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
 Tel. (860) 645-1102 Fax (860) 645-0823



QA/QC Report

April 06, 2021

QA/QC Data

SDG I.D.: GCH89046

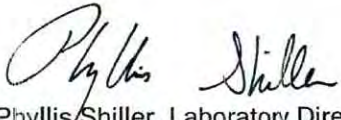
Parameter	Blank	Bk RL	Sample Result	Dup Result	Dup RPD	LCS %	LCSD %	LCS RPD	MS %	MSD %	MS RPD	%	%
												Rec Limits	RPD Limits
QA/QC Batch 569587 (mg/L), QC Sample No: CH89039 (CH89046, CH89047, CH89048)													
ICP Metals - Aqueous													
Copper	BRL	0.0020	0.028	0.0290	3.50	101			102			85-115	20
Lead	BRL	0.0010	<0.0010	<0.0010	NC	103			99.3			85-115	20

Comment:

Additional: LCS acceptance range is 85-115% MS acceptance range 75-125%.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.

- RPD - Relative Percent Difference
- LCS - Laboratory Control Sample
- LCSD - Laboratory Control Sample Duplicate
- MS - Matrix Spike
- MS Dup - Matrix Spike Duplicate
- NC - No Criteria
- Intf - Interference


 Phyllis Shiller, Laboratory Director
 April 06, 2021

Tuesday, April 06, 2021

Criteria: NJ: DW

State: NJ

Sample Criteria Exceedances Report

GCH89046 - LEADCONSULT

SampNo	Acode	Phoenix Analyte	Criteria	Result	RL	Criteria	RL	Criteria	Analysis Units
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*** No Data to Display ***

Phoenix Laboratories does not assume responsibility for the data contained in this exceedance report. It is provided as an additional tool to identify requested criteria exceedances. All efforts are made to ensure the accuracy of the data (obtained from appropriate agencies). A lack of exceedance information does not necessarily suggest conformance to the criteria. It is ultimately the site professional's responsibility to determine appropriate compliance.



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Comments

April 06, 2021

SDG I.D.: GCH89046

The following analysis comments are made regarding exceptions to criteria not already noted in the Analysis Report or QA/QC Report: None.

NY/NJ/PA CHAIN OF CUSTODY RECORD



587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06040
 Email: info@phoenixlabs.com Fax (860) 645-0823
 Client Services (860) 645-8726

Coolant: Yes No
 Cooler: Yes No
 Temp: 7°C Pg of 1

Contact Options:
 Phone: 973-912-0222
 Fax: 973-912-5227
 Email: luke973@verizon.net

Project P.O.:

Project Name: KIDS PLACE
 Street Address: 130-62nd Street
 City, State, Zip: West New York, N.J.
 Quote #: L110220BA 07093

This section **MUST** be completed with Bottle Quantities.

Customer: G. Luke Schroeder
 Address: Lead Consulting & Inspection, Inc.
219 Main Street, P O Box 814
Chatham, NJ 07928

Client Sample Information Identification

Sampler's Signature: G. Luke Schroeder Date: 3/27/21

Matrix Code: GW=Ground Water SW=Surface Water WW=Waste Water
 DW=Drinking Water SE=Sediment SL=Sludge S=Soil SD=Solid W=Wipe
 RW=Raw Water OL=Oil B=Bulk L=Liquid

PHOENIX USE ONLY	Customer Sample Identification	Sample Matrix	Date Sampled	Time Sampled
89046	1st/Kit/Sink/DW	DW	3/27/21	11:35A
89047	1st/Kit/Dish/DW	DW	3/27/21	11:37A
89048	1st/Kit/Fountain	DW	3/27/21	11:39A

Analysis Request	GL Amber 8 oz. w/37504		GL Amber 40 ml VOA Vial		GL Amber 100ml Vial		PL As Is [] 250ml [] 500ml [] 1000ml		PL H2SO4 [] 250ml [] 500ml [] 1000ml		PL HNO3 250ml		Bottle Bottle with	
	GL Amber 8 oz. w/37504	GL Amber 40 ml VOA Vial	GL Amber 100ml Vial	PL As Is [] 250ml [] 500ml [] 1000ml	PL H2SO4 [] 250ml [] 500ml [] 1000ml	PL HNO3 250ml	Bottle Bottle with							
LEAD & WATER	X			X										
	X			X										
	X			X										

Requisitioned by: USPS Accepted by: G. Luke Schroeder Date: 3/27/21 Time: 8:43

Comments, Special Requirements or Regulations:

Data Format:
 Phoenix Std Report EQUIS
 Excel NJ Hazsite EDD
 PDF NY EZ EDD (ASP)
 GIS/Key Other

Turnaround:
 1 Day*
 2 Days*
 3 Days*
 5 Days
 10 Days
 Other
 * SURCHARGE

Data Package:
 NJ Reduced Deliv. * Other
 NY Enhanced (ASP B) *

NY: TOGS GW Res. Criteria Res. Criteria
 CP-51 SOIL Non-Res. Criteria Impact to GW Soil
 375SSCO Unrestricted Soil Cleanup Criteria
 375SSCO Residential Soil Impact to GW
 375SSCO Residential soil screen
 375SSCO Residential Criteria

PA: Clean Fill Limits PA-GW
 PA-GW Reg Fill Limits
 PA Soil Restricted PA Soil non-restricted

State Samples Collected? _____