

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 - Roseberry		License ID:	
Site Address Building # and Street:	Municipality:	County:	
of Center: 604 Roseberry, St, Phillipsburg, NJ	Phillipsburg	Warren	
Sponsor/Sponsor Representative: Becky Brooking	Phone Number: (908)454-8830	Email: brookingr@norwescap.org	

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

Sampling Date(s): 11/19/20		
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?	List of NJ Certified Laboratories: <a href="https://www13.state.nj.us/data/finco/clearch/SearchByCategory?isExternal=true&amp;getCategory=&amp;catName=Certified-Laboratories">https://www13.state.nj.us/data/finco/clearch/SearchByCategory?isExternal=true&amp;getCategory=&amp;catName=Certified-Laboratories</a>
2.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is there an onsite water outlet assessment in accordance with technical guidance?	Drinking Water Outlet Inventory Form: <a href="http://www.nj.gov/dep/watersupply/dif/SP_Attachment%20C.docx">http://www.nj.gov/dep/watersupply/dif/SP_Attachment%20C.docx</a>
3.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is there a floor plan in accordance with technical guidance?	Example Floor Plan
4.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 11/19/20 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?	Types of Water Outlets: <a href="https://www.epa.gov/dwinfo/3ts-reducing-lead-drinking-water-testing">https://www.epa.gov/dwinfo/3ts-reducing-lead-drinking-water-testing</a>
5.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 11/19/20 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?	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: <a href="https://www.nj.gov/dep/watersupply/dif/SP_Attachment%20F.docx">https://www.nj.gov/dep/watersupply/dif/SP_Attachment%20F.docx</a>
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: <a href="https://www.nj.gov/dep/watersupply/dif/quickref.pdf">https://www.nj.gov/dep/watersupply/dif/quickref.pdf</a>
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: <a href="https://www.nj.gov/dep/watersupply/dif/quickref.pdf">https://www.nj.gov/dep/watersupply/dif/quickref.pdf</a>
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:

			<a href="http://www.nj.gov/dep/water/supply/det/SP_Attachment%20E.docx">http://www.nj.gov/dep/water/supply/det/SP_Attachment%20E.docx</a>
13.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?	Filter Inventory Form: <a href="http://www.nj.gov/dep/water/supply/det/SP_Attachment%20D.docx">http://www.nj.gov/dep/water/supply/det/SP_Attachment%20D.docx</a>
14.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (0.015 µg/L) or copper (1.3 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 (1500 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 (1500 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 (1500 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 (1500 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 (1500 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 (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: <a href="http://www.nj.gov/dep/water/supply/det/resultsletter.docx">http://www.nj.gov/dep/water/supply/det/resultsletter.docx</a>
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)	
Signature:	
Signature Date:	

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 -		License ID:
Site Address (Building # and Street): 604 Roseberry St		
Municipality: Phillipsburg	County: Warren	
Sponsor/Sponsor Representative: Becky Brooking		Phone #: (908) 454-8830
Sponsor/Sponsor Representative Email: brookingr@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)	
Signature:	
Signature Date:	

### Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Head Start Roseberry      Address: 604 Roseberry St., Phillipsburg NJ

Grade Levels: infant - kindergarten    Year School Constructed: \_\_\_\_\_ Renovated/Additions: none

Individual school project officer Name/Signature: \_\_\_\_\_

Date Completed: 11/18/20

#1	Type	Location	Code	Operational <sup>2</sup> (Y/N)	Signs of Corrosion <sup>3</sup> (Y/N)	Filter <sup>1</sup> (Y/N)	Brass Fittings, Flanges, or valves? <sup>4</sup> (Y/N)	Aerator/ Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
1	Hand Sink	Classroom 3	3 - HS	Y	N	N	Y	Y	N	N			
2	Bathroom Sink	Classroom 3	3 - BS	Y	N	N	Y	Y	N	N			
3	Bathroom Sink	Classroom 5	5 - BS	Y	N	N	Y	Y	N	N			
4	Hand Sink	Classroom 5	5 - HS	Y	N	N	Y	N	N	N			
5	Hand Sink	Classroom 6	6 - HS	Y	N	N	Y	Y	N	N			
6	Bathroom Sink	Classroom 6	6 - BS	Y	N	N	Y	Y	N	N			

<sup>1</sup> Number outlets starting at the closest outlet to the Point of Entry (POE).

<sup>2</sup> Document if permanently or temporarily out of service on the Attachment B- Plumbing Profile.

<sup>3</sup> Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.

<sup>4</sup> Document on Attachment D- Filter Inventory.

7	Hand Sink	Classroom 4	4 - HS	Y	N	N	Y	Y	Y	N	N	N		
8	Bathroom Sink	Classroom 4	4 - BS	Y	N	N	Y	Y	Y	N	N	N		



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:** December 20, 2020  
**Client:** McGowan Well Water Compliance  
**Address:** 213 Lakeview Ave.  
 Ringwood, NJ 07456

**Analytical Results**

**PWSID#:**  
**Project Location:** Head Start Phillipsburg

**Sample Matrix:** Drinking Water  
**Sample Location:** B-95  
**Sampled By:** J. McGowan  
**Sample Date/Time:** 11/18/2020 6:35

**Lab Sample Number:** 20112047-001  
**Customer Sample Number:**

Parameters	Method	Results	Units	NDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM31118	0.183	mg/L	1.0	12/14/2020	17:12	DM	0.05	1
Lead-1st Draw	SM31130	< 2.00	mg/L	1.0	12/14/2020	19:29	DM	0.05	1

**Sample Matrix:** Drinking Water  
**Sample Location:** B-95  
**Sampled By:** J. McGowan  
**Sample Date/Time:** 11/18/2020 6:36

**Lab Sample Number:** 20112047-002  
**Customer Sample Number:**

Parameters	Method	Results	Units	NDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM31118	0.170	mg/L	1.0	12/14/2020	12:12	DM	0.05	1
Lead-1st Draw	SM31130	< 2.00	mg/L	1.0	12/14/2020	13:07	DM	0.05	1

McGowan Well Water Compliance

Sample Matrix: Drinking Water  
 Sample Location: 5-HS  
 Sampled By: J. McGowan  
 Sample Date/Time: 11/18/2020 14:27

Lab Sample Number: 20112047-003  
 Customer Sample Number:

Parameters	Method	Results	Units	NUDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.164	mg/L	1.0	12/14/2020	12:12	BM	0.05	1
Lead-1st Draw	SM3111B	< 2.00	ppb	15	12/11/2020	19:55	BM	2	1

Sample Matrix: Drinking Water  
 Sample Location: 5-HS  
 Sampled By: J. McGowan  
 Sample Date/Time: 11/18/2020 6:38

Lab Sample Number: 20112047-004  
 Customer Sample Number:

Parameters	Method	Results	Units	NUDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.341	mg/L	1.0	12/14/2020	17:13	BM	0.05	1
Lead-1st Draw	SM3111B	< 2.00	ppb	15	12/11/2020	15:40	BM	2	1

Sample Matrix: Drinking Water  
 Sample Location: 5-HS  
 Sampled By: J. McGowan  
 Sample Date/Time: 11/18/2020 6:59

Lab Sample Number: 20112047-005  
 Customer Sample Number:

Parameters	Method	Results	Units	NUDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper 1st Draw	SM3111B	0.229	mg/L	1.0	12/14/2020	12:53	BM	0.05	1
Lead-1st Draw	SM3111B	< 2.00	ppb	15	12/11/2020	19:15	BM	2	1

McGowan Well Water Compliance

Sample Matrix: Drinking Water  
 Sample Location: 4-B5  
 Sampled By: J. McGowan  
 Sample Date/Time: 11/10/2020 16:46

Lab Sample Number: 20112047-006  
 Customer Sample Number:

