

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

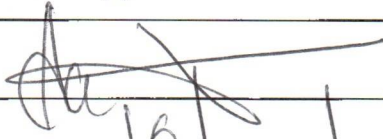
DRINKING WATER TESTING STATEMENT OF ASSURANCE

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

Name of Child Care Center: Ironbound Early Learning Center		License ID: 07IRO0001
Site Address (Building # and Street): 1 New York Ave		
Municipality: Newark	County: Essex	
Sponsor/Sponsor Representative: Hazel Applewhite		Phone #: (973) 465-0555
Sponsor/Sponsor Representative Email: happlewhite@ironboundcc.org		
Additional Contact Person: Grace Blanco		Phone #: (973) 589-6873
Title: Director	Email: gblanco@ironboundcc.com	

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)	Hazel Applewhite
Signature:	
Signature Date:	10/20/22

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

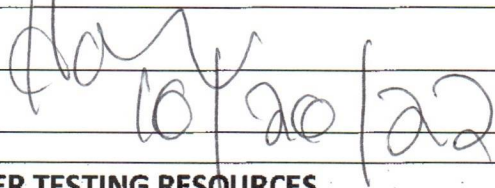
Name of Child Care Center: Ironbound Early Learning Center		License ID: 07IRO0001	
Site Address of Center:	Building # and Street: 1 New York Avenue	Municipality: Newark	County: Essex
Sponsor/Sponsor Representative: Hazel Applewhite		Phone Number: (973) 465-0555	Email: happlewhite@ironboundcc.org

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

Sampling Date(s):	
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?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	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?
5. <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	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?
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?
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?
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?
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?
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 (15 µg/L) or copper (1300 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 (1300 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 (1300 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 (1300 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 (1300 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 (1300 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 (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
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)	Hazel Applewhite
Signature:	
Signature Date:	10/20/22

DRINKING WATER TESTING RESOURCES

Schools - Lead Sampling Information

<http://www.nj.gov/dep/watersupply/schools.htm>

Lead Sampling in Schools Technical Guidance FAQs

<http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf>

3Ts for Reducing Lead in Drinking Water: Testing

<https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing>

Quick Reference Guide Sampling For Lead in Drinking Water in Schools:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

List of NJ Certified Laboratories:

<https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories>

Drinking Water Outlet Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx

Sampling Water Use Certification:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Filter Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:

<http://www.nj.gov/dep/watersupply/doc/resultsletter.doc>

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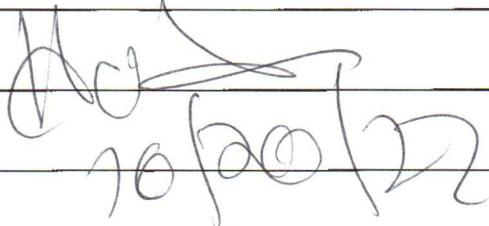
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Environmental Hazards Services, L.L.C.
 7469 Whitepine Rd
 Richmond, VA 23237
 Telephone: 800.347.4010

Metals in Drinking
 Water
 Analysis Report

Client: Paul D Sakson Associates Inc
 P.O. Box 154
 Leonardo, NJ 07737-0154

Report Number: 22-02-03672

Received Date: 02/22/2022

Reported Date: 03/08/2022

Project/Test Address: Iron Bound Early Learning Center; 1 New York Ave; Newark, NJ 07105

Client Number:
 201717

Laboratory Results

Fax Number:
 855-710-7460

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date/Time	Analyte	Concentration ppb (ug/L)	Narrative ID
22-02-03672-001	1	KITCHEN SINK	03/07/2022	Copper (Cu)	11.0	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-002	2	DRINKING FOUNTAIN	03/07/2022	Copper (Cu)	<5.00	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-003	3	ROOM D COUNTER	03/08/2022	Copper (Cu)	94.9	
			03/08/2022	Lead (Pb)	<1.00	
22-02-03672-004	4	ROOM C COUNTER	03/07/2022	Copper (Cu)	1500	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-005	5	ROOM K COUNTER	03/07/2022	Copper (Cu)	5.28	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-006	6	ROOM N COUNTER	03/07/2022	Copper (Cu)	49.5	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-007	7	ROOM O COUNTER	03/07/2022	Copper (Cu)	67.9	
			03/07/2022	Lead (Pb)	<1.00	

Environmental Hazards Services, L.L.C

Client Number: 201717

Report Number: 22-02-03672

Project/Test Address: Iron Bound Early Learning Center; 1 New York Ave;
Newark, NJ 07105

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date/Time	Analyte	Concentration ppb (ug/L)	Narrative ID
22-02-03672-008	8	ROOM L COUNTER	03/07/2022	Copper (Cu)	99.2	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-009	9	ROOM J COUNTER	03/07/2022	Copper (Cu)	102	
			03/07/2022	Lead (Pb)	2.15	
22-02-03672-010	10	ROOM I COUNTER	03/07/2022	Copper (Cu)	86.8	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-011	11	ROOM H COUNTER	03/07/2022	Copper (Cu)	97.1	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-012	12	ROOM G COUNTER	03/07/2022	Copper (Cu)	98.3	
			03/07/2022	Lead (Pb)	1.02	
22-02-03672-013	13	ROOM F COUNTER	03/07/2022	Copper (Cu)	112	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-014	14	ROOM E COUNTER	03/07/2022	Copper (Cu)	111	
			03/07/2022	Lead (Pb)	1.09	
22-02-03672-015	15	STAFF LOUNGE	03/07/2022	Copper (Cu)	44.2	
			03/07/2022	Lead (Pb)	1.68	
22-02-03672-016	16	ROOM B COUNTER	03/07/2022	Copper (Cu)	92.8	
			03/07/2022	Lead (Pb)	<1.00	
22-02-03672-017	17	ROOM A COUNTER	03/07/2022	Copper (Cu)	82.5	
			03/07/2022	Lead (Pb)	<1.00	



ENVIRONMENTAL HAZARDS SERVICES, LLC
WaterSmart® Lead Chain-of-Custody Form
 Richmond, VA - Phone: (800) 347-4010 FAX: (804) 275-4907
 www.leadlab.com

22-02-03672



Due Date:
 03/08/2022
 (Tuesday)
 AE

Laboratories™ 7469 Whitepine Rd, N. Chesterfield, VA 23237-226

Client Name: Paul D. Sakson Associates, Inc. Account #: 201717

Address: PO Box 154

City/State/Zip: Leonardo NJ 07737-0154 Phone: (104) 230-1310 ACW

Email Address: brenna@paulsakson.com

Project Name/ Number: Iron Bound Early Learning Center

Collection Address: 1 New York Ave City/State/Zip: Newark NJ 07105
 (Required) (Required)

Approx. Age Of Property: _____ Collected By: Brenna Ilg

Water Source: (Check One) Public or Well _____ Well Tag # (if applicable): not applicable

Turn-Around Time 10 Days 5 Days 3 Days 2 Days 1 Day

No.	Client Sample ID	Collection Location (Ex: Kitchen Sink)	Collection Date	Collection Time	Analyte	
					Pb	Cu
1	1	Kitchen Sink	2/18/22	8:03 AM	✓	✓
2	2	Drinking Fountain	2/18/22	8:04 AM	✓	✓
3	3	Room D Counter	2/18/22	8:05 AM	✓	✓
4	4	Room C Counter	2/18/22	8:07 AM	✓	✓
5	5	Room K Counter	2/18/22	8:09 AM	✓	✓
6	6	Room N Counter	2/18/22	8:10 AM	✓	✓
7	7	Room O Counter	2/18/22	8:11 AM	✓	✓
8	8	Room L Counter	2/18/22	8:13 AM	✓	✓
9	9	Room J Counter	2/18/22	8:15 AM	✓	✓
10	10	Room I Counter	2/18/22	8:16 AM	✓	✓
11	11	Room H Counter	2/18/22	8:18 AM	✓	✓
12	12	Room G Counter	2/18/22	8:20 AM	✓	✓
13	13	Room F Counter	2/18/22	8:22 AM	✓	✓
14	14	Room E Counter	2/18/22	8:23 AM	✓	✓
15	15	Staff Lounge	2/18/22	8:25 AM	✓	✓

Released by: Brenna Ilg Signature: _____ Date/Time: 2/18/22 11:00 AM

Received by: KATHARIS Signature: _____ Date/Time: 2/22/22 1157

16	16	Room B Counter	2/18/22	8:27 AM	✓	✓
17	17	Room A Counter	2/18/22	8:28 AM	✓	✓

Environmental Hazards Services, L.L.C

Client Number: 201717

Report Number: 22-02-03672

Project/Test Address: Iron Bound Early Learning Center; 1 New York Ave;
Newark, NJ 07105

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date/Time	Analyte	Concentration ppb (ug/L)	Narrative ID
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Analyst: Ailea Cabatbat

Method: EPA 200.8

Reviewed By Authorized Signatory:

Melissa Kanode

Melissa Kanode

QA/QC Clerk

Sample Results denoted with a "less than" (<) sign contain less than the reporting limit which is 1 ppb for Lead and 5 ppb for Copper.

The EPA Maximum Contaminant Level for Lead in Drinking Water is 15 ppb and for Copper is 1300 ppb. The results herein conform to NELAC standards, where applicable, unless otherwise narrated on this report. Results represent the analysis of samples submitted by the client. Sample location, description, field parameter results, etc., were provided by the client. This report cannot be reproduced, except in full, without written approval from Environmental Hazards Services, L.L.C.

LEGEND

ug/L = microgram per liter

ppb = parts per billion
