



Metals in Drinking Water Analysis Report

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Client: Paul D Sakson Associates Inc
P.O. Box 154
Leonardo, NJ 07737-0154

Report Number: 23-10-00005
Received Date: 10/02/2023
Reported Date: 10/12/2023

Project/Test Address: Grandmas; 520 66th St; West New York, NJ 07093

Client Number: 201717

Laboratory Results

Fax Number: 855-710-7460

Table with 7 columns: Lab Sample Number, Client Sample Number, Collection Location, Analysis Date, Analyte, Concentration ppb (ug/L), Narrative ID. Contains 12 rows of data for various sink samples.

Environmental Hazards Services, L.L.C

Client Number: 201717
Project/Test Address: Grandmas; 520 66th St; West New York, NJ 07093

Report Number: 23-10-00005

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
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Analyst: Nicole Lyle
Method: EPA 200.8

Reviewed By Authorized Signatory: Melissa Kanode

Melissa Kanode

QA/QC Clerk

Sample Results denoted with a "less than" (<) sign contain less than the reporting limit which is 1 ppb for Lead and 10 ppb for Copper.

The EPA Maximum Contaminant Level for Lead in Drinking Water is 15 ppb and for Copper is 1300 ppb. The results herein conform to NELAC standards, where applicable, unless otherwise narrated on this report. Results represent the analysis of samples submitted by the client. Sample location, description, field parameter results, etc., were provided by the client. This report cannot be reproduced, except in full, without written approval from Environmental Hazards Services, L.L.C.

LEGEND ug/L = microgram per liter ppb = parts per billion



ENVIRONMENTAL HAZARDS SERVICES, LLC

WaterSmart® Lead Chain-of-Custody Form

Richmond, VA - Phone: (800) 347-4010 FAX: (804) 275-4907 www.leadlab.com

23-10-00005



Due Date: 10/16/2023 (Monday) AE

KB

Laboratories™ 7469 Whitepine Rd, N. Chesterfield, VA 23237-2261

Client Name: Paul D. Sakson Associates, Inc. Account #: 201717

Address: PO Box 154

City/State/Zip: Leonardo NJ 07737-0154 Phone: (732) 230-7510

Email Address: maya@paulsakson.com

Project Name/ Number: Grandmas - West New York - 520 66th St

Collection Address: 520 66th Street City/State/Zip: West New York, NJ 07093 (Required)

Approx. Age Of Property: Collected By: Maya Chernick

Water Source: (Check One) Public X or Well Well Tag # (if applicable): not applicable

Turn-Around Time X 10 Days 5 Days 3 Days 2 Days 1 Day

1-6 PM

No.	Client Sample ID	Collection Location (Ex: Kitchen Sink)	Collection Date	Collection Time	Analyte	
					Pb	Cu
1	1	Kitchen - left Dish Sink	9/28/23	7:31 AM / PM	✓	✓
2	2	Kitchen - middle Sink	↓	7:32 AM / PM	✓	✓
3	3	Hallway bathroom Sink		7:34 AM / PM	✓	✓
4	4	Class 3 Girl's bathroom Sink		7:38 AM / PM	✓	✓
5	5	Class 2 hand Sink		7:40 AM / PM	✓	✓
6	6	Class 3 boys bathroom Sink		7:42 AM / PM	✓	✓
7	7				AM / PM	
8	8			AM / PM		
9	9			AM / PM		
10	10			AM / PM		
11	11			AM / PM		
12	12			AM / PM		
13	13			AM / PM		
14	14			AM / PM		
15	15			AM / PM		

Released by: Maya Chernick Signature: Maya Chernick Date/Time: 9/28/23 12pm
Received by: RT HARRIS Signature: R Harris Date/Time: 10/2/23

9:10 AM

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

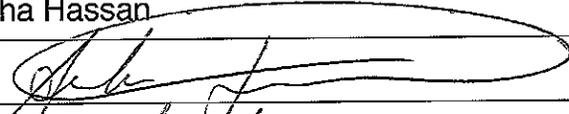
Name of Child Care Center: Grandma's Place Preschool		License ID: 09GRA0003	
Site Address of Center: 520 66th Street	Building# and Street: 520 66th Street	Municipality: West New York	County: Hudson
Sponsor/ Sponsor Representative: Suha Hassan		Phone Number: (201) 758-0253	Email: grandmaspreschool@yahoo.com

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

Sampling Date(s):	9/28/23
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 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: 9/28/23	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: 9/28/23	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 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: 9/28/23	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: 9/28/23	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)	Suha Hassan
Signature:	
Signature Date:	10/17/2023

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: Grandma's Place Preschool		License ID: 09GRA0003
Site Address (Building # and Street): 520 66th Street		
Municipality: West New York	County: Hudson	
Sponsor/Sponsor Representative: Suha Hassan		Phone #: (201) 758-0253
Sponsor/Sponsor Representative Email: grandmaspreschool@yahoo.com		
Additional Contact Person: Aleydis Ferreire		Phone #: 201-758-0253
Title: Director	Email: grandmasplacepreschool@gmail.com	

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)	Suha Hassan
Signature:	
Signature Date:	10/17/23