



7469 Whitepine Rd
 North Chesterfield, VA 23237
 Telephone: 800.347.4010

Metals in Drinking Water Analysis Report

Client: LEW Corp
 181 US Hwy 46
 Mine Hill, NJ 07803

Report Number: 25-01-02623

Received Date: 01/16/2025

Reported Date: 01/23/2025

Project/Test Address: 2772; Newark Day Center; 305 Halsey St & 41 Hill St; Newark, NJ

Client Number:
 201327

Laboratory Results

Fax Number:
 Ext 18 Melissa

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
25-01-02623-001	305-1	ROOM 6 SINK	01/23/2025	Copper (Cu)	204	
			01/23/2025	Lead (Pb)	32.4	
25-01-02623-002	305-2	BATH 1 SINK	01/22/2025	Copper (Cu)	133	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-003	305-3	BATH 2 SINK	01/22/2025	Copper (Cu)	55.5	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-004	305-4	KIT FP SINK	01/22/2025	Copper (Cu)	51.4	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-005	305-5	CAFETERIA WC	01/22/2025	Copper (Cu)	<10.0	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-006	305-6	OFFICE 2 WC	01/22/2025	Copper (Cu)	<10.0	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-007	305-7	BATH 3 SINK	01/22/2025	Copper (Cu)	90.2	
			01/22/2025	Lead (Pb)	1.71	
25-01-02623-008	305-8	BATH 4 SINK	01/22/2025	Copper (Cu)	82.2	

Environmental Hazards Services, L.L.C

Client Number: 201327
 Project/Test Address: 2772; Newark Day Center; 305 Halsey St & 41 Hill St;
 Newark, NJ

Report Number: 25-01-02623

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-009	305-9	TODDLER 1 SINK	01/23/2025	Copper (Cu)	118	
			01/23/2025	Lead (Pb)	<1.00	
25-01-02623-010	305-10	INFANT SINK	01/22/2025	Copper (Cu)	60.1	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-011	305-11	BATH 5 SINK	01/22/2025	Copper (Cu)	135	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-012	305-12	BATH 6 SINK	01/22/2025	Copper (Cu)	39.1	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-013	41-1	BATH 1ST SINK	01/22/2025	Copper (Cu)	111	
			01/22/2025	Lead (Pb)	<1.00	
25-01-02623-014	41-2	ROOM 9 BATH SINK	01/22/2025	Copper (Cu)	54.3	
			01/22/2025	Lead (Pb)	1.21	
25-01-02623-015	41-3	BACK RM BATH SINK	01/22/2025	Copper (Cu)	106	
			01/22/2025	Lead (Pb)	1.16	
25-01-02623-016	41-4	OFFICE BATH SINK	01/22/2025	Copper (Cu)	<10.0	
			01/22/2025	Lead (Pb)	<1.00	

Environmental Hazards Services, L.L.C

Client Number: 201327
Project/Test Address: 2772; Newark Day Center; 305 Halsey St & 41 Hill St;
Newark, NJ

Report Number: 25-01-02623

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
-------------------	----------------------	---------------------	---------------	---------	--------------------------	--------------

Analyst: Nicole Holloway
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

ONLINE CLIENT PORTAL AVAILABLE FOR ANALYSIS RESULTS AT: www.leadlab.com

Water Chain-of-Custody Form

SHIP TO: 7469 Whitepine Rd. Richmond, VA 23237

Phone: (800) 347-4010 FAX: (804) 275-4907

25-01-02623



Due Date: 01/24/2025

(Friday)

AE

Company Name: LEW CORP

Account #: 201372

Address: 181 US Highway 46

City/State/Zip: Mine Hill, NJ 07903

Phone: (908) 554-8068

Email: labresults@lewcorp.com

Fax: 908-554-8069

104

Project Name / Collection Address: Newark Day Center 305 Helgou St. & 41 Hill St Newark NJ

Project #: 2772 Sampled by: Alex Salvador License # (If Required):

Water Source: (Check One) Public Well Well Tag # (If Applicable):

No.	Client Sample ID	Collection Location (Exc: Kitchen Sink)	Collection Date	Collection Time	Metals		Field Parameters		LAB USE Temp at Time of Receipt
					Lead	Copper	Send get at time of Collection	Temp. at time of Collection	
1	305-1	Room 6	1/13/2025	2:60		X			
2		bath 1		9:03		X			
3		bath 2		1:00		X			
4		KIT FP		1:17		X			
5		reletaria WC		08		X			
6		abpre 2 WC		09		X			
7		bath 3		11		X			
8		bath 4		14		X			
9		toilet 4		11		X			
10		in/out		11		X			

Released by: Alex Salvador

Signature

Signature

DATE/TIME 1/14/2025 11:02 AM

Signature



ENVIRONMENTAL HAZARDS SERVICES, LLC

ONLINE CLIENT PORTAL AVAILABLE FOR ANALYSIS RESULTS AT: www.leadlab.com

Water Chain-of-Custody Form

SHIP TO: 2469 Whitepine Rd., Richmond, VA 23237
Phone: (800) 347-4010 FAX: (804) 275-4907

Company Name: LEW CORP

Account #: 201327

Address: 181 US Highway 46

City/State/Zip: Mine Hill, NJ 07803

Phone: (908) 654-8068

Email: labresults@lewcorp.com

Fax: 908-654-8069

Project Name / Collection Address: Newark Day Center 305 Helms St & 41 Hill St

City/State/Zip: Newark NJ

Project #: 2772 Sampled By: Alex Salvador

License # (if Required):

Water Source: (Check One) Public Well

Well Tag # (if Applicable):

~ For Lab Use Only ~

021023

No.	Client Sample ID	Collection Location (Ex: Kitchen Sink)	Collection Date	Collection Time	Metals			Field Parameters		LAB USE Temp at Time of Receipt
					Lead	Copper	Other	Field pH at Time of Collection	Temp. at Time of Collection	
1	305-11	bath 5	Sink	1/13/25	7:25	X	X			
2	↓ 12	bath 6			27					
3	41-1	bath 1st			36					
4	2	Room 9 bath			35					
5	3	back m bath			40					
6	4	office bath			42					
7										
8										
9										
10										

Released by: Alex Salvador

Signature

Date/Time

1/14/25 12:00pm

SPM

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

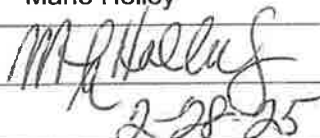
Name of Child Care Center: Newark Day Center		License ID: 07NEW0008	
Site Address of Center: 305 Halsey Street Newark	Building # and Street: 305 Halsey Street Newark	Municipality: Newark City	County: Essex
Sponsor/Sponsor Representative: Marie Holley		Phone Number: 973-643-5710	Email: marie.holley@newarkdaycenter.org

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

Sampling Date(s):	January 13, 2025
1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input type="checkbox"/> YES <input checked="" 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: January 13, 2025	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: January 13, 2025	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 type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 µg/L)?
15. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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: January 13, 2025	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: January 13, 2025	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)	Marie Holley
Signature:	
Signature Date:	2-28-25

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

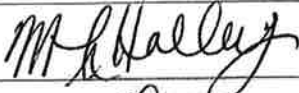
DRINKING WATER TESTING STATEMENT OF ASSURANCE

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

Name of Child Care Center: Newark Day Center		License ID: 07NEW0008
Site Address (Building # and Street): 305 Halsey Street Newark		
Municipality: Newark City	County: Essex	
Sponsor/Sponsor Representative: Marie Holley		Phone #: 973-643-5710
Sponsor/Sponsor Representative Email: marie.holley@newarkdaycenter.org		
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)	Marie Holley
Signature:	
Signature Date:	2-28-25