

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: Headstart – Phillipsburg - Fischer Ave		License ID: 21PH10003	
Site Address Building # and Street:	Municipality:	County:	
of Center: 535 Fischer Ave,	Phillipsburg	Warren	
Sponsor/Sponsor Representative: Melissa Rizzo	Phone Number: (908)454-5936	Email: rizzom@norwescap.org	

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

Sampling Date(s): 4/13/2021 & 5/27/21

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?	List of NJ Certified Laboratories: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=v&catName=Certified+Laboratories
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: 4/13/21	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?	Example Floor Plan
5.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 4/13/21	Were at least 50% of all indoor water faucets utilized by the center sampled?	Types of Water Outlets: https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing
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?	Sampling Order Vignette
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?	Water Stagnation Vignette: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx
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?	Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf
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?	Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf
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?	Pre Stagnation Flushing Log:

13.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?	http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx
14.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 µg/L)?	Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx
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 (1500 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 (1500 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 (1500 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?	
18.	<input checked="" type="checkbox"/> YES <input 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 (1500 µg/L) have a follow-up flush sample conducted?	
19.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was the local health office notified of results?	
20.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1500 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?	Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc
21.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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)	Melissa Rizzo
Signature:	<i>Melissa Rizzo</i>
Signature Date:	6/23/21

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: Norwescap Head Start - Phillipsburg - Fischer Ave		License ID: 21PH10003
Site Address (Building # and Street): 535 Fischer Ave		
Municipality: Phillipsburg	County: Warren	
Sponsor/Sponsor Representative: Melissa Rizzo		Phone #: (908) 454-5936
Sponsor/Sponsor Representative Email: rizzom@norwescap.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)	Melissa Rizzo
Signature:	
Signature Date:	

Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Head Start Phillipsburg Fischer Ave

Address: 535 Fischer Ave., Phillipsburg NJ

Grade Levels: infant - Kindergarten Year School Constructed: _____ Renovated/Additions: none

Individual school project officer Name/Signature: _____

Date Completed: 4/13/2021

#1	Type	Location	Code	Operational ² (Y/N)	Signs of Corrosion ³ (Y/N)	Filter ⁴ (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/ Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
1	Water Fountain	Hallway	WF	Y	N	N	Y	Y	N	N			
2	Hand Sink	Room 1	R1-HS-A	Y	N	N	Y	Y	N	N			
3	Hand Sink	Room 1	R1-HS-B	Y	N	N	Y	Y	N	N			
4	Hand Sink	Room 2	R2-HS-A	Y	N	N	Y	N	N	N			
5	Hand Sink	Room 2	R2-HS-B	Y	N	N	Y	Y	N	N			
6	Kitchen Hand Sink	Kitchen	Kit - HS	Y	N	N	Y	Y	N	N			
7	Kitchen Sink	Kitchen	Kit KS	Y	N	N	Y	Y	N	N			

¹ Number outlets starting at the closest outlet to the Point of Entry (POE).
² Document if permanently or temporarily out of service on the Attachment B- Plumbing Profile.
³ Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.
⁴ Document on Attachment D- Filter Inventory.



Environmental and Laboratory Services

Dover Location:
90 1/2 West Blackwell St., Dover, NJ 07801
Phone: (973) 989-0010, Fax (973) 989-0156

Marlboro Location:
8A Railroad Ave, Marlboro, NJ 07746
Phone: (732) 308-3500, Fax (732) 308-3503

Date: May 10, 2021
Client: McGowan Well Water Compliance
Address: 213 Lakeview Ave.
Ringwood, NJ 07456

Analytical Results

PWSID#:
Project Location: Norwescap Phillipsburg - Fischer Ave

Sample Matrix: Drinking Water
Sample Location: WF
Sampled By: J. McGowan
Sample Date/Time: 4/13/2021 3:40
Lab Sample Number: 21041801-001
Customer Sample Number:

Table with 10 columns: Parameters, Method, Results, Units, NJDEP Limit, Date Analyzed, Time Analyzed, Analyst, Reporting Limit, Dilution Factor. Rows include Copper-1st Draw and Lead-1st Draw.

Sample Matrix: Drinking Water
Sample Location: R1 - HS - A
Sampled By: J. McGowan
Sample Date/Time: 4/13/2021 3:41
Lab Sample Number: 21041801-002
Customer Sample Number:

Table with 10 columns: Parameters, Method, Results, Units, NJDEP Limit, Date Analyzed, Time Analyzed, Analyst, Reporting Limit, Dilution Factor. Rows include Copper-1st Draw and Lead-1st Draw.

McGowan Well Water Compliance

Sample Matrix: Drinking Water
 Sample Location: R1 - HS - B
 Sampled By: J. McGowan
 Sample Date/Time: 4/13/2021 3:42

Lab Sample Number: 21041801-003

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	679	µg/L	1300	4/29/2021	15:40	BM	1	1
Lead-1st Draw	EPA200.8	1.98	µg/L	15	4/29/2021	15:40	BM	1	1

Sample Matrix: Drinking Water
 Sample Location: R2 - HS - A
 Sampled By: J. McGowan
 Sample Date/Time: 4/13/2021 3:43

Lab Sample Number: 21041801-004

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	428	µg/L	1300	4/29/2021	15:45	BM	1	1
Lead-1st Draw	EPA200.8	1.50	µg/L	15	4/29/2021	15:45	BM	1	1

Sample Matrix: Drinking Water
 Sample Location: R2 - HS - B
 Sampled By: J. McGowan
 Sample Date/Time: 4/13/2021 3:44

Lab Sample Number: 21041801-005

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	500	µg/L	1300	4/29/2021	15:50	BM	1	1
Lead-1st Draw	EPA200.8	< 1.00	µg/L	15	4/29/2021	15:50	BM	1	1

McGowan Well Water Compliance

Sample Matrix: Drinking Water
 Sample Location: Kit - HS
 Sampled By: J. McGowan
 Sample Date/Time: 4/13/2021 3:45

Lab Sample Number: 21041801-006

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	460	µg/L	1300	4/29/2021	15:55	BM	1	1
Lead-1st Draw	EPA200.8	1.72	µg/L	15	4/29/2021	15:55	BM	1	1

Sample Matrix: Drinking Water
 Sample Location: Kit - KS
 Sampled By: J. McGowan
 Sample Date/Time: 4/13/2021 3:46

Lab Sample Number: 21041801-007

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	508	µg/L	1300	4/29/2021	15:59	BM	1	1
Lead-1st Draw	EPA200.8	3.54	µg/L	15	4/29/2021	15:59	BM	1	1

NJ Lab ID# 14013 (Dover)
 NJ Lab ID# 13033 (Marlboro)

** Result does not meet NJDEP Limits.
 NJDEP Limit for free and/or total chlorine does not apply to non-chlorinated samples.
 Any method followed by an asterisk (*) was analyzed by the Agra-Marlboro laboratory.
 All other methods, unless otherwise specified, were analyzed by the Agra-Dover laboratory.

I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection.

Susan Van Veen
 Susan VanVeen, Laboratory Manager

May 10, 2021



Environmental and Laboratory Services

Dover Location:
90 1/2 West Blackwell St., Dover, NJ 07801
Phone: (973) 989-0010, Fax (973) 989-0156

Marlboro Location:
8A Railroad Ave, Marlboro, NJ 07746
Phone: (732) 308-3500, Fax (732) 308-3503

Date: June 18, 2021
Client: McGowan Well Water Compliance
Address: 213 Lakeview Ave.
Ringwood, NJ 07456

Analytical Results

PWSID#:
Project Location: Norwescap Phillipsburg

Sample Matrix: Drinking Water
Sample Location: WF
Sampled By: J. McGowan
Sample Date/Time: 5/27/2021 2:10

Lab Sample Number: 21060724-001
Customer Sample Number:

Table with 10 columns: Parameters, Method, Results, Units, NJDEP Limit, Date Analyzed, Time Analyzed, Analyst, Reporting Limit, Dilution Factor. Rows include Copper-1st Draw and Lead-1st Draw.


NJ Lab ID# 14013 (Dover)
NJ Lab ID# 13033 (Marlboro)

NJDEP Limit for free and/or total chlorine does not apply to non-chlorinated samples.
Any method followed by an asterisk (*) was analyzed by the Agra-Marlboro laboratory.
All other methods, unless otherwise specified, were analyzed by the Agra-Dover laboratory.
I certify that these samples were analyzed in accordance with procedures approved by the
New Jersey Department of Environmental Protection.

Susan VanVeen
Susan VanVeen, Laboratory Manager

June 18, 2021

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST


Customer Name: <u>Norman Philipsburg/Fisher Ave</u>		Report to: <u>MLC</u>	Agra Environmental Services							
Address: <u>535 Fisher Ave</u>			90% West Blackwell Street							
County/Municipality: <u>Philosburg NJ</u>			Dover, NJ 07801							
Phone:			Phone: (973) 889-0010							
Work:			Fax: (973) 889-0156							
										
Matrix Abbreviations: D - Drinking Water G - Groundwater W - Wastewater S - Soil SL - Sludge P - Pool L - Lake Page <u> </u> of <u> </u>										
Project:	Collection	PWSID# NJ			for laboratory use only	Field Analysis				
Field ID	Date	Time	Ons	Comp	Resid	# of Bottles	Preservative	ANALYSIS REQUESTED	Cl ₂	pH/T°C
<u>WF</u>	<u>4/13/21</u>	<u>3:40</u>	<input checked="" type="checkbox"/>		<u>10</u>	<u>7</u>		<u>Pb Cu B+ Drom</u>		
<u>A1-HS-A</u>		<u>3:41</u>								
<u>A1-HS-B</u>		<u>3:42</u>								
<u>A2-HS-A</u>		<u>3:43</u>								
<u>A2-HS-B</u>		<u>3:44</u>								
<u>Kit-HS</u>		<u>3:45</u>								
<u>Kit-HS</u>		<u>3:46</u>								
Sampled By (name/company): <u>[Signature]</u>		State Forms Needed (circle one): Yes or <u>No</u>			Indicate laboratory location where analysis requested was performed					
		NJDEP Laboratory Certification (Dover, NJ) #14013								
		NJDEP Laboratory Certification (Marlboro, NJ) #13033								
Reporting Requirements (Check Box):		Standard	NJ Reduced	Other (Specify)	Cooler Temperature Upon Receipt at Lab: <u>N/A</u>					
Sample Custody Exchanges (Please use full legal signature)								Scanned		
Relinquished By: <u>[Signature]</u>	Date: <u>4/15/21</u>	Time: <u>12:58</u>	Received By: <u>[Signature]</u>	Date: <u>4/15/21</u>	Time: <u>1300</u>					
Relinquished By:	Date:	Time:	Received By:	Date:	Time:					
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Data Faxed				
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Invoice Number				
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Is sample known to be hazardous? (circle one) Yes or No				

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

Customer Name: MacQuessett Philadelphia Report to: _____
 Address: 535 Fisher Ave Philadelphia PA 19138
 County/Municipality: Philadelphia PA Philadelphia
 Phone: _____
 Work: _____

Matrix Abbreviations: D - Drinking Water G - Groundwater W - Wastewater S - Soil SL - Sludge P - Pool L - Lake

Agra Environmental Services
 90% West Blackwell Street
 Dover, NJ 07801
 Phone: (973) 989-0010
 Fax: (973) 989-0156



Field ID	Date	Time	Collection			Grab	Comp	Matrix	# of Bottles	Preservative	ANALYSIS REQUESTED	Cl ₂	pH/T °C
			PWSID#	NJ	for laboratory use only								
<u>1</u>	<u>5/27/21</u>	<u>7:10 AM</u>						<u>NI</u>			<u>Phos P₁₀ Nitrate</u>		

Sampled By (name/company): [Signature]

State Forms Needed (circle one): Yes or No

NJDEP Laboratory Certification (Dover, NJ) #14013
 NJDEP Laboratory Certification (Morristown, NJ) #13033

Reporting Requirements (Check Box):
 Standard NJ Reduced Other (Specify)

Indicate laboratory location where analysis requested was performed: _____
 Cooler Temperature Upon Receipt at Lab:

Sample Custody Exchanges (Please use full legal signature)

Relinquished By: [Signature] Date: 6/3/21 Time: 15:10 Received By: [Signature] Date: 6/3/21 Time: 15:10

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

Scanned _____

Date Faxed _____ Invoice Number _____

Is sample known to be hazardous? (circle one)
 Yes or No

inquisitor

Phillipsburg



NORWIS

wal
grass