Parameters	Method	Results	Units	NDP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.789	mg/l	1.3	12/11/2020	12:23	BAI	0.05	1
Lead-1st Draw	SM3113B	< 2.00	mg/L	15	12/11/2020	12:51	BAI	-	1

Sample Matrix: Drinking Water  
 Sample Location: 4-B5  
 Sampled By: J. McGowan  
 Sample Date/Time: 11/14/2020 6:43

Lab Sample Number: 20112047-007  
 Customer Sample Number:

Parameters	Method	Results	Units	NDP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.722	mg/l	1.3	12/14/2020	12:13	BAI	0.05	1
Lead-1st Draw	SM3113B	3.58	mg/L	15	12/11/2020	12:57	BAI	2	1

Sample Matrix: Drinking Water  
 Sample Location: 4-B5  
 Sampled By: J. McGowan  
 Sample Date/Time: 11/10/2020 16:42

Lab Sample Number: 20112047-008  
 Customer Sample Number:

Parameters	Method	Results	Units	NDP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.452	mg/L	1.3	12/14/2020	11:19	BAI	0.05	1
Lead-1st Draw	SM3113B	6.04	mg/L	15	12/11/2020	12:02	BAI	2	1



McGowan Well Water Compliance  
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

December 20, 2020

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

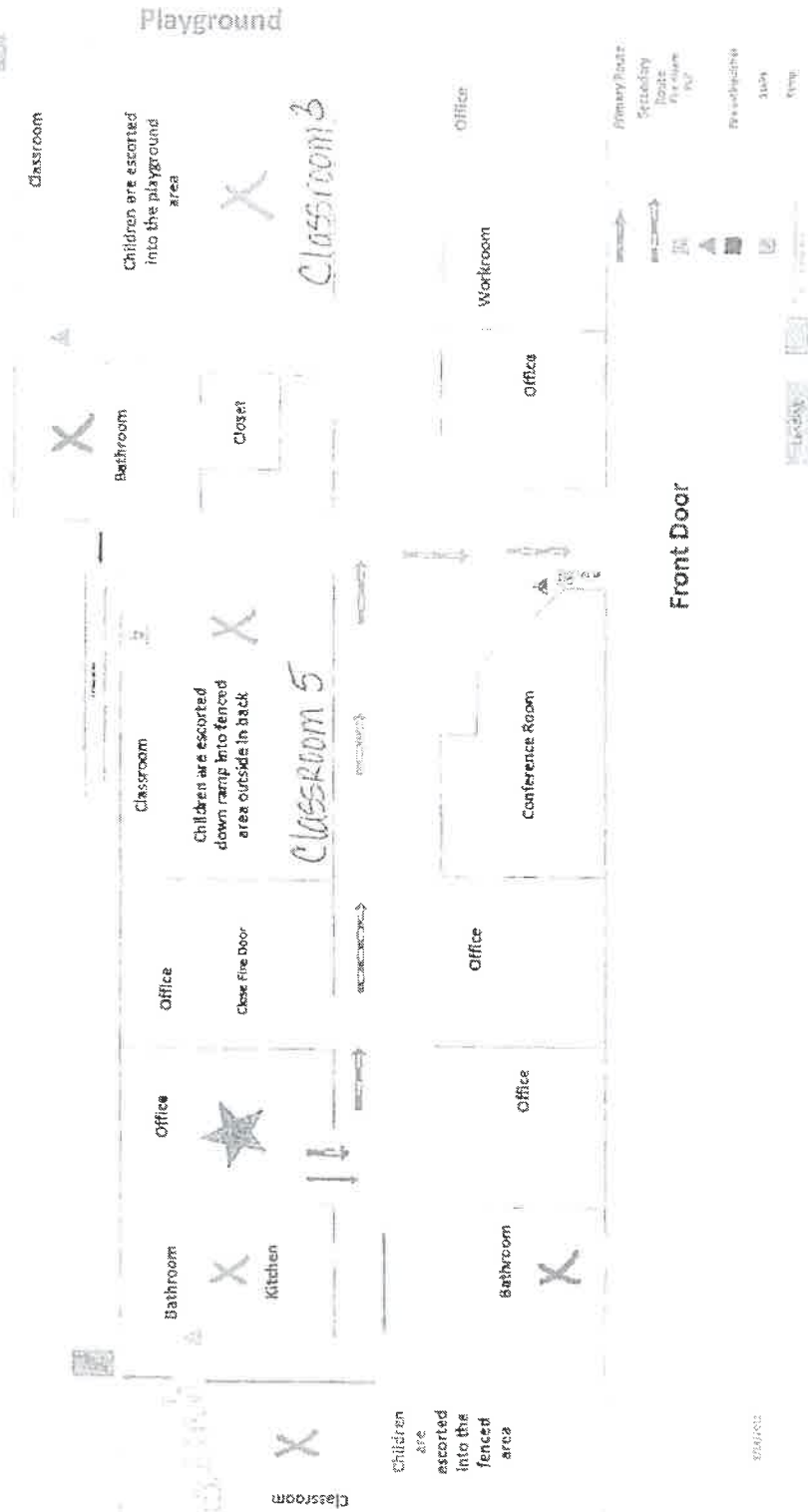
- Acidity/Alkalinity
- Ammonia
- Ammonium
- Arsenic
- Barium
- Bismuth
- Boron
- Cadmium
- Calcium
- Chloride
- Chromium
- Cobalt
- Copper
- Cyanide
- Fluoride
- Lead
- Manganese
- Mercury
- Molybdenum
- Nickel
- Nitrate
- Nitrite
- Phosphate
- Selenium
- Silver
- Sulfate
- Sulfide
- TSS
- Vanadium
- Zinc

Customer Name: <u>Rockwell (K.W.) Corp</u>		Address: <u>1001 West Blackwell Street</u>		City: <u>Dunellen, NJ 07801</u>		Phone: <u>(973) 989-4155</u>		Fax: <u>(973) 989-4155</u>	
County/Municipality:		Matrix Abbreviations: D - Drinking Water G - Groundwater W - Wastewater S - Soil SL - Sludge P - Pool L - Lake		Project:		Collection:		PWSID# NJ:	
Field ID:		Date:		Time:		Lab		Core	
3 - HS		11/22/02		6:33					
3 - HS		11/22/02		6:36					
5 - HS		11/22/02		6:37					
5 - HS		11/22/02		6:38					
6 - HS		11/22/02		6:39					
6 - HS		11/22/02		6:40					
4 - HS		11/22/02		6:41					
4 - HS		11/22/02		6:42					
Sampled By (name/company):		State Forms Needed (circle one): Yes or No		NIDEF Laboratory Certification (Order, NJ #1011)		NIDEF Laboratory Certification (Mail Order, NJ #1003)		Temperature Upon Receipt (if lab)	
<u>[Signature]</u>		Yes						11/22/02	
Requested Requirements (Check Box)		Standard		NJ		Crew			
Sample Custody Exchanges (Please use full legal signature)		Date:		Time:		Received By:		Date:	
<u>[Signature]</u>		11/22/02		5:33		<u>[Signature]</u>		11/22/02	
Requested by:		Date:		Time:		Received by:		Date:	
Requested by:		Date:		Time:		Received by:		Date:	
Requested by:		Date:		Time:		Received by:		Date:	
Requested by:		Date:		Time:		Received by:		Date:	
								Is sample known to be hazardous? (circle one) Yes or No	

Fence

EMERGENCY EVACUATION PLAN

NORWESCAP HEAD START/EARLY HEAD START  
504 ROSEBERRY STREET  
PHILLIPSBURG, NJ 08865  
908-213-3422



NORWESCAP Head Start/Early Head Start  
604 Roseberry Street  
Phillipsburg, NJ 08865  
908-213-3422

Lower Level

Classroom 4 X

Children are escorted outside to the fenced area

