

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

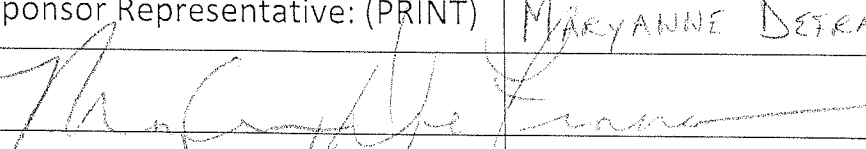
DRINKING WATER TESTING STATEMENT OF ASSURANCE

• PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM •

Name of Child Care Center: STEPPING STONES LEARNING INSTITUTE		License ID: 11STE0003
Site Address (Building # and Street): 701 ROEBLING AVE TRENTON, NJ 08611		
Municipality: CITY OF TRENTON	County: MERCER	
Sponsor/Sponsor Representative: MARYANNE DEFRANCESCO, EXECUTIVE DIRECTOR		Phone #: (609) 989-8882
Sponsor/Sponsor Representative Email: steppingstones719@verizon.net		
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)	MARYANNE DEFRANCESCO
Signature:	
Signature Date:	5/10/19

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

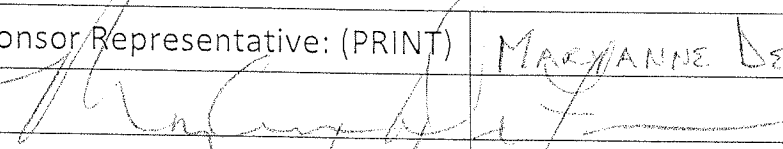
Name of Child Care Center: STEPPING STONES LEARNING INSTITUTE		License ID:	
Site Address of Center: 701 ROEBLING AVE	Building # and Street:	Municipality: CITY OF TRENTON	County: MERCER
Sponsor/Sponsor Representative: MARYANNE DEFRANCESSO		Phone Number: 609 989-8882	Email: steppingstones719@verizon.net

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

Sampling Date(s):	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 4/8/19	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: 4/8/19	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (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 checked="" 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 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)	MARYANNE DEFRANCESCO
Signature:	
Signature Date:	5/10/19

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>

Client Information

Client Name & Address

TRISTAN O'S 611

STEPPING STONES PRESSURE - 701 REBUNK

page 2 of 2
 Phone: 609.658.0975

E-Mail: STEPPINGSTONES719@VERIZON.NET

Notes

Sampled by: (Print/Sign) DENISE PUGHOO PUGHOO

Lab ID No.	Sample ID/Location	Date Sampled	Time Sampled	Total No. Containers
	701- GARLS BR- DOWNSTAIRS	4-14-21	10:43 AM	1
	701- GARLS BR- UPSTAIRS	4-14-21	10:35 AM	1
	701- KITCHEN SINK- DOWN	4-14-21	10:42 AM	1
	701- BAYS BR- UPSTAIRS	4-14-21	10:37 AM	1
	701- ANNYS SINK- DOWN	4-14-21	10:46 AM	1

Bottle Vol	Matrix	HCl	Sterile	H2SO4	HNO3	Unpres	Other
							Pb/Cu

Analysis	

Relinquished by Sampler	Client	Date: 4-14-21	Time: 1426	Received by:	1	Date:	Time:
Relinquished by:		Date:	Time:	Received by:	2	Date:	Time:
Relinquished by:		Date:	Time:	Received by:	3	Date:	Time:

New Jersey Analytical Laboratories
 812 Silvia Street, Building B
 Ewing, NJ 08628
 Phone: 609-737-3477

Received for Laboratory by: *OSIL 147*
 4-14-21 @ 1426

Important Note: All Work Performed by New Jersey Analytical Laboratories LLC is subject to our Terms & Conditions, available at <http://www.njal.com/terms>*

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

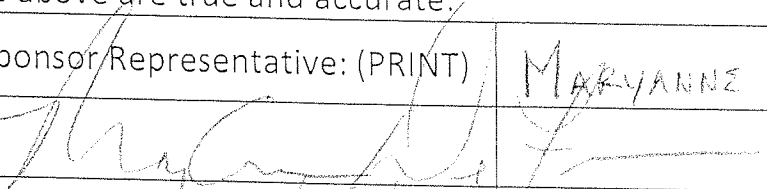
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Site Address (Building # and Street): 719 ROEBLING AVE. TRENTON, NJ 08611		
Municipality: CITY OF TRENTON	County: MERCER	
Sponsor/Sponsor Representative: MARYANNE DEFRANCESCO		Phone #: 609-656-7660
Sponsor/Sponsor Representative Email: steppingstones719@verizon.net		
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).

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Sponsor/Sponsor Representative: (PRINT)	MARYANNE DEFRANCESCO
Signature:	
Signature Date:	5/10/19

DRINKING WATER TESTING CHECKLIST

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

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CHILD CARE CENTER INFORMATION

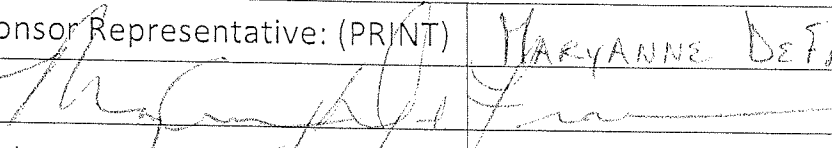
Name of Child Care Center: STEPPING STONES LEARNING INSTITUTE		License ID:	
Site Address of Center: 719 ROEBLING AVE	Building # and Street:	Municipality: CITY of TRENTON	County: MERCER
Sponsor/Sponsor Representative: MARYANNE DEFRANCESCO		Phone Number: 609-656-7660	Email: steppingstones719@verizon.net

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

Sampling Date(s):	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 4/8/19	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: 4/8/19	Were at least 50% of all indoor water faucets utilized by the center sampled?
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (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?
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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)	MARYANNE DEFRANCESCO
Signature:	
Signature Date:	10/10/19

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>

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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>

Client Information
 Client Name & Address
 719 EVID 08611

SAMPLED BY: (Print/Sign) *DEWISE RICHARD DRUMPER*

page 1 of 2
 Phone: 609.658.0975
 E-Mail: STEPPINGSTAIRS 719 @ VERIZON.NET

Notes

Lab ID No.	Sample ID/Location	Date Sampled	Time Sampled	Total No. Containers	Bottle Vol	Matrix	HCl	Sterile	H2SO4	HNO3	Unpres	Other	Analysis	
719	ANATASIA BOY BROOM	4.14.21	11:18 AM	1	1000 μ	Pb								
719	USA - GIRL BROOM	4.14.21	10:59 AM	1										
719	ANATASIA GIRL BROOM	4.14.21	11:17 AM	1										
719	USA BOY BROOM	4.14.21	11:02 AM	1										
719	ANATASIA KITCHEN	4.14.21	11:20 AM	1										
719	BETH BATHROOM	4.14.21	11:05 AM	1										
719	USA KITCHEN	4.14.21	10:57 AM	1										
Relinquished by Sampler				Date: 4-14-21	Received by:	Date:								
1 Relinquished by: <i>Oliver</i>				Time: 1426	1									
2 Relinquished by:				Date:	Received by:	Date:								
3 Relinquished by:				Time:	2									
				Date:	Received by:	Date:								
				Time:	3									
				Date:	Received by:	Date:								
				Time:										
				Date:	Received by:	Date:								
				Time:										
				Date:	Received by:	Date:								
				Time:										

New Jersey Analytical Laboratories
 812 Silvia Street, Building B
 Ewing, NJ 08628
 Phone: 609-737-3477

Temp
 20.5°C

Received for Laboratory by: *[Signature]*
 4-14-21 0928

Important Note: All Work Performed by New Jersey Analytical Laboratories LLC is subject to our Terms & Conditions, available at <http://www.njal.com/terms>



NELAC NJ11005
EPA NJ01186
PADEP 68-05417
NYDOH NY12046
CTDPH PH-0143



812 Silvia Street
Ewing, NJ 08628
609-737-3477 (p)
www.njal.com

CERTIFICATE OF ANALYSIS

Project Name: **719 Roebing Ave** Workorder: **N096120**

Denise Pincerno
Stepping Stones Learning Institute
701 Roebing Ave
Trenton, NJ 08611

Project Name and Number: **719 Roebing Ave**

May 07, 2021

Dear Denise Pincerno,

This report relates only to the sample(s) as received by the laboratory. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your NJAL project coordinator or laboratory manager listed at the bottom of this report at (609) 737-3477.

Note: This cover page is included as part of the Analytical Report and must be retained as a permanent record thereof.

George Latham, Technical Director

New Jersey Analytical Laboratories

George Latham, Technical Director

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



NELAC NJ11005
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 Ewing, NJ 08628
 609-737-3477 (p)
www.njal.com

Stepping Stones Learning Institute
701 Roebling Ave
Trenton, NJ 08611

Project: 719 Roebling Ave *Project Number:* [none]
Client Project Manager: Denise Pincerno
Purchase Order:

NJAL received the samples associated with this batch in compliance with NELAP guidelines. The requested analysis methods and results are detailed in the following data summary report. Any exception to method procedures are listed in the comments section below or noted with qualification on the results summary pages. Sample collection performed by the individual indicated on the chain of custody, if not collected by a NJAL technician, then NJAL is not responsible for sample integrity prior to receipt at the lab as indicated on the chain of custody..

Comments by Project Manager:

Received: 04/14/21 14:20 by Abby Hauptert

<u>Cooler</u>	<u>Temp C°</u>
Default Cooler	20.5

<u>Laboratory ID</u>	<u>Sample Name</u>	<u>Sample Date</u>	<u>Sampled By</u>
N096120-01	719- Anatasia boy broom	04/14/21 11:18	client
N096120-02	719- Lisa girl broom	04/14/21 10:59	client
N096120-03	719- Anatasia girl broom	04/14/21 11:17	client
N096120-04	719- Lisa boy broom	04/14/21 11:02	client
N096120-05	719- Antasia kitchen	04/14/21 11:20	client
N096120-06	719- Beth bathroom	04/14/21 11:05	client
N096120-07	719- Lisa ktichen	04/14/21 10:57	client
N096120-08	701- Girls br downstairs	04/14/21 10:43	client
N096120-09	701- Girls br upstairs	04/14/21 10:35	client
N096120-10	701- Kitchen sink down	04/14/21 10:42	client
N096120-11	701- Boys br upstairs	04/14/21 10:37	client
N096120-12	701- Amy's sink down	04/14/21 10:46	client

Additional Comments:

None.


New Jersey Analytical Laboratories

George Latham, Technical Director

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NELAC NJ11005
 EPA NJ01186
 PADEP 68-05417
 NYDOH NY12046
 CTDPH PH-0143

New Jersey Analytical Laboratories
NJAL 

812 Silvia Street
 Ewing, NJ 08628
 609-737-3477 (p)
www.njal.com

Lab ID: N096120-12

Matrix: Drinking Water

Date Collected: 04/14/21 10:46

Sample ID: 701- Amy's sink down

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Lead	1.3		ug/L	0.2	0.5	EPA 200.8	04/29/21 11:51	04/29/21 11:51	1
Copper	12.2		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:51	04/29/21 11:51	1

New Jersey Analytical Laboratories

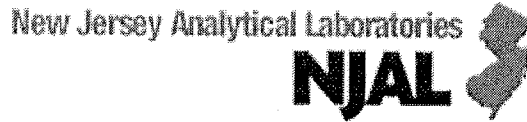


George Latham, Technical Director

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PADEP 68-05417
NYDOH NY12046
CTDPH PH-0143



812 Silvia Street
Ewing, NJ 08628
609-737-3477 (p)
www.njal.com

Notes and Definitions

U	Compound not detected
DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the Reporting Detection Limit (RDL)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
<	Less than reporting limit
≤	Less than or equal to reporting limit
>	Greater than reporting limit
≥	Greater than or equal to reporting limit
MDL	Method Detection Limit
RDL	Reporting Detection Limit
MCL/AL	Maximum Contaminant Level/Action Level
mg/kg wet	Results reported as wet weight
TTL	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

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 PADEP 68-05417
 NYDOH NY12046
 CTDPH PH-0143

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Lab ID: N096120-10

Matrix: Drinking Water

Date Collected: 04/14/21 10:42

Sample ID: 701- Kitchen sink down

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Copper	12.1		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:46	04/29/21 11:46	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:46	04/29/21 11:46	1

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Lab ID: N096120-11

Matrix: Drinking Water

Date Collected: 04/14/21 10:37

Sample ID: 701- Boys br upstairs

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Copper	11.8		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:49	04/29/21 11:49	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:49	04/29/21 11:49	1

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Lab ID: N096120-08

Matrix: Drinking Water

Date Collected: 04/14/21 10:43

Sample ID: 701- Girls br downstairs

Date Received: 04/14/21 14:20

Total Metals

Analyte	Results	Flag	Units	MDL	RDL	Method	Analyzed	Prepared	Dilution
Copper	11.2		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:41	04/29/21 11:41	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:41	04/29/21 11:41	1

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Lab ID: N096120-09

Matrix: Drinking Water

Date Collected: 04/14/21 10:35

Sample ID: 701- Girls br upstairs

Date Received: 04/14/21 14:20

Total Metals

Analyte	Results	Flag	Units	MDL	RDL	Method	Analyzed	Prepared	Dilution
Copper	13.7		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:43	04/29/21 11:43	1
Lead	2.4		ug/L	0.2	0.5	EPA 200.8	04/29/21 11:43	04/29/21 11:43	1

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Lab ID: N096120-06

Matrix: Drinking Water

Date Collected: 04/14/21 11:05

Sample ID: 719- Beth bathroom

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:35	04/29/21 11:35	1
Copper	11.4		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:35	04/29/21 11:35	1

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Lab ID: N096120-07

Matrix: Drinking Water

Date Collected: 04/14/21 10:57

Sample ID: 719- Lisa ktichen

Date Received: 04/14/21 14:20

Total Metals

Analyte	Results	Flag	Units	MDL	RDL	Method	Analyzed	Prepared	Dilution
Lead	0.6		ug/L	0.2	0.5	EPA 200.8	04/29/21 11:38	04/29/21 11:38	1
Copper	128		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:38	04/29/21 11:38	1

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Lab ID: N096120-05

Matrix: Drinking Water

Date Collected: 04/14/21 11:20

Sample ID: 719- Antasia kitchen

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Copper	25.8		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:33	04/29/21 11:33	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:33	04/29/21 11:33	1

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Lab ID: N096120-04

Matrix: Drinking Water

Date Collected: 04/14/21 11:02

Sample ID: 719- Lisa boy broom

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Copper	15.4		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:30	04/29/21 11:30	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:30	04/29/21 11:30	1

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Lab ID: N096120-02

Matrix: Drinking Water

Date Collected: 04/14/21 10:59

Sample ID: 719- Lisa girl broom

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Copper	20.4		ug/L	0.993	10.0	EPA 200.8	04/21/21 17:41	04/21/21 17:41	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/21/21 17:41	04/21/21 17:41	1

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Lab ID: N096120-03

Matrix: Drinking Water

Date Collected: 04/14/21 11:17

Sample ID: 719- Anatasia girl broom

Date Received: 04/14/21 14:20

Total Metals

Analyte	Results	Flag	Units	MDL	RDL	Method	Analyzed	Prepared	Dilution
Copper	13.0		ug/L	0.993	10.0	EPA 200.8	04/29/21 11:27	04/29/21 11:27	1
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/29/21 11:27	04/29/21 11:27	1

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A handwritten signature in cursive script that reads "George Latham".

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Lab ID: N096120-01

Matrix: Drinking Water

Date Collected: 04/14/21 11:18

Sample ID: 719- Anatasia boy broom

Date Received: 04/14/21 14:20

Total Metals

<u>Analyte</u>	<u>Results</u>	<u>Flag</u>	<u>Units</u>	<u>MDL</u>	<u>RDL</u>	<u>Method</u>	<u>Analyzed</u>	<u>Prepared</u>	<u>Dilution</u>
Lead	ND	U	ug/L	0.2	0.5	EPA 200.8	04/21/21 17:38	04/21/21 17:38	1
Copper	ND	U	ug/L	0.993	10.0	EPA 200.8	04/21/21 17:38	04/21/21 17:38	1

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