

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):		6/16/2022	
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=v&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: 6/16/2022	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: 6/16/22	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?	
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)	Rebecca Brooking
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)	Rebecca Brooking
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: 6/16/2022

# 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	Kitchen Sink	Classroom 6	1- KS	Y	N	N	Y	Y	N	N			
2	Kitchen Sink	Classroom 5	2 - KS	Y	N	N	Y	Y	N	N			
3	Water Fountain	Hallway	3 - WF	Y	N	N	Y	Y	N	N			
4	Kitchen Sink	Classroom 3	4 - KS	Y	N	N	Y	N	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.



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077

Phone: (856) 303-2500 Fax: (856) 868-4571 Email: EnvChemistry2@emsl.com

Attn: **Sarah Holle**
McGowen Well Water Compliance Mgmt LLC
213 Lakeview Avenue
Ringwood, NJ 07456
Phone: (973) 962-4432
Fax: (973) 962-7041

7/5/2022

The following analytical report covers the analysis performed on samples submitted to EMSL Analytical, Inc. on 6/22/2022. The results are tabulated on the attached data pages for the following client designated project:

Headstart Rooseberry St., 604 Roseberry St. Phillipsburg NJ

The reference number for these samples is EMSL Order #012209792. Please use this reference when calling about these samples. If you have any questions, please do not hesitate to contact me at (856) 303-2500.

Approved By:

Owen McKenna, Chemistry Laboratory Director



The test results contained within this report meet the requirements of NELAP and/or the specific certification program that is applicable, unless otherwise noted.
NELAP Certifications: NJ 03036, NY 10872, PA 68-00367, CA ELAP 1877

The samples associated with this report were received in good condition unless otherwise noted. This report relates only to those items tested as received by the laboratory. The QC data associated with the sample results meet the recovery and precision requirements established by the NELAP, unless specifically indicated. All results for soil samples are reported on a dry weight basis, unless otherwise noted. This report may not be reproduced except in full and without written approval by EMSL Analytical, Inc.

**EMSL Analytical, Inc.**

200 Route 130 North, Cinnaminson, NJ 08077
Phone/Fax: (856) 303-2500 / (856) 858-4571
<http://www.EMSL.com> EnvChemistry2@emsl.com

EMSL Order: 012209792
CustomerID: MWWC36
CustomerPO:
ProjectID:

Attn: **Sarah Holle**
McGowen Well Water Compliance Mgmt LLC
213 Lakeview Avenue
Ringwood, NJ 07456

Phone: (973) 962-4432
Fax: (973) 962-7041
Received: 6/22/2022 09:00 AM

Project: Headstart Roseberry St., 604 Roseberry St. Phillipsburg NJ

Analytical Results

Client Sample Description		Collected:		Lab ID:	
1 KS		6/16/2022 1:01:00 PM		012209792-0001	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
200.8	Copper	180 D	25 µg/L	6/23/2022 VD	6/24/2022 JW 18:10
200.8	Lead	ND	1.00 µg/L	6/23/2022 VD	6/24/2022 JW 17:05
Client Sample Description		Collected:		Lab ID:	
2 KS		6/16/2022 1:02:00 PM		012209792-0002	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
200.8	Copper	330 D	25 µg/L	6/27/2022 JW	6/27/2022 JW 21:14
200.8	Lead	1.83	1.00 µg/L	6/27/2022 JW	6/27/2022 JW 19:35
Client Sample Description		Collected:		Lab ID:	
3 WF		6/16/2022 1:03:00 PM		012209792-0003	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
200.8	Copper	520 D	50 µg/L	6/23/2022 VD	6/24/2022 JW 18:17
200.8	Lead	1.73	1.00 µg/L	6/23/2022 VD	6/24/2022 JW 17:12
Client Sample Description		Collected:		Lab ID:	
4 KS		6/16/2022 1:04:00 PM		012209792-0004	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
200.8	Copper	160 D	25 µg/L	6/27/2022 JW	6/27/2022 JW 21:16
200.8	Lead	1.24	1.00 µg/L	6/27/2022 JW	6/27/2022 JW 19:42



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077

Phone/Fax: (856) 303-2500 / (856) 858-4571

<http://www.EMSL.com>

EnvChemistry2@emsl.com

EMSL Order:	012209792
CustomerID:	MWWC36
CustomerPO:	
ProjectID:	

Definitions:

MDL - method detection limit

J - Result was below the reporting limit, but at or above the MDL

ND - indicates that the analyte was not detected at the reporting limit

RL - Reporting Limit (Analytical)

D - Dilution Sample required a dilution which was used to calculate final results



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

EMSL Analytical, Inc.
200 Rt. 130 N
Cinnaminson, NJ 08077

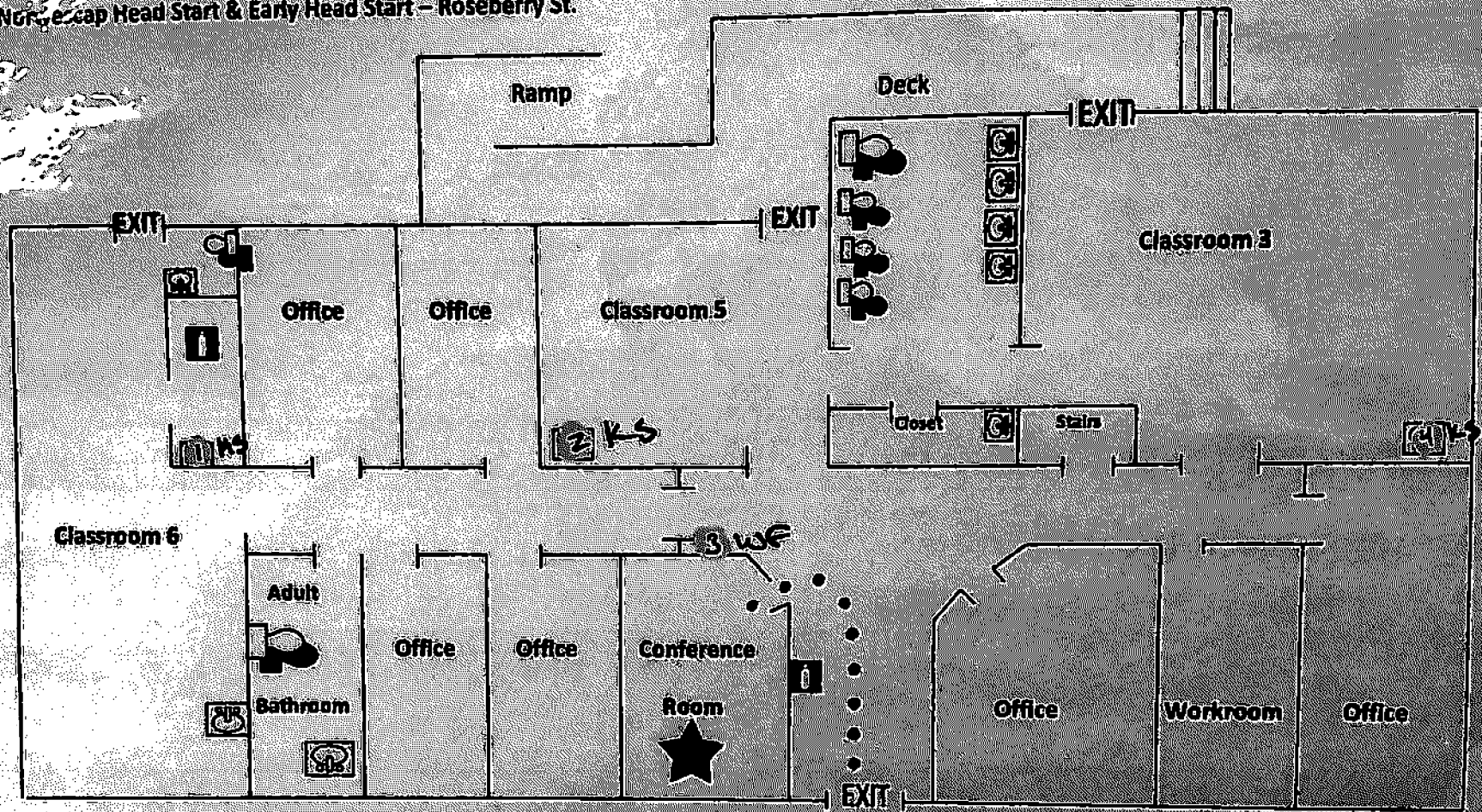
PHONE: (800) 220-3575

EMAIL: EnvChemistry2@EMSL.com

Customer Information	Customer ID: _____				Billing ID: _____											
	Company Name: <u>Headstart Roseberry St.</u>				Company Name: <u>McGowan Water Compliance</u>											
	Company Address: _____				Billing Contact: <u>Andria Ferraiolo</u>											
	Street Address: <u>604 Roseberry St</u>				Street Address: <u>213 Lakeview Ave</u>											
	City, State, Zip: <u>Phillipsburg NJ</u>		Country: _____		City, State, Zip: <u>Ringwood, NJ 07456</u>		Country: _____									
	Phone: _____				Phone: <u>973 962 4432</u>											
	Email(s) for Report: _____				Email(s) for Invoice: <u>andriaferraiolo@mcgowanllc.com</u>											
	Project Name/No: _____				Purchase Order: _____											
	EMSL LIMS Project ID: _____ <small>(If applicable, EMSL will provide)</small>				US State where samples collected: _____											
	Samples for Compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, for NPDES? <input type="checkbox"/> Yes <input type="checkbox"/> No				State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)											
	Samples Collected by (Check One): <input type="checkbox"/> EMSL <input checked="" type="checkbox"/> CLIENT				Samples Received Chilled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Sampled By Name: <u>Jesse McGowan</u>				Sampled By Signature: _____											
	Turn-Around-Time (TAT) Standard Turn-Around-Time: <input checked="" type="checkbox"/> 2 Weeks				The following TAT's are subject to Lab approval. Call lab to confirm TAT before submit: <input type="checkbox"/> 1 Week <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Day											
	Client Sample ID	Comp	Grab	Date / Time Collected	Matrix W=Water S=Soil A=Air SL=Sludge O=Other	Preservative 1 HCL 2 HNO3 3 H2SO4 4 ICE 5 Other <small>Describe below in Special Instructions</small>	List Test(s) Needed (Write in test below, then check on sample line:)								Comments	
							PBCU 1st Draw	Test 2:	Test 3:	Test 4:	Test 5:	Test 6:	Test 7:	Test 8:		
	<u>1 KS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6/16/22</u>	<u>W</u>	<u>HNO3</u>	<input checked="" type="checkbox"/>									
	<u>2 KS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1:02</u>	<u>W</u>	<u>HNO3</u>	<input checked="" type="checkbox"/>									
	<u>3 WF</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1:03</u>	<u>W</u>	<u>HNO3</u>	<input checked="" type="checkbox"/>									
	<u>4 KS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1:04</u>	<u>W</u>	<u>HNO3</u>	<input checked="" type="checkbox"/>									
Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)																
Reporting Requirements: <input checked="" type="checkbox"/> Results Only <input type="checkbox"/> Results and QC <input type="checkbox"/> Reduced Deliverables <input type="checkbox"/> Hzresults EDD <input type="checkbox"/> Excel <input type="checkbox"/> Other (Describe Above)																
Method of Shipment: _____																
Relinquished by: <u>[Signature]</u> Date/Time: <u>6/17/22 12:00p</u>																
Relinquished by: <u>[Signature]</u> Date/Time: <u>6/17/22 2:30</u>																
Sample Condition Upon Receipt: Received by: <u>[Signature]</u> Date/Time: <u>6/17/22 12:00</u> Received by: <u>[Signature]</u> Date/Time: <u>6/21/22 14:30</u>																

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody document by electronic signature.

Northcap Head Start & Early Head Start – Roseberry St.



Phillipsburg Head Start Program Roseberry – Warren County

604 Roseberry St.

License ID: 21PHI0004 – Gina McGovern

Ages Served: 0-6 Years

Licensed Capacity: 76