



Garden State Laboratories, Inc.

Report Date: 06/18/2020

Bacteriological and Chemical Testing

Toll Free 800-273-8901
Telephone 908-688-8900
Fax 908-688-8966
Email: info@gsllabs.com
Internet: www.gsllabs.com

Main Lab
410 Hillside Avenue
Hillside, New Jersey 07205
NJDEP Lab Cert. #20044

Jersey Shore Lab
54 Main Street
Waretown, New Jersey 08758
NJDEP Lab Cert. #15037

Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director
Jordan B. Klein, B.A., Exec. Vice President
Sharon Ercoliani, B.A. Laboratory Manager

For: West Morris Area YMCA
14 Dover Chester Rd.

Randolph, NJ 07869

Laboratory Director:

Attention: Stuart Mabb

Client Number: WES29

Sample ID: Kitchen Sink

Lab Sample ID: 200609003-01

Site:

Collection Date/Time: 06/09/2020 07:05

Analyte	Method	Dilution	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.0819 mg/l	1.3	0.0100	0.0021	20044	06/11/20 00:00	
Lead, Total Recoverable	EPA 200.8	1	0.000900 mg/l	0.015	0.000500	6E-05	20044	06/12/20 10:50	

Sample ID: Kitchen Water Cooler

Lab Sample ID: 200609003-02

Site:

Collection Date/Time: 06/09/2020 07:08

Analyte	Method	Dilution	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	< 0.0100 mg/l	1.3	0.0100	0.0021	20044	06/11/20 15:02	
Lead, Total Recoverable	EPA 200.8	1	< 0.000500 mg/l	0.015	0.000500	6E-05	20044	06/12/20 11:02	

Sample ID: Main Bathroom Sink

Lab Sample ID: 200609003-03

Site:

Collection Date/Time: 06/09/2020 07:12

Analyte	Method	Dilution	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.0785 mg/l	1.3	0.0100	0.0021	20044	06/11/20 15:06	
Lead, Total Recoverable	EPA 200.8	1	0.000840 mg/l	0.015	0.000500	6E-05	20044	06/12/20 11:07	



Sample ID: Classroom 1 Bathroom Sink Lab Sample ID: 200609003-04
 Site: Collection Date/Time: 06/09/2020 07:19

Analyte	Method	Dilution	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.404 mg/l	1.3	0.0100	0.0021	20044	06/11/20 15:10	
Lead, Total Recoverable	EPA 200.8	1	0.00649 mg/l	0.015	0.000500	6E-05	20044	06/12/20 11:11	

Sample ID: Classroom 1 Kitchen Sink Lab Sample ID: 200609003-05
 Site: Collection Date/Time: 06/09/2020 07:25

Analyte	Method	Dilution	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.118 mg/l	1.3	0.0100	0.0021	20044	06/11/20 15:15	
Lead, Total Recoverable	EPA 200.8	1	0.00414 mg/l	0.015	0.000500	6E-05	20044	06/12/20 11:15	

Sample ID: Classroom 2 Kitchen Sink Lab Sample ID: 200609003-06
 Site: Collection Date/Time: 06/09/2020 07:31

Analyte	Method	Dilution	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.172 mg/l	1.3	0.0100	0.0021	20044	06/11/20 15:19	
Lead, Total Recoverable	EPA 200.8	1	< 0.000500 mg/l	0.015	0.000500	6E-05	20044	06/12/20 11:19	

*The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
 When sample is collected by Garden State Labs, it is taken in accordance with the most current Field Sampling Plan GSL.FS.
 Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.*



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 Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827
 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: West Morris Area YMCA Contact/Authorized by: Stuart Mabb
 Mailing Address: 14 Dover Chester Rd. Phone: 973-590-6884
 City/State/Zip: Randolph, NJ 07869 stuart@randolphymca.org

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATION: Same as above

Grab Comp	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
		Date	Time	AM		PM	No.	Type*	Size
X	Field Blank	6-9-20	7:05		Lead & Copper (First Draw)	1	P	250ml	A
X	Kitchen Sink	6-9-20	7:05	X	Lead & Copper (First Draw)	1	P	250ml	A
X	Kitchen washer Cooler	6-9-20	7:12	X	Lead & Copper (First Draw)	1	P	250ml	A
X	Maids Bathroom Sink	6-9-20	7:12	X	Lead & Copper (First Draw)	1	P	250ml	A
X	Childroom 1 Bathroom Sink	6-9-20	7:15	X	Lead & Copper (First Draw)	1	P	250ml	A

*Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thro V = Vial Other/Specify:
 → *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

TURNAROUND TIME: Standard Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: Standard Report Other/Specify:
 Standard Report + E2 PW'S ID#

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Check # Other:
 Rush Fee: \$ Amount Due: \$ 800
 Payment Method: Credit Card Type:

Note: LEAD & COPPER SAMPLING FOR CHILD CARE FACILITY ON PUBLIC WATER SYSTEM

**SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
 PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME**

Sampled by (PRINT): *Stuart D Mabb Facility Director* Signature: *[Signature]* Date/Time: *6-9-2020 7:45*
 Client/Client's Representative (PRINT): *[Signature]* Signature: *[Signature]* Date/Time: *[Signature]*
 1. Received/Relinquished by (PRINT): *[Signature]* Signature: *[Signature]* Date/Time: *6/9/20 9:54*
 2. Received/Relinquished by (PRINT): *[Signature]* Signature: *[Signature]* Date/Time: *6/9/20 9:54*

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:
6/9/20 9:54 -000

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GSL CLIENT # **WES29**

MICRO #

CHEM. # *200609003-0-04*

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

SUBCONTRACTED WORK

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

Field Blank NOT rec'd CAB 6/9/20

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 City/State/Zip: Randolph, NJ 07869 stuart@randolbiymca.org

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATION: Same as above

Grab Comp	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
		Date	Time	AM PM		No.	Type*	Size	Pres.*
X	Classroom 1 Toilet Sink	6-7-20	7:25	A	Lead & Copper (First Draw)	1	P	250ml	A
X	Play Room 2 Toilet Sink	6-9-20	7:31	A	Lead & Copper (First Draw)	1	P	250ml	A
X					Lead & Copper (First Draw)	1	P	250ml	A

*Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thro V = Vial Other/Specify:
 *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
 E = Hydrochloric Acid F = Zinc Acetate G = Sodium Trisulfate H = Ascorbic Acid I = Cooled Other/Specify:

TURNAROUND TIME: Standard Rush (IF RUSH REQUESTED) Rush Due by: _____

REPORT FORMAT: Standard Report Other/Specify: _____
 Standard Report + E2 PWS ID#: _____

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Check # Other:
 Credit Card Type: _____
 Rush Fee: \$ Amount Due: \$ See page 1

Note: LEAD & COPPER SAMPLING FOR CHILD CARE FACILITY ON PUBLIC WATER SYSTEM

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): Stuart Mabb Signature: _____ Date/Time: 6-9-20 7:57
 Client/Client's Representative (PRINT): _____ Signature: _____ Date/Time: _____
 1. Received/Relinquished by (PRINT): _____ Signature: _____ Date/Time: _____
 2. Received/Relinquished by (PRINT): _____ Signature: _____ Date/Time: 6/16/20 9:54

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLER RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

6/9/20 9:54 -04

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GSL CLIENT # **WES29**

MICRO #

CHEM. # 200009103-05 04

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

SUBCONTRACTED WORK

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT: