

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:			License ID:	
Head Start - Newton				
Site Address	Building # and Street:	Municipality:	County:	
of Center:	111 Ryerson Avenue	Newton	Sussex	
Sponsor/Sponsor Representative:		Phone Number:	Email:	
Meredith Reilly		(973)300-4091	reillym@norwescap.org	

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

Sampling Date(s): 11/5/20 & 12/9/20

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: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=v&catName=Certified+Laboratories
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: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx
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: 11/5/20	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: https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing
5.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 11/5/20	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: 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: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx
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 (.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 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)	Meredith Reilly
Signature:	<i>Meredith Reilly</i>
Signature Date:	5/21/2021

State of New Jersey
Department of Children and Families
Office of Licensing

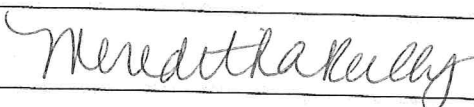
DRINKING WATER TESTING STATEMENT OF ASSURANCE

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

Name of Child Care Center: Head Start - Newton		License ID:
Site Address (Building # and Street): 111 Ryerson Avenue		
Municipality: Newton	County: Sussex	
Sponsor/Sponsor Representative: Meredith Reilly		Phone #: (973) 300-4091
Sponsor/Sponsor Representative Email: reillym@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)	Meredith Reilly
Signature:	
Signature Date:	5/21/2021

Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Head Start Newton

Address: 111 Ryerson Avenue, Newton, NJ 07860

Grade Levels: Infant - Kindergarten

Year School Constructed: _____

Renovated/Additions: _____

Individual school project officer Name/Signature: _____

Date Completed: 11/5/20 & 12/9/20

# 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)	Aeration or Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
1	Kitchen Sink	Kitchen A	Kit-A	Y	N	N	Y	Y	N	N			
2	Kitchen Sink	Kitchen B	Kit-B	Y	N	N	Y	Y	N	N			
3	Kitchen Sink	Kitchen C	KS-B	Y	N	N	Y	Y	N	N			
4	Water Fountain	By Kitchen C	WFA	Y	N	N	Y	Y	N	N			
5	Water Fountain	By Room 7	WF-B	Y	N	N	Y	Y	N	N			
6	Hand Sink	Room 6	RM-6-HS	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: December 10, 2020
Client: McGowan Well Water Compliance
Address: 213 Lakeview Ave.
Ringwood, NJ 07456

Analytical Results

PWSID#:

Project Location: Head Start - Newton

Sample Matrix: Drinking Water
Sample Location: Kit-A
Sampled By: J. McGowan
Sample Date/Time: 11/5/2020 7:05

Lab Sample Number: 20110914-001

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.378	mg/L	1.3	12/3/2020	17:11	BM	0.05	1
Lead-1st Draw	SM3113B	5.53	µg/L	15	12/2/2020	18:46	BM	2	1

Sample Matrix: Drinking Water
Sample Location: Kit-B
Sampled By: J. McGowan
Sample Date/Time: 11/5/2020 7:06

Lab Sample Number: 20110914-002

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.775	mg/L	1.3	12/3/2020	17:11	BM	0.05	1
Lead-1st Draw	SM3113B	59.3 **	µg/L	15	12/2/2020	18:56	BM	8	4

McGowan Well Water Compliance

Sample Matrix: Drinking Water		Lab Sample Number: 20110914-003							
Sample Location: Kit-C		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 11/5/2020 7:07									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.328	mg/L	1.3	12/3/2020	17:12	BM	0.05	1
Lead-1st Draw	SM3113B	2.65	µg/L	15	12/2/2020	19:02	BM	2	1

Sample Matrix: Drinking Water		Lab Sample Number: 20110914-004							
Sample Location: WF-A		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 11/5/2020 7:08									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.272	mg/L	1.3	12/3/2020	17:12	BM	0.05	1
Lead-1st Draw	SM3113B	5.93	µg/L	15	12/2/2020	19:07	BM	2	1

Sample Matrix: Drinking Water		Lab Sample Number: 20110914-005							
Sample Location: WF-B		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 11/5/2020 7:09									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.251	mg/L	1.3	12/3/2020	17:12	BM	0.05	1
Lead-1st Draw	SM3113B	< 2.00	µg/L	15	12/2/2020	19:13	BM	2	1

McGowan Well Water Compliance

Sample Matrix: Drinking Water
 Sample Location: Rm6-HS
 Sampled By: J. McGowan
 Sample Date/Time: 11/5/2020 7:10

Lab Sample Number: 20110914-006

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	SM3111B	0.260	mg/L	1.3	12/3/2020	17:13	BM	0.05	1
Lead-1st Draw	SM3113B	< 2.00	µg/L	15	12/2/2020	19:25	BM	2	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 VanVeen
 Susan VanVeen, Laboratory Manager

December 10, 2020



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 31, 2020
Client: McGowan Well Water Compliance
Address: 213 Lakeview Ave.
Ringwood, NJ 07456

Analytical Results

PWSID#:

Project Location: Head Start - Newton

Sample Matrix: Drinking Water
Sample Location: Kitchen-B
Sampled By: J. McGowan
Sample Date/Time: 12/9/2020 14:40

Lab Sample Number: 20121419-001

Customer Sample Number:

Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	305	µg/L	1300	12/22/2020	16:18	BM	1	1
Lead-1st Draw	EPA200.8	1.06	µg/L	15	12/22/2020	16:18	BM	1	1

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

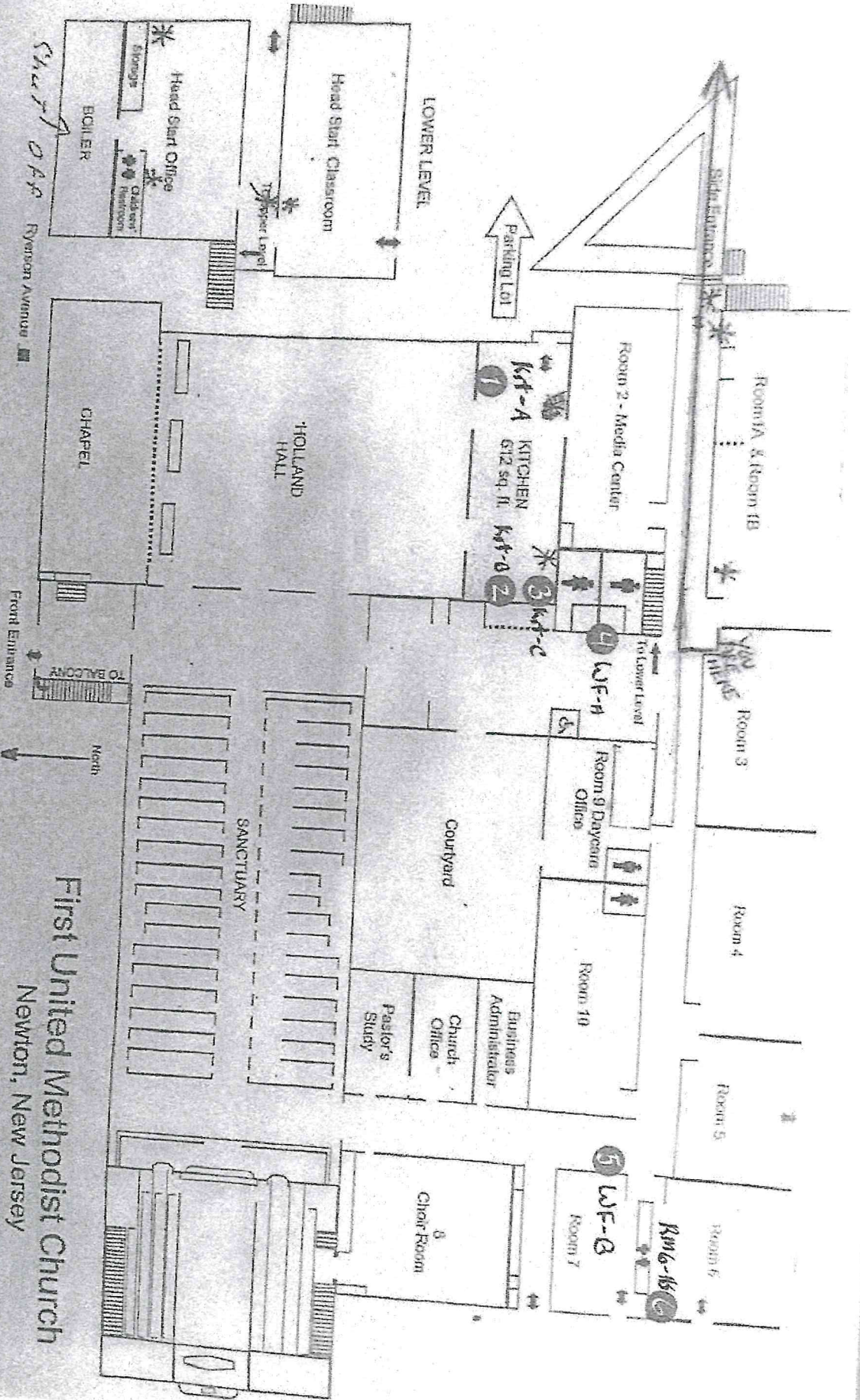
December 31, 2020

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

Customer Name: <u>Head Start - Newton</u>		report to: _____		Agra Environmental Services	
Address: <u>111 Byersan Ave</u>				90½ West Blackwell Street	
County/Municipality: <u>Newton NJ</u>		<u>McGowan Llc</u>		Dover, NJ 07801	
Phone: _____				Phone: (973) 989-0010	
Work: _____				Fax: (973) 989-0156	
					
Matrix Abbreviations: D - Drinking Water G- Groundwater W- Wastewater S- Soil SL- Sludge P- Pool L- Lake					
Project: _____		Collection _____		Page _____ of _____	
PWSID# NJ _____				for laboratory use only	
Field ID _____		Lab ID _____		Field Analysis	
Date _____ Time _____		Grab _____ Comp _____ Matrix _____ # of Bottles _____ Preservative _____		ANALYSIS REQUESTED	
<u>Kit - A</u> <u>Kit - B</u> <u>Kit - C</u> <u>WF - A</u> <u>WF - B</u> <u>PM6 - HS</u>		<u>11/5/20</u> <u>7:05</u> <u>7:06</u> <u>7:07</u> <u>7:08</u> <u>7:09</u> <u>7:10</u>		<u>X</u> <u>D</u> <u>6</u> <u>Pb Cu 1st Run</u>	
Cl ₂ _____		pH/T°C _____			
Sampled By (name/company): <u>[Signature]</u>		State Forms Needed (circle one): Yes or No		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: _____	
Sample Custody Exchanges (Please use full legal signature)					
Relinquished By: _____		Date: _____ Time: _____		Scanned _____	
Relinquished By: _____		Date: _____ Time: _____		Date Faxed _____	
Relinquished By: _____		Date: _____ Time: _____		Invoice Number _____	
Relinquished By: _____		Date: _____ Time: _____		Is sample known to be hazardous? (circle one)	
				Yes or No	

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

[illegible]



First United Methodist Church
Newton, New Jersey