



Garden State Laboratories, Inc.

Report Date: 04/03/2024

Bacteriological and Chemical Testing

Toll Free 800-273-8901
Telephone 908-688-8900
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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: Urban League of Essex County
508 Central Ave

Newark, NJ 07107

Laboratory Director:

Attention: Heather Wilson

Client Number: URB01

Sample ID: Urban League of Essex
County, 508 Central Ave,
Newark, NJ/Field Blank

Lab Sample ID: 240327019-01

Site: Collection Date/Time: 03/27/2024 06:57

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	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	0.0048	20044	04/01/24 12:08	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:15	

Sample ID: Urban League of Essex
County, 508 Central Ave,
Newark, NJ/Mens Bathroom

Lab Sample ID: 240327019-02

Site: Collection Date/Time: 03/27/2024 06:58

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.128 mg/l	1.3	0.0100	0.0048	20044	04/01/24 12:11	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:18	

Sample ID: Urban League of Essex
County, 508 Central Ave,
Newark, NJ/Kitchen

Lab Sample ID: 240327019-03

Site: Collection Date/Time: 03/27/2024 06:59

Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0293 mg/l	1.3	0.0100	0.0048	20044	04/01/24 12:14	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:21	



Sample ID: Urban League of Essex County, 508 Central Ave, Newark, NJ/Kids Bathroom #1
 Lab Sample ID: 240327019-04
 Site: Collection Date/Time: 03/27/2024 07:00
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0852 mg/l	1.3	0.0100	0.0048	20044	04/01/24 12:17	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:24	

Sample ID: Urban League of Essex County, 508 Central Ave, Newark, NJ/Womens Bathroom
 Lab Sample ID: 240327019-05
 Site: Collection Date/Time: 03/27/2024 07:01
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.125 mg/l	1.3	0.0100	0.0048	20044	04/01/24 12:21	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:27	

Sample ID: Urban League of Essex County, 508 Central Ave, Newark, NJ/Sink
 Lab Sample ID: 240327019-06
 Site: Classroom 1 Collection Date/Time: 03/27/2024 07:05
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0534 mg/l	1.3	0.0100	0.0048	20044	04/01/24 12:24	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:29	

Sample ID: Urban League of Essex County, 508 Central Ave, Newark, NJ/Kids Bathroom #2
 Lab Sample ID: 240327019-07
 Site: Collection Date/Time: 03/27/2024 07:08
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0635 mg/l	1.3	0.0100	0.0048	20044	04/01/24 12:27	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/01/24 17:32	

DF=Dilution factor, <=less than, MCL=Maximum Contaminant Level, Rep. Limit=Reporting Limit, MDL=Method Detection Limit, SM YR=Standard Methods Publication Year, and NC=Not Certified.
 The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
 Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.



Garden State Laboratories, Inc.

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

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

FOR SAMPLE RECEIVING USE ONLY

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

3/27/24 8:55 21.6°C
H020C

Page 1 of 2

GSL CLIENT # URB01

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Urban League of Essex County Contact/Authorized by: Heather Wilson
 Mailing Address: 508 Central Ave. Phone: 973-624-9535 X223
 City/State/Zip: Newark, NJ 07107 Email:

MICRO #
 CHEM. # 240327019-01-05

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATI Urban League of Essex County, 508 Central Ave., Newark, NJ

SAMPLE REC'D BY:
 GSL FIELD SAMPLER/PICK-UP
 PICK-UP AT DROP OFF LOCATION
 DELIVERED BY CLIENT

Grat	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		Field Blank	3/27/24	6:57	X		Lead & Copper (First Draw)	1	P	250ml	A	19-01
X		Mens Bathroom	3/27/24	6:58	X		Lead & Copper (First Draw)	1	P	250ml	A	19-02
X		Kitchen	3/27	6:59	X		Lead & Copper (First Draw)	1	P	250ml	A	19-03
X		Kids Bathroom # 7	3/27	7:00	X		Lead & Copper (First Draw)	1	P	250ml	A	19-04
X		Womens Bathroom	3/27	7:01	X		Lead & Copper (First Draw)	1	P	250ml	A	19-05

Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Thio 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: _____

SUBCONTRACTED WORK

TURNAROUND TIME: Standard