



Garden State Laboratories, Inc.

Report Date: 10/21/2021

Bacteriological and Chemical Testing

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
Email: info@gsllabs.com
Internet: www.gsllabs.com

Main Lab
410 Hillside Avenue
Hillside, New Jersey 07205
NJDEP Lab Cert. #20044

Jersey Shore Lab
54 Main Street
Waretown, New Jersey 08758
NJDEP Lab Cert. #15037

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A. Laboratory Manager

For: The ARC of Union County
70 Diamond Rd

Springfield, NJ 07081

Laboratory Director:

Attention: David Kinney

Client Number: ARC13

Sample ID: Field Blank Lab Sample ID: 211013011-01
Site: Collection Date/Time: 10/13/2021 05:50
Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.306 mg/l	1.3	0.0100	0.0021	20044	10/20/21 12:12	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	10/18/21 19:48	

Sample ID: First Draw - Nurse Office Library Lab Sample ID: 211013011-02
Site: Collection Date/Time: 10/13/2021 06:10
Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	2.14 mg/l	1.3	0.0100	0.0021	20044	10/20/21 12:26	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	10/18/21 19:57	

Sample ID: First Draw- Classroom# 1 Lab Sample ID: 211013011-03
Site: Collection Date/Time: 10/13/2021 06:15
Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	1.23 mg/l	1.3	0.0100	0.0021	20044	10/20/21 12:31	
Lead, Total Recoverable	EPA 200.9	1	0.00291 mg/l	0.015	0.00100	0.00055	20044	10/18/21 20:00	



Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044

Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

10/13/21 8:59 10°C

Page 1 of 2

GSL CLIENT # ARC13

MICRO #

CHEM. # 211013011-01-05

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: The ARC of Union County Contact/Authorized by: David Kinney

Mailing Address: 70 Diamond Road Phone: 908-444-1535

City/State/Zip: Springfield, NJ 07081 Email: JDT@arcunion.org

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION ARC Kohler School, 1137 Globe Ave., Mountainside, NJ 07092

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		Field Blank	10/13/21	5:50	✓		Lead & Copper (First Draw)	1	P	250ml	A	11-01
X		First draw Nurse office library	10/13/21	6:10	✓		Lead & Copper (First Draw)	1	P	250ml	A	11-02
X		First draw classroom #1	10/13/21	6:15	✓		Lead & Copper (First Draw)	1	P	250ml	A	11-03
X		First draw classroom #2	10/13/21	6:22	✓		Lead & Copper (First Draw)	1	P	250ml	A	11-04
X		First draw staff kitchen	10/12/21	6:30	✓		Lead & Copper (First Draw)	1	P	250ml	A	11-05

*Container Type: P=Plastic G=Glass A=Amber Glass I=Sterile Ithio V=Vial Other/Specify: _____
 *Preservation Code: A=Non Preserved B=Sulfuric Acid C=Sodium Hydroxide D=Nitric Acid
 E=Hydrochloric Acid F=Zinc Acetate G=Sodium Ithiosulfate H=Ascorbic Acid I=Cooled Other/Specify: _____

SUBCONTRACTED WORK

TURNAROUND TIME: Standard Rush (IF RUSH REQUESTED) Rush Due by:

SEND TO:

REPORT FORMAT: Standard Report Other/Specify:

DATE/TIME:

Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ 700

Payment Method: Credit Card Type: Check # Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): <u>John DiTaroni</u>	Signature:	Date/Time: <u>10/13/21 8:09am</u>
Client/Client's Representative (PRINT):	Signature:	Date/Time:
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): <u>Brown</u>	Signature:	Date/Time: <u>10/13/21 8:59</u>

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037
 Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827
 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

10/13/21 8:59 20°C

Page 2 of 2

GSL CLIENT # ARC13

MICRO #

CHEM. # 211013011-06-07

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: The ARC of Union County Contact/Authorized by: David Kinney

Mailing Address: 70 Diamond Road Phone: 908-444-1535

City/State/Zip: Springfield, NJ 07081 Email: JDITAC@arc.org

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION ARC Kohler School, 1137 Globe Ave., Mountainside, NJ 07092

Grab	Comp.	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		first draw main kitchen	10/13/21	6:45	✓		Lead & Copper (First Draw)	1	P	250ml	A	11.06
X		first draw E1 Room	10/13/21	6:55	✓		Lead & Copper (First Draw)	1	P	250ml	A	11.07

*Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____
 *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Iodosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

SUBCONTRACTED WORK

TURNAROUND TIME: Standard Rush (if RUSH REQUESTED) Rush Due by:

SEND TO:

REPORT FORMAT: Standard Report Other/Specify:

DATE/TIME:

Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ 700

Payment Method: Credit Card Type: Check # Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): <u>John D Taccaro</u>	Signature: <u>[Signature]</u>	Date/Time: <u>10/13/2021 8:59 AM</u>
Client/Client's Representative (PRINT):	Signature:	Date/Time:
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): <u>C. Bran</u>	Signature: <u>[Signature]</u>	Date/Time: <u>10/13/21 8:59</u>

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN
 IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED