

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: Heather Stasiuk		Phone #: (973) 300-4091
Sponsor/Sponsor Representative Email: macdougallstasiukh@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)	Heather Stasiuk
Signature:	
Signature Date:	

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?	Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx
14.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.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: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc
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)	Heather Stasiuk
Signature:	
Signature Date:	

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: 4/7/22

# 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.

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:
Heather Stasiuk		(973)300-4091	macdougallstasiukh@norwescap.org

CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER			
Sampling Date(s):		4/7/22	
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=y&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: 4/7/22	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: 4/7/22	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?	



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: April 25, 2022
Client: McGowan Well Water Compliance
Address: 213 Lakeview Ave.
Ringwood, NJ 07456

Analytical Results

PWSID#:
Project Location: Head Start - Newton

Sample Matrix:	Drinking Water	Lab Sample Number: 220413021-001							
Sample Location:	Kit-A	Customer Sample Number:							
Sampled By:	J. McGowan								
Sample Date/Time:	4/7/2022 2:05								
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	308	µg/L	1300	4/20/2022	15:40	BM	40	1
Lead-1st Draw	EPA200.8	3.12	µg/L	15	4/20/2022	15:40	BM	1	1

Sample Matrix:	Drinking Water	Lab Sample Number: 220413021-002							
Sample Location:	Kit-B	Customer Sample Number:							
Sampled By:	J. McGowan								
Sample Date/Time:	4/7/2022 2:06								
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	271	µg/L	1300	4/20/2022	15:45	BM	40	1
Lead-1st Draw	EPA200.8	4.39	µg/L	15	4/20/2022	15:45	BM	1	1

McGowan Well Water Compliance

Sample Matrix: Drinking Water		Lab Sample Number: 220413021-003							
Sample Location: Kit-C		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 4/7/2022 2:07									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	378	µg/L	1300	4/20/2022	15:50	BM	40	1
Lead-1st Draw	EPA200.8	2.27	µg/L	15	4/20/2022	15:50	BM	1	1

Sample Matrix: Drinking Water		Lab Sample Number: 220413021-004							
Sample Location: WF-A		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 4/7/2022 2:08									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	380	µg/L	1300	4/20/2022	16:14	BM	40	1
Lead-1st Draw	EPA200.8	6.45	µg/L	15	4/20/2022	16:14	BM	1	1

Sample Matrix: Drinking Water		Lab Sample Number: 220413021-005							
Sample Location: WF-B		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 4/7/2022 2:09									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	368	µg/L	1300	4/20/2022	16:19	BM	40	1
Lead-1st Draw	EPA200.8	5.91	µg/L	15	4/20/2022	16:19	BM	1	1

McGowan Well Water Compliance

Sample Matrix: Drinking Water		Lab Sample Number: 220413021-006							
Sample Location: Rm6-HS		Customer Sample Number:							
Sampled By: J. McGowan									
Sample Date/Time: 4/7/2022 2:10									
Parameters	Method	Results	Units	NJDEP Limit	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
Copper-1st Draw	EPA200.8	273	µg/L	1300	4/20/2022	16:23	BM	40	1
Lead-1st Draw	EPA200.8	2.66	µg/L	15	4/20/2022	16:23	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 Van Veen
Susan VanVeen, Laboratory Manager

April 25, 2022

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

Asc./HCl Vials pH: _____
 # HCl Vials pH: _____
 # Na₂S₂O₃ Cl₂: _____
 # HNO₃ pH: _____
 # H₂SO₄ pH: _____
 # NaOH pH: _____
 # unpreserved _____
 # Sterilized/Na₂S₂O₃ _____
 # other _____

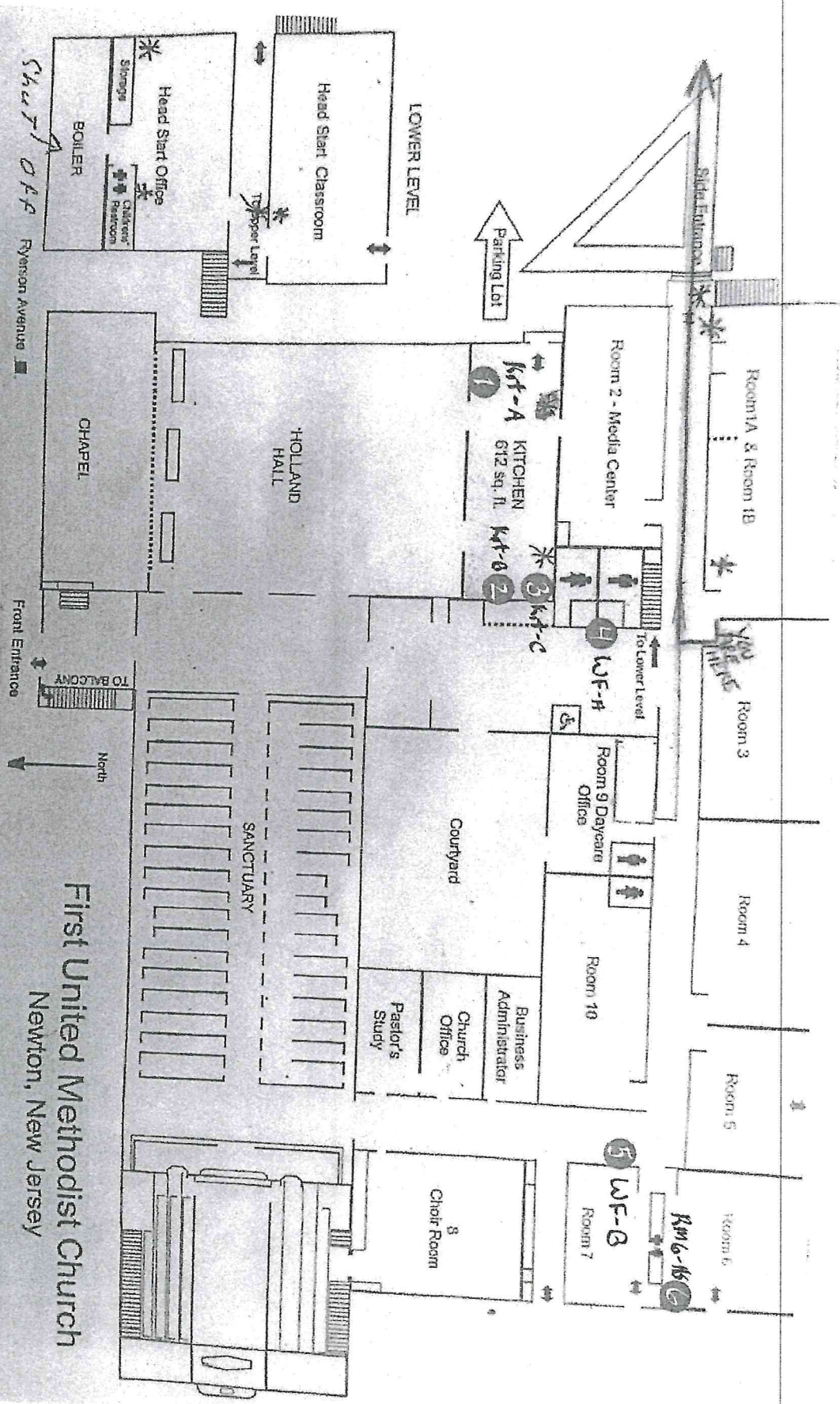
Customer Name: <u>Head Start - Newton</u>		report to: _____		Agra Environmental Services	
Address: <u>111 Ryerson Ave</u>		_____		90 1/2 West Blackwell Street	
County/Municipality: <u>Newton NJ</u>		<u>McGowan LLC</u>		Dover, NJ 07801	
Phone: _____		_____		Phone: (973) 989-0010	
Work: _____		_____		Fax: (973) 989-0156	

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

Project:	Collection	PWSID# NJ	for laboratory use only		Field Analysis						
<u>22043021</u>											
Field ID	Lab ID:	Date	Time	Grab	Comp	Matrix	# of Bottles	Preservative	ANALYSIS REQUESTED	Cl ₂	pH/T°C
Pb/CU # and Location name	<u>Kit - A-001</u>	<u>4/7/22</u>	<u>2:05</u>	<u>X</u>		<u>D</u>	<u>1</u>	<u>HNO₃</u>	<u>Pb/Cu 1st Draw</u>		
	<u>Kit - B-002</u>		<u>2:06</u>								
	<u>Kit - C-003</u>		<u>2:07</u>								
	<u>WF - A-004</u>		<u>2:08</u>								
	<u>WF - B-005</u>		<u>2:09</u>								
	<u>RMG - HS-006</u>		<u>2:10</u>								

Sampled By (name/company): <u>[Signature]</u>		State Forms Needed (circle one): Yes or No <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:	Date:	Time:	Received By:	Date:	Time:	<u>Preserved 4/12/22 @ 10:03 AM w/ HNO₃</u>
<u>[Signature]</u>	<u>4/12/22</u>	<u>4:55</u>	<u>[Signature]</u>	<u>4/12/22</u>	<u>4:57</u>	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Date Faxed
						Invoice Number
						Is sample known to be hazardous? (circle one) Yes or No



First United Methodist Church
Newton, New Jersey