



## Environmental Health Investigations, Inc.

655 West Shore Trail  
Sparta, New Jersey 07871

Phone/Fax: 973-729-5649  
www.ehi-inc.com

March 30, 2023

Mr. Vito Bilotta  
Community Day Nursery  
591 Broadway  
Bayonne, NJ 07002

Email: [ybilotta@communitydaynursery.com](mailto:ybilotta@communitydaynursery.com)  
Email: [director@communitydaynursery.com](mailto:director@communitydaynursery.com)

Re: Drinking Water Testing  
Community Day Nursery  
591 Broadway, Bayonne, NJ  
EHI Project #: 1450-10436

Dear Mr. Bilotta:

Enclosed is our report of findings pertaining to the water testing conducted at the Community Day Nursery located at 591 Broadway in Bayonne, New Jersey.

Thank you for the opportunity to provide our services. Should you have any questions, please do not hesitate to contact me.

Very truly yours,

*William P. Kerbel*

William P. Kerbel  
NJ DHSS Lead Inspector/Risk Assessor # 037008



# **Environmental Health Investigations, Inc.**

655 West Shore Trail  
Sparta, New Jersey 07871

Phone/Fax: 973-729-5649  
[www.ghi-inc.com](http://www.ghi-inc.com)

## **REPORT OF FINDINGS**

### **Drinking Water Sampling**

#### **Conducted At:**

**Community Day Nursery  
591 Broadway  
Bayonne, New Jersey 07002**

**Testing Performed: March 9, 2023  
Report Dated: March 30, 2023**

**EHI Project #: 1450-10436**

**Community Day Nursery  
591 Broadway  
Bayonne, New Jersey**

**Drinking Water Testing  
March 9, 2023  
EHI Project #: 1450-10436**

## **1.0 Introduction**

Environmental Health Investigations, Inc. (EHI) was retained to conduct water sampling at the Community Day Nursery located at 591 Broadway in Bayonne, New Jersey.

Testing was conducted for the Lead and Copper requirement by the New Jersey Department of Children and Families for child care centers that are supplied water by a community water system.

## **2.0 Methods**

Samples were collected by EHI's William P. Kerbel (NJ DHSS Permit #: 037008) on March 9, 2023. The samples were analyzed for the following parameters:

Copper - Method 200.8

Lead - Method 200.8

The samples were collected in accordance with the New Jersey Department of Children and Families (NJDCF) Drinking Water Testing Checklist. The Drinking Water Testing Checklist at a child care center is attached as *Appendix A* of this report.

All sample locations are labeled on the map attached as *Appendix B* of this report. All samples were analyzed by New Jersey certified drinking water laboratory, Integrated Analytical Laboratory located in Randolph, New Jersey (Lab #: 14751). Laboratory analytical results are attached as *Appendix C* of this report.

## **3.0 Results**

<b>Sample ID</b>	<b>Location</b>	<b>Copper ug/L</b>	<b>Lead ug/L</b>
CDK-030923-1	Basement - Kitchen: Handwashing Sink (Cold) - First Draw	57.0	0.722
CDK-030923-2	Basement - Kitchen: Right Dishwashing Sink (Cold) - First Draw	84.8	2.79

Community Day Nursery  
591 Broadway  
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Sample ID	Location	Copper ug/L	Lead ug/L
CDK-030923-3	Basement - Kitchen: Left Dishwashing Sink (Cold) - First Draw	64.7	3.87
CDK-030923-4	Basement - Children's Bathroom Sink (Cold) - First Draw	50.7	0.752
CDK-030923-5	1 <sup>st</sup> Floor - Room #2: Sink (Cold) - First Draw	58.8	4.35
CDK-030923-6	1 <sup>st</sup> Floor - Room #1: Sink (Cold) - First Draw	61.8	1.62
CDK-030923-7	2 <sup>nd</sup> Floor - Staff Kitchen / Lounge Sink (Cold) - First Draw	62.6	0.584

The New Jersey Drinking Water Standards have action levels for copper at 1300 µg/L and lead at 15 µg/L.

#### **4.0 Discussion of Results:**

All water sources that were tested for in the facility on March 9, 2023 indicate conformance with NJ Drinking Water Standards.

EHI recommends a periodic flushing plan be implemented to avoid stagnation in the water fountains and/or faucets, especially sources that are infrequently used.

Sampling & Report By: William P. Kerbel  
William P. Kerbel  
Project Manager

Reviewed By: William S. Kerbel  
William S. Kerbel, CIH  
President

**Community Day Nursery  
591 Broadway  
Bayonne, New Jersey**

**Drinking Water Testing  
March 9, 2023  
EHI Project #: 1450-10436**

**APPENDIX**

**A**

**New Jersey Department of Children and Families (NJDCF)**

**Drinking Water Testing Checklist**

## 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:	
Site Address of Center:	Building # and Street:	Municipality:	County:
Sponsor/Sponsor Representative:		Phone Number:	Email:

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

Sampling Date(s):	03/09/2023
1. <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 03/09/2023	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: 03/09/2023	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? <b>Please attach copies.</b>
7. <input 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 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 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 type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input 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 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 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 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 type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) have a follow-up flush sample conducted?
19. <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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 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 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 type="checkbox"/> N/A Sample Date: N/A	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 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 type="checkbox"/> N/A Sample Date: N/A	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 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 type="checkbox"/> N/A	If a mechanical process was implemented to remedy an action level exceedance (e.g., flushing program), were additional samples collected after the implementation?
27. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If no remedial action was taken, such as those indicated in 21 through 26 above, has the center implemented a written plan of action for use of bottled water for drinking and food preparation?

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

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

### DRINKING WATER TESTING RESOURCES

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](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](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](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 ( <i>Building # and Street</i> ):	
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:	<i>William P. Kerbel</i>
Signature Date:	



**Community Day Nursery  
591 Broadway  
Bayonne, New Jersey**

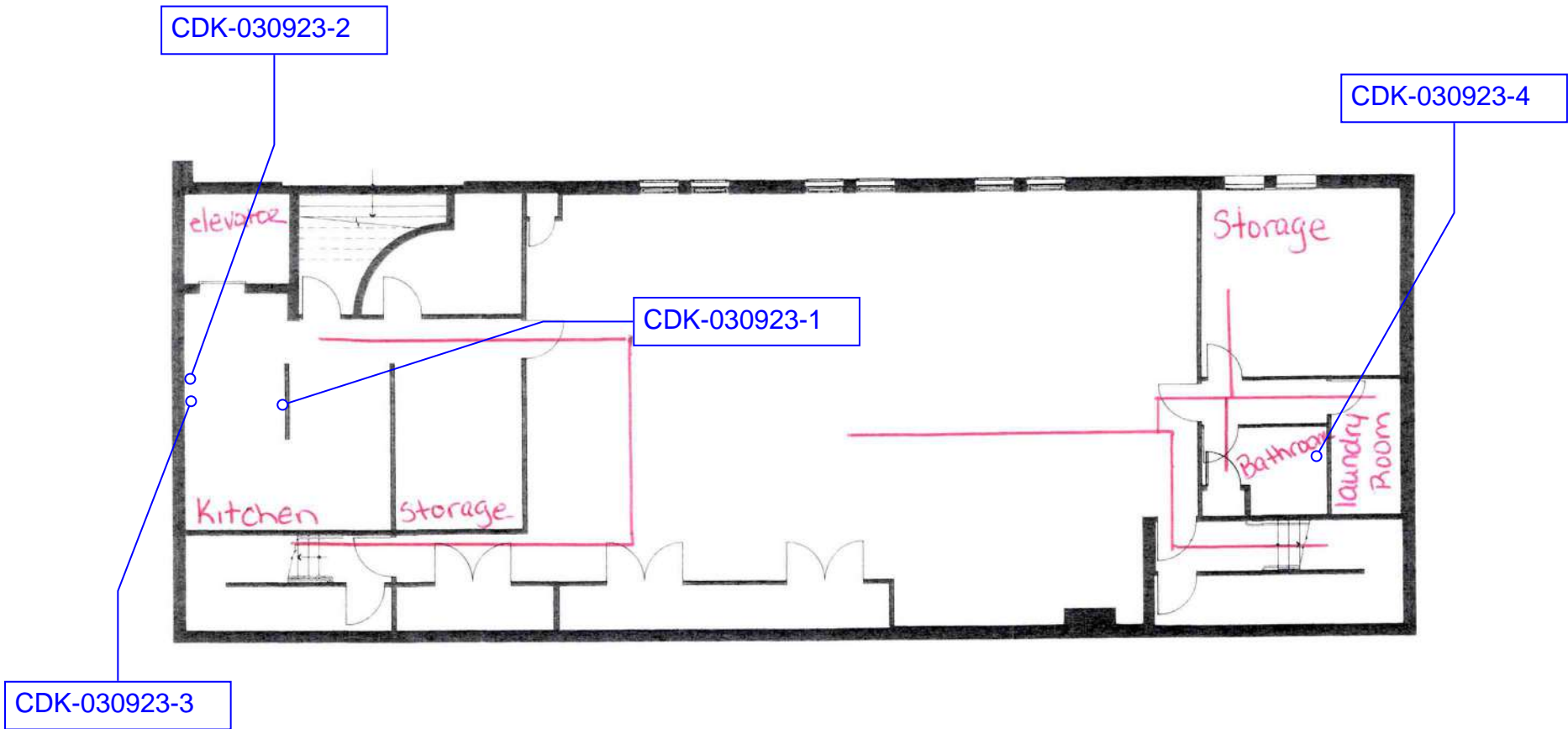
**Drinking Water Testing  
March 9, 2023  
EHI Project #: 1450-10436**

**A P P E N D I X**

**B**

**Sample Location Drawings**

# Basement

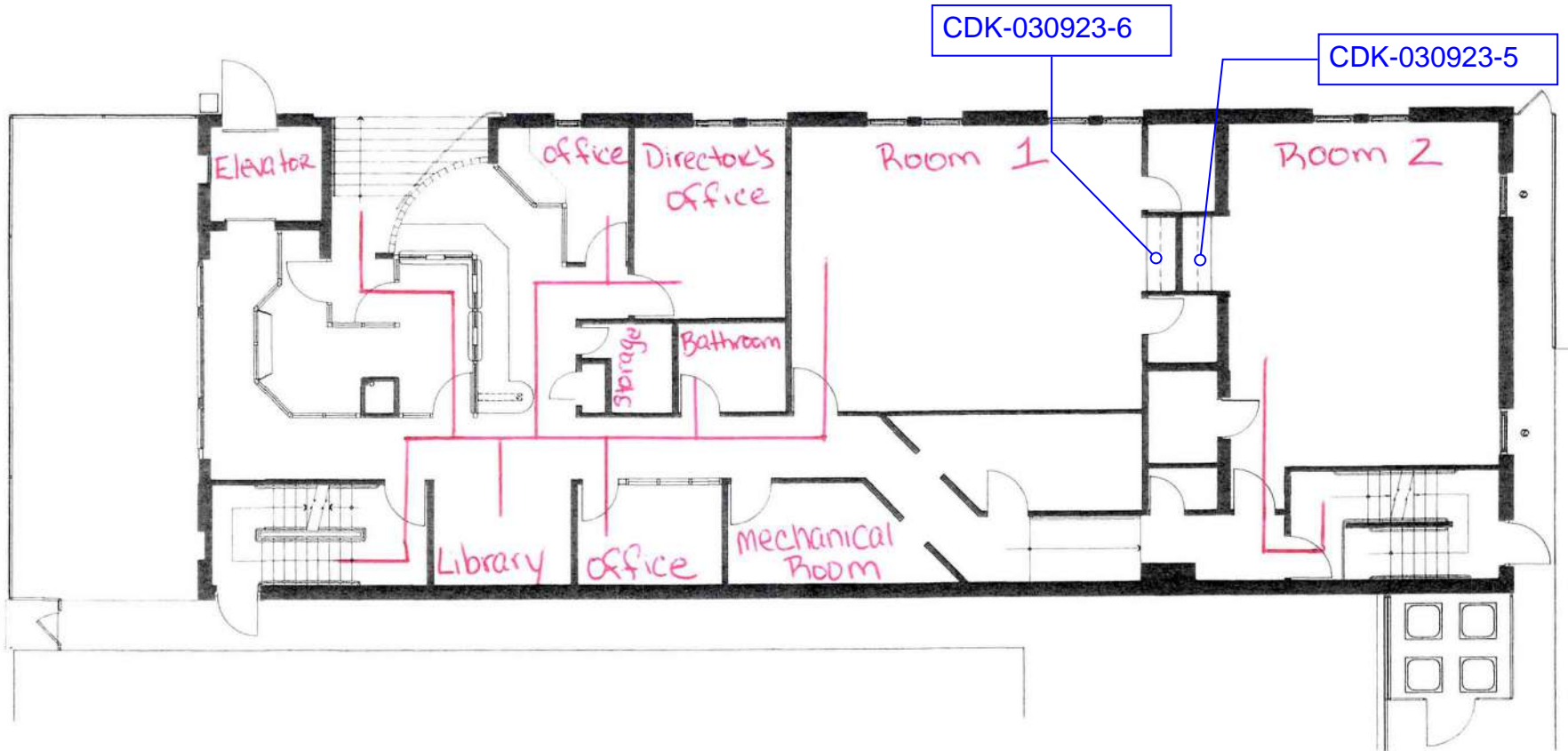


**LEGEND**

Sampling Locations  ○


<b>Community Day Nursery - Drinking Water Sampling</b>	
EHI Project #: 1450-10436 Sampling Date: MARCH 9, 2023 Drawing Date: MARCH 30, 2023	
<b>BASEMENT</b> 1591 BROADWAY, BAYONNE NJ <b>Sample Locations</b>	
<b>PREPARED BY:</b> Environmental Health Investigations, Inc. 655 West Shore Trail Sparta, NJ 07871 Tel. 973.729.5649 www.ghi-inc.com	
<b>SITE LOCATION:</b> COMMUNITY DAY NURSERY 591 BROADWAY BAYONNE, NJ 07002	

# First Floor

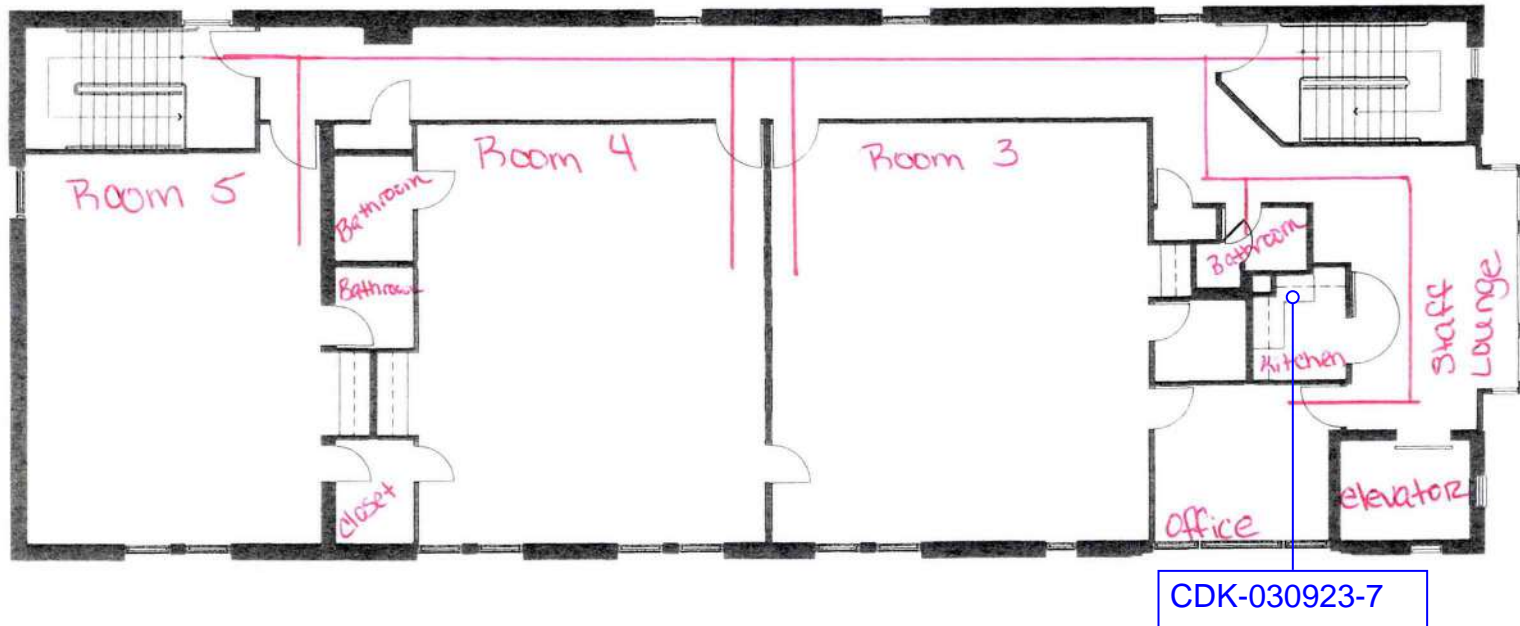


**LEGEND**

Sampling Locations  ○

<b>Community Day Nursery - Drinking Water Sampling</b>		<b>1ST FLOOR</b>
EHI Project #: 1450-10436 Sampling Date: MARCH 9, 2023 Drawing Date: MARCH 30, 2023		1591 BROADWAY, BAYONNE NJ <b>Sample Locations</b>
<b>PREPARED BY:</b>  Environmental Health Investigations, Inc. 655 West Shore Trail Sparta, NJ 07871 Tel. 973.729.5649 www.ghi-inc.com		<b>SITE LOCATION:</b> COMMUNITY DAY NURSERY 591 BROADWAY BAYONNE, NJ 07002

## Second Floor



<b>Community Day Nursery - Drinking Water Sampling</b>		
EHI Project #: 1450-10436 Sampling Date: MARCH 9, 2023 Drawing Date: MARCH 30, 2023	<b>2ND FLOOR</b> 1591 BROADWAY, BAYONNE NJ <b>Sample Locations</b>	
PREPARED BY: <div style="display: flex; align-items: center; margin-top: 5px;"> <div>                     Environmental Health Investigations, Inc.                      655 West Shore Trail                      Sparta, NJ 07871                      Tel. 973.729.5649                      www.ghi-inc.com                 </div> </div>		SITE LOCATION: COMMUNITY DAY NURSERY 591 BROADWAY BAYONNE, NJ 07002

**Community Day Nursery  
591 Broadway  
Bayonne, New Jersey**

**Drinking Water Testing  
March 9, 2023  
EHI Project #: 1450-10436**

**A P P E N D I X**

**C**

**Integrated Analytical Laboratory (Lab #: 14751)**

**Laboratory Report**



**ANALYTICAL DATA REPORT**  
for  
**Environmental Health Investigations, Inc.**  
655 West Shore Trail  
Sparta, NJ 07871

**Project Name: COMMUNITY DAY NURSERY**  
**Lab Case Number: E23-01189**

RL = REPORTING LIMIT

MDL = METHOD DETECTION LIMIT

**Metals**

Lab ID: 01189-005  
Client ID: CDK-030923-5  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture:

Date Sampled: 3/9/2023  
Time Sampled: 07:18  
Date Analyzed: 3/17/23

Parameter	Result	Q	RL	MDL
Copper	58.8		0.500	0.450
Lead	4.35		0.500	0.180

Lab ID: 01189-006  
Client ID: CDK-030923-6  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture:

Date Sampled: 3/9/2023  
Time Sampled: 07:20  
Date Analyzed: 3/17/23

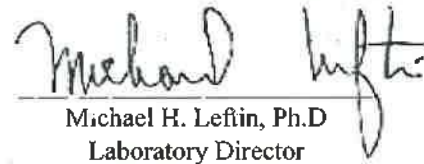
Parameter	Result	Q	RL	MDL
Copper	61.8		0.500	0.450
Lead	1.62		0.500	0.180

Lab ID: 01189-007  
Client ID: CDK-030923-7  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture:

Date Sampled: 3/9/2023  
Time Sampled: 07:25  
Date Analyzed: 3/17/23

Parameter	Result	Q	RL	MDL
Copper	62.6		0.500	0.450
Lead	0.584		0.500	0.180

These data have been reviewed and accepted by:

  
 Michael H. Leftin, Ph.D  
 Laboratory Director





**ANALYTICAL DATA REPORT**  
for  
**Environmental Health Investigations, Inc.**  
655 West Shore Trail  
Sparta, NJ 07871

**Project Name: COMMUNITY DAY NURSERY**  
**Lab Case Number: E23-01189**

**RL = REPORTING LIMIT**

**MDL = METHOD DETECTION LIMIT**

**Metals**

Lab ID: 01189-001  
Client ID: CDK-030923-1  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture: 100

Date Sampled: 3/9/2023  
Time Sampled: 07:04  
Date Analyzed: 3/17/23

Parameter	Result	Q	RL	MDL
Copper	57.0		0.500	0.450
Lead	0.722		0.500	0.180

Lab ID: 01189-002  
Client ID: CDK-030923-2  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture:

Date Sampled: 3/9/2023  
Time Sampled: 07:07  
Date Analyzed: 3/17/23

Parameter	Result	Q	RL	MDL
Copper	84.8		0.500	0.450
Lead	2.79		0.500	0.180

Lab ID: 01189-003  
Client ID: CDK-030923-3  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture:

Date Sampled: 3/9/2023  
Time Sampled: 07:10  
Date Analyzed: 3/17/23

Parameter	Result	Q	RL	MDL
Copper	64.7		0.500	0.450
Lead	3.87		0.500	0.180

Lab ID: 01189-004  
Client ID: CDK-030923-4  
Matrix-Units: Drinking Water-ug/L  
Percent Moisture:

Date Sampled: 3/9/2023  
Time Sampled: 07:14  
Date Analyzed: 3/17/23

Parameter	Result	Q	RL	MDL
Copper	50.7		0.500	0.450
Lead	0.752		0.500	0.180





Integrated Analytical Labs  
273 Franklin Road  
Randolph, NJ 07869

# Chain of Custody Record

Contact Us: 973-361-4252  
Web: www.ialonline.com

Customer Information		Reporting Information		Deliverables		EDDS		Concentrations Expected:		
Company: <i>EHL, Inc.</i> Address: <i>655 W. Shore Tr.</i> <i>Spartan, NJ 07871</i> Telephone #: <i>8622684914</i>		*Rush TAT Charge 24 hr - 100%... 48 hr - 75%... 72 hr - 50%... 96 hr - 35%... 5 day - 25%... 6-9 day - 10%		*Surcharge may apply for regulatory		NJ, CT, PA Results Only (Level I) <input checked="" type="checkbox"/> Reduced (Level III) <input type="checkbox"/> Regulatory/ Full (Level IV)		NY <input type="checkbox"/> ASP Category A <input type="checkbox"/> ASP Category B		Low Med High
Project Manager: <i>B Kerbel</i> Email Address(es): <i>wkerbel@ehi-inc.com</i>		Check here if same as "Customer Information" REPORT TO: Address:		Turn-Around Time (TAT) Standard (10 business days) Verbal Rush/date needed (only if pre-approved)		NJ, CT, PA <input type="checkbox"/> ASP Category A <input type="checkbox"/> ASP Category B		Known Hazard: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Describe:		
Project Name: <i>Community Day Nursery</i> Project Location (State): <i>NJ</i>		Invoice TO: Address:		Hard Copy: Standard 3 week <b>Other - call for price</b> Petroleum Hydrocarbons - Selection is REQUIRED TAT for PHC, if other than 2 weeks:		New Jersey <input type="checkbox"/> GWQS <input type="checkbox"/> 2017 SRS/GW <input type="checkbox"/> 2021 SRS/MGW <input type="checkbox"/> Ecological <input type="checkbox"/> DW <input type="checkbox"/> SPLP		Regulatory Requirement New York <input type="checkbox"/> AWQS (TOGS Table 1) <input type="checkbox"/> GWEL (TOGS Table 5) <input type="checkbox"/> Part 375-6.8(e) - Unrestricted <input type="checkbox"/> Part 375-6.8(p) - Restricted <input type="checkbox"/> CP-51 Table 2 or 3 (selection required)		
Bottle Order #: "Report to" / "Invoice To" same as above		Quote #		NJ EPH-DRO - Category 1 <input type="checkbox"/> NJ EPH-C40 - Category 2 <input type="checkbox"/> NJ EPH-Fractionated - Cat 2 <input type="checkbox"/> DRO-3015		Other States / Criteria <input type="checkbox"/> Pennsylvania Act 2 <input type="checkbox"/> CT RCSA 22a-133k1-4-3 <input type="checkbox"/> TSCA PCBs OTHER Regulatory Requirements - specify in comments		Describe:		
Sampled by: <i>W.P. Kerbel</i> COMPLETED BY IAL: Field Sampling Equipment Rental		Sample Matrix DW - Drinking Water WW - Waste Water GW - Groundwater SW - Surface Water LIQ - Liquid (specify) M - Multiphasic		ANALYTICAL PARAMETERS (please note if contingent)		Sample Specific Notes:		Describe:		
SAMPLE INFORMATION		Sampling Date Time		Matrix # containers		IAL #		Describe:		
Client ID <i>CDK-030923-1</i>		Depth (ft only) <i>-2</i> <i>-3</i> <i>-4</i> <i>-5</i> <i>-6</i> <i>-7</i>		Matrix # containers <i>DW 1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i> <i>6</i> <i>7</i>		IAL # <i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i> <i>6</i> <i>7</i>		Describe:		
Samples previously analyzed by IAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Preservative Code: 1 = None 2 = HCl 3 = HNO3 4 = MeOH 5 = NaOH 6 = H2SO4 7 = Other		Container Code: A = Amber Glass B = Plastic C = Vial D = Glass E = EnCore T = Terracore		Preservative (use code) 3 3		Container Type (use code) B B		
Please print legibly and fill out completely. Samples cannot be processed and the turnaround time (TAT) will not start until any ambiguities have been resolved. TAT starts the following day if samples rec'd at lab ≥ 5PM. BY EXECUTING THIS COC, THE CLIENT HAS READ AND AGREES TO BE BOUND BY IAL'S TERMS & CONDITIONS (found on rear of pink copy).		Carrier (check one): <input type="checkbox"/> IAL Courier <input checked="" type="checkbox"/> Client Courier <input type="checkbox"/> FedEx/UPS***		Relinquished by (Signature and Company) <i>W.P. Kerbel</i>		Date <i>3/9/23 08:18</i>		Received by (Signature and Company) <i>Brimmer</i>		
IAL Rev. 05/2021 LAB COPIES - WHITE & YELLOW; CLIENT COPY - PINK		Certification IDs: TN (TN101284); CT (PH-0699); NJ (14761); NY (11402); PA (66-00773)		Date <i>3/9/23 08:18</i>		Time <i>08:18</i>		Cooler Temp: <i>5</i> °C		
Tracking #:		Signature and Company		Signature and Company		Signature and Company		Signature and Company		
Page:		Page:		Page:		Page:		Page:		

SDG #: 01189

FOR LAB USE ONLY

Cooler Temp: 5 °C

Date: 3/9/23 08:18



## PROJECT INFORMATION

# E23-01189: COMMUNITY DAY NURSERY

**To:** William P. Kerbel  
Environmental Health Investigations, Inc.  
Fax:  
EMail: wpkerbel@ehi-inc.com

**Report To**

Environmental Health Investigations, Inc.  
655 West Shore Trail  
Sparta, NJ 07871  
Attn: William P. Kerbel

**Bill To**

Environmental Health Investigations, Inc.  
655 West Shore Trail  
Sparta, NJ 07871  
Attn: Tracy Brucato

Report Format	P.O. #	Received At Lab	PHC Due	Verbal Due	Hardcopy Due
Result Only		Mar 09, 2023 @ 08:18	NA	Mar 23, 2023	Mar 30, 2023 *

\* Any *Conditional or Hold* status will delay final hardcopy report sent date.

**Diskette Req.** Not Required

**Criteria Requirement:** NJ Drinking Water Limits

Lab ID	Client Sample ID	Depth	Sampling Time	Matrix	Unit	Field pH/Temp
01189-001	CDK-030923-1	NA	03/09/23@07:04	Drinking Water	ug/L (ppb)	
01189-002	CDK-030923-2	NA	03/09/23@07:07	Drinking Water	ug/L (ppb)	
01189-003	CDK-030923-3	NA	03/09/23@07:10	Drinking Water	ug/L (ppb)	
01189-004	CDK-030923-4	NA	03/09/23@07:14	Drinking Water	ug/L (ppb)	
01189-005	CDK-030923-5	NA	03/09/23@07:18	Drinking Water	ug/L (ppb)	
01189-006	CDK-030923-6	NA	03/09/23@07:20	Drinking Water	ug/L (ppb)	
01189-007	CDK-030923-7	NA	03/09/23@07:25	Drinking Water	ug/L (ppb)	

\* No Cert = IAL does not hold certification for this test/method

Sample #	Test	Status	Analytical Method	TAT	Holding Time Expires
001	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023
002	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023
	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
003	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023
004	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023
	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
005	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023
006	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023
	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
007	Lead - Pb	Analyze	200.8	STD/2 WKS	9/5/2023
	Copper - Cu	Analyze	200.8	STD/2 WKS	9/5/2023



## PROJECT INFORMATION

**E23-01189: COMMUNITY DAY NURSERY**



# SAMPLE RECEIPT VERIFICATION

CASE NO: E 23

01189

CLIENT:

EHI inc

COOLER TEMPERATURE: 2° - 6°C:

( See Chain of Custody)

Comments

COC: COMPLETE / INCOMPLETE

KEY

= YES/NA

= NO

VOA received:  Encore

IGW - Methanol

(check one)  Terra Core

No Preservative

Bottles Intact

no-Missing Bottles

no-Extra Bottles

Sufficient Sample Volume

no-headspace/bubbles in VO's

Labels intact/correct

pH Check<sup>1</sup> (refer to Receipt pH Log)

Correct bottles/preservative

Sufficient Holding/Prep Time<sup>1</sup>

Multiphasic Sample

Sample to be Subcontracted

Chain of Custody is Clear

<sup>1</sup> All samples with "Analyze Immediately" holding times will be analyzed by this laboratory past the holding time. This includes but is not limited to the following tests: pH, Temperature, Free Residual Chlorine, Total Residual Chlorine, Dissolved Oxygen, Sulfite.

ADDITIONAL COMMENTS:

SAMPLE(S) VERIFIED BY:

INITIAL BC

DATE

3-9-23

CORRECTIVE ACTION REQUIRED:

YES

(SEE BELOW)

NO

If COC is NOT clear, **STOP** until you get client to authorize/clarify work.

CLIENT NOTIFIED:

YES

Date/ Time:

NO

PROJECT CONTACT:

SUBCONTRACTED LAB:

DATE SHIPPED:

ADDITIONAL COMMENTS:

VERIFIED/TAKEN BY:

INITIAL

[Signature]

DATE

3/10/23

# Laboratory Custody Chronicle

**IAL Case No.**

**E23-01189**

**Client** Environmental Health Investigations, Inc.

**Project** COMMUNITY DAY NURSERY

**Received On** 3/9/2023@08:18

<b>Department: Metals</b>			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Copper - Cu	01189-001	Drinking Water	3/17/23	Adrienne	3/17/23	Grecia
"	-002	"	3/17/23	Adrienne	3/17/23	Grecia
"	-003	"	3/17/23	Adrienne	3/17/23	Grecia
"	-004	"	3/17/23	Adrienne	3/17/23	Grecia
"	-005	"	3/17/23	Adrienne	3/17/23	Grecia
"	-006	"	3/17/23	Adrienne	3/17/23	Grecia
"	-007	"	3/17/23	Adrienne	3/17/23	Grecia
Lead - Pb	-001	Drinking Water	3/17/23	Adrienne	3/17/23	Grecia
"	-002	"	3/17/23	Adrienne	3/17/23	Grecia
"	-003	"	3/17/23	Adrienne	3/17/23	Grecia
"	-004	"	3/17/23	Adrienne	3/17/23	Grecia
"	-005	"	3/17/23	Adrienne	3/17/23	Grecia
"	-006	"	3/17/23	Adrienne	3/17/23	Grecia
"	-007	"	3/17/23	Adrienne	3/17/23	Grecia

NOTE: All soil, sediment, sludge, and solid samples are reported on a dry-weight basis.

Sample #:		NJ-Drinking	CDK-030923-1				CDK-030923-2				CDK-030923-3			
Field ID:		Water												
Lab ID:		Standards	01189-001				01189-002				01189-003			
Date Sampled:		by	03/09/2023				03/09/2023				03/09/2023			
Depth(ft):		Constituent												
	CAS	(ug/L)												
Metals (ug/L)			Conc	Q	RL	MDL	Conc	Q	RL	MDL	Conc	Q	RL	MDL
Copper	7440-50-8	1300	57.0		0.500	0.450	84.8		0.500	0.450	64.7		0.500	0.450
Lead	7439-92-1	15	0.722		0.500	0.180	2.79		0.500	0.180	3.87		0.500	0.180
Drinking Water Quality Standards - Oct 13, 2009, all primary standards except listed as (sec) for secondary standards (a) total of four individual THMs consists of Chloroform, Bromodichloromethane, Dibromochloromethane, Bromoform (sec) Secondary standards														
<b>BOLD Conc</b>	indicates a concentration that exceeds the applicable criteria.													

Sample #:		NJ-Drinking Water	CDK-030923-4				CDK-030923-5				CDK-030923-6				CDK-030923-7			
Field ID:																		
Lab ID:		Standards	01189-004				01189-005				01189-006				01189-007			
Date Sampled:		by	03/09/2023				03/09/2023				03/09/2023				03/09/2023			
Depth(ft):		Constituent (ug/L)																
	CAS																	
Metals (ug/L)			Conc	Q	RL	MDL	Conc	Q	RL	MDL	Conc	Q	RL	MDL	Conc	Q	RL	MDL
Copper	7440-50-8	1300	50.7		0.500	0.450	58.8		0.500	0.450	61.8		0.500	0.450	62.6		0.500	0.450
Lead	7439-92-1	15	0.752		0.500	0.180	4.35		0.500	0.180	1.62		0.500	0.180	0.584		0.500	0.180
<a href="#">Drinking Water Quality Standards - Oct 13, 2009, all primary standards except listed as (a) total of four individual THMs consists of Chloroform, Bromodichloromethane, Dibromochloromethane, and Bromoform (sec) Secondary standards</a>																		
<b>BOLD Conc</b> indicates a concentration that exceeds the applicable standard.																		