

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 •

<b>Name of Child Care Center:</b> Collegiate School - New Beginnings		<b>License ID:</b> 16COL0003
<b>Site Address (Building # and Street):</b> 22 Kent Court		
<b>Municipality:</b> Passaic	<b>County:</b> Passaic	<input type="text"/>
<b>Sponsor/Sponsor Representative:</b> Paula Steele		<b>Phone #:</b> 973-777-1714
<b>Sponsor/Sponsor Representative Email:</b> collegiate.school@yahoo.com		
<b>Additional Contact Person:</b> Raymond Metzger		<b>Phone #:</b> 973-777-1714
<b>Title:</b> Business Office.	<b>Email:</b> collegiate.school@yahoo.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:

<b>Sponsor/Sponsor Representative: (PRINT)</b>	Paula G. Steele.
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State of New Jersey  
Department of Children and Families  
Office of Licensing

## 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: <b>Collegiate School - New Beginnings</b>		License ID: <b>16COL0003</b>	
Site Address of Center:	Building # and Street: <b>22 Kent Court</b>	Municipality: <b>Passaic</b>	County: <b>Passaic</b>
Sponsor/Sponsor Representative: <b>Paula Steele</b>		Phone Number: <b>(973) 777-1714</b>	Email: <b>collegiate.school@yahoo.com</b>

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

Sampling Date(s):	<b>4/1/2021</b>
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: <b>4/1/21</b>	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: <b>4/1/21</b>	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? <b>Please attach copies.</b>
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:	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)	Paola G. Steele
Signature:	
Signature Date:	4/20/21

### 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>



AQUA PRO-TECH LABORATORIES  
Certified Environmental Testing

Client: Collegiate School  
22 Kent Court  
Passaic, NJ 07055

APL Order ID Number: 1040012  
Collected : 04/01/2021 7:07  
Received: 04/01/2021

Contact:  
Client Project: Collegiate School

Contact: 04/13/2021 9:33  
Customer Service Rep: Tony Tudda

### Analytical Results Summary

Sample Number Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
<b>1040012-01</b>	<b>Drinking Water</b>	<b>A-1</b>						
Total Metals								
Copper	EPA 200.8	4/5/21 17:03	4/5/21 17:03	0.125			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:03	4/5/21 17:03	< 0.00200	U		0.00200	mg/L
<b>1040012-02</b>	<b>Drinking Water</b>	<b>A-2</b>						
Total Metals								
Copper	EPA 200.8	4/5/21 17:06	4/5/21 17:06	0.0345			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:06	4/5/21 17:06	< 0.00200	U		0.00200	mg/L
<b>1040012-03</b>	<b>Drinking Water</b>	<b>A-3</b>						
Total Metals								
Copper	EPA 200.8	4/5/21 17:10	4/5/21 17:10	0.0446			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:10	4/5/21 17:10	< 0.00200	U		0.00200	mg/L
<b>1040012-04</b>	<b>Drinking Water</b>	<b>A-4</b>						
Total Metals								
Copper	EPA 200.8	4/5/21 17:13	4/5/21 17:13	0.0511			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:13	4/5/21 17:13	< 0.00200	U		0.00200	mg/L
<b>1040012-05</b>	<b>Drinking Water</b>	<b>A-5</b>						
Total Metals								
Copper	EPA 200.8	4/5/21 17:16	4/5/21 17:16	0.238			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:16	4/5/21 17:16	0.0108			0.00200	mg/L

Brian Wood  
Laboratory Director

## Analytical Results Summary

Sample Number Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
<b>1040012-06</b>	<b>Drinking Water</b>	<b>A-6</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:20	4/5/21 17:20	0.0511			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:20	4/5/21 17:20	< 0.00200	U		0.00200	mg/L
<b>1040012-07</b>	<b>Drinking Water</b>	<b>A-7</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:23	4/5/21 17:23	0.0626			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:23	4/5/21 17:23	< 0.00200	U		0.00200	mg/L
<b>1040012-08</b>	<b>Drinking Water</b>	<b>B-1</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:26	4/5/21 17:26	0.0461			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:26	4/5/21 17:26	< 0.00200	U		0.00200	mg/L
<b>1040012-09</b>	<b>Drinking Water</b>	<b>B-2</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:30	4/5/21 17:30	0.0529			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:30	4/5/21 17:30	0.0248			0.00200	mg/L
<b>1040012-10</b>	<b>Drinking Water</b>	<b>B-3</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:33	4/5/21 17:33	0.00977			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:33	4/5/21 17:33	< 0.00200	U		0.00200	mg/L
<b>1040012-11</b>	<b>Drinking Water</b>	<b>B-4</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:50	4/5/21 17:50	0.0663			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:50	4/5/21 17:50	< 0.00200	U		0.00200	mg/L
<b>1040012-12</b>	<b>Drinking Water</b>	<b>B-5</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:53	4/5/21 17:53	0.114			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:53	4/5/21 17:53	0.00272			0.00200	mg/L
<b>1040012-13</b>	<b>Drinking Water</b>	<b>B-6</b>						
<b>Total Metals</b>								
Copper	EPA 200.8	4/5/21 17:57	4/5/21 17:57	0.0533			0.00200	mg/L
Lead	EPA 200.8	4/5/21 17:57	4/5/21 17:57	< 0.00200	U		0.00200	mg/L
<b>1040012-14</b>	<b>Drinking Water</b>	<b>B-7</b>						

Brian Wood  
Laboratory Director



## Analytical Results Summary

Sample Number Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
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**1040012-14    Drinking Water    B-7**

**Total Metals**

Copper	EPA 200.8	4/5/21 18:00	4/5/21 18:00	0.0759			0.00200	mg/L
Lead	EPA 200.8	4/5/21 18:00	4/5/21 18:00	< 0.00200	U		0.00200	mg/L

FootNotes

RL - Reporting limit

MDL - Minimum detection limit

ND, U - Indicates compound analyzed for but not detected

J - Indicates estimated value

B - Indicates compound found in associated blank

E - Concentration exceeds highest calibration standard

D - Indicates result is based on a dilution

P - Greater than 25% diff. between 2 GC columns.

Brian Wood  
Laboratory Director



# APL 1040012

AQUA PRO-TECH LABORATORIES



www.aquaprotechlabs.com

1275 BLOOMFIELD AVENUE • BUILDING 6  
FAIRFIELD, NEW JERSEY 07004

TEL: 973.227.0422  
FAX: 973.227.2813

## CHAIN OF CUSTODY

CLIENT: Collegiate School	SEND REPORT TO: Payla Steele
ADDRESS: 22 Kent Court	Collegiate School
PHONE: 973-777-1714	22 Kent Ct.
E-MAIL: collegiate-school@yahoo.com	Passaic, NJ 07055
PROJECT NAME:	PHONE: 973-777-1714
PROJECT MGR:	FAX: 973-777-3255
PROJECT or PO #:	SEND INVOICE TO: same
	ADDRESS:
	SAMPLED BY: Ray Metzger

### CONTAMINATION LEVEL

☐ HIGH ☐ MEDIUM ☐ LOW

MATRIX ABBREVIATIONS: D - DRINKING WATER G - GROUNDWATER W - WASTEWATER S - SOIL SL - SLUDGE C - CONCRETE L - LAKE

APL Lab ID#	Sample Source: Field ID	Date	Time	Sample Type G R A B C O M P	M A R K	No. of Bottles	Preservative	Analysis Requested
1640012-01	A-1	4/1/21	7:07 AM		D	1		Pb + Cu
12	A-2	4/1/21	7:09 AM		D	1		
23	A-3	4/1/21	7:10 AM		D	1		
04	A-4	4/1/21	7:11 AM		D	1		
05	A-5	4/1/21	7:13 AM		D	1		
06	A-6	4/1/21	7:14 AM		D	1		
07	A-7	4/1/21	7:15 AM		D	1		

RELINQUISHED BY (Print) Raymond Metzger	DATE 4/1/21	RECEIVED BY (Print) Cluper
Signature	Time	Signature
RELINQUISHED BY (Print)	DATE 4/1/21	RECEIVED BY (Print) Cluper
Signature	Time	Signature
RELINQUISHED BY (Print)	DATE	RECEIVED BY (Print)
Signature	Time	Signature
COMMENTS/SPECIAL INSTRUCTIONS		
Paid - check #5432 - \$1,750.00		
Cooler Temp. upon receipt at lab Amb.		

### CHAIN OF CUSTODY

CLIENT: Collegiate School  
ADDRESS: 22 Kent Court  
PHONE: 973-777-1714  
E-MAIL: collegiate-school@yahoo.com  
PROJECT NAME: \_\_\_\_\_  
PROJECT MGR: \_\_\_\_\_  
PROJECT or PO #: \_\_\_\_\_

SEND REPORT TO: Paula Steele  
ADDRESS: 22 Kent Ct.  
PHONE: Passaic, NJ 07055  
FAX: 973-777-3255  
SEND INVOICE TO: Same.  
ADDRESS: \_\_\_\_\_  
SAMPLED BY: Ray Metzger

#### CONTAMINATION LEVEL

☐ HIGH ☐ MEDIUM ☐ LOW

MATRIX ABBREVIATIONS: D - DRINKING WATER G - GROUNDWATER W - WASTEWATER S - SOIL SL - SLUDGE C - CONCRETE L - LAKE

APL Lab ID#	Sample Source: Field ID	Date	Time	Sample Type G R A B C U M P	No. of Bottles	Preservative	Analysis Requested
104012-08	B-1	4/1/21	7:17 <sup>am</sup>	X	1		Pb + Cu
09	B-2	4/1/21	7:18 <sup>am</sup>		1		
10	B-3	4/1/21	7:20 <sup>am</sup>		1		
11	B-4	4/1/21	7:22 <sup>am</sup>		1		
12	B-5	4/1/21	7:23 <sup>am</sup>		1		
13	B-6	4/1/21	7:25 <sup>am</sup>		1		
14	B-7	4/1/21	7:26 <sup>am</sup>		1		

RELINQUISHED BY (Print) Raymond Metzger

Signature

DATE 4/1/21

Time

RECEIVED BY (Print)

Signature

RELINQUISHED BY (Print)

Signature

DATE

Time

RELINQUISHED BY (Print)

Signature

DATE

Time

#### COMMENTS/SPECIAL INSTRUCTIONS

David - check # 5432 \$1750.00

Cooler Temp. upon receipt at lab

Ant