



Garden State Laboratories, Inc.

Report of Analysis

410 Hillside Ave.
Hillside, NJ 07205

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Main Lab
NJDEP Lab Cert. #20044

Jersey Shore Lab
NJDEP Lab Cert. #15037

Lakehurst Lab
NJDEP Lab Cert. #15041

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 Early Learning Center NJ, LLC - JM
1633 Route 70

Southampton, NJ 08088

Attention: Jenn Medvesky

Client Number: EAR03

Laboratory Director:

Report Date: 10/09/2024

Sample ID: Lab Sample ID: 240930043-01 PWSID Number: NJ0333328
Site: 1st Floor Kitchen Collection Date/Time: 09/28/2024 08:58 Facility ID: DS
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0248 mg/l	1.3	0.0100	0.0048	20044	10/07/24 14:46	
Lead, Total Recoverable	EPA 200.9		1	0.00485 mg/l	0.015	0.00100	0.00055	20044	10/06/24 14:46	

Sample ID: Lab Sample ID: 240930043-02 PWSID Number: NJ0333328
Site: 1st Floor BR 2 L Sink Collection Date/Time: 09/28/2024 09:00 Facility ID: DS
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	< 0.0100 mg/l	1.3	0.0100	0.0048	20044	10/07/24 14:49	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	10/06/24 15:00	

Sample ID: Lab Sample ID: 240930043-03 PWSID Number: NJ0333328
Site: Main Fl BR 1L Sink Collection Date/Time: 09/28/2024 09:03 Facility ID: DS
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	< 0.0100 mg/l	1.3	0.0100	0.0048	20044	10/07/24 14:52	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	10/06/24 15:03	

Sample ID: Lab Sample ID: 240930043-04 PWSID Number: NJ0333328
Site: Main Fl Class 1 Kit Collection Date/Time: 09/28/2024 09:05 Facility ID: DS
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	< 0.0100 mg/l	1.3	0.0100	0.0048	20044	10/07/24 14:56	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	10/06/24 15:06	



Garden State Laboratories, Inc.

Sample ID: Lab Sample ID: 240930043-05 PWSID Number: NJ0333328
Site: Main Fl Class 2 Kit Collection Date/Time: 09/28/2024 09:09 Facility ID: DS
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	< 0.0100 mg/l	1.3	0.0100	0.0048	20044	10/07/24 14:59	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	10/06/24 15:10	

*DF=Dilution factor, <=less than, MCL=Maximum Contaminant Level, Rep. Limit=Reporting Limit,
MDL=Method Detection Limit, SM YR=Standard Methods Publication Year, and NC=Not Certified.
The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.*

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

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: The Early Learning Center NJ, LLC Contact/Authorized by: Jenn Medvesky
Mailing Address: 1633 Route 70 Phone: 609-953-3736
City/State/Zip: Southampton, NJ 08088 Email: jenn@telceducation.com

SAMPLE INFORMATION

SAMPLE TYPE: DW
SAMPLE LOCATI The Early Learning Center NJ, LLC, 1633 Route 70, Southampton, NJ

Grat/Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab #
		Date	Time	AM	PM	List attached	Total Pages	No.	Type	Size	Pres.	
X	181-1001-1001	11/28/24	8:58	AM		☒		1	P	1 L	A	
X	181-1001-1002	11/28/24	9:00	AM		☒		1	P	1 L	A	
X	181-1001-1003	11/28/24	9:03	AM		☒		1	P	1 L	A	
X	181-1001-1004	11/28/24	9:05	AM		☒		1	P	1 L	A	
X	181-1001-1005	11/28/24	9:07	AM		☒		1	P	1 L	A	

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

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

REPORT FORM: ☒ Standard Report ☐ Other/Specify:
☒ Standard Report + E2 PWSID#: NJ0333328

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$
Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other:

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): [Signature] Signature: [Signature] Date/Time: 11/28/24 9:12
Client/Client's Representative (PRINT): [Signature] Signature: [Signature] Date/Time: 11/28/24 9:12
1. Received/Relinquished by (PRINT): Antonio Schiano Signature: [Signature] Date/Time: 11/28/24 15:14
2. Received/Relinquished by (PRINT): Megan Howard Signature: [Signature] Date/Time: 11/28/24 15:14

FOR SAMPLE RECEIVING USE ONLY

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

11/28/24 15:14 NO EX.

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GSL CLIENT # EAR03

MICRO #

CHEM. # 240430243-01-05

SAMPLE REC'D BY:

☐ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

CONTAINER INFORMATION

No.	Type	Size	Pres.	Extension
1	P	1 L	A	
1	P	1 L	A	
1	P	1 L	A	
1	P	1 L	A	
1	P	1 L	A	

☐ SUBCONTRACTED WORK

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT: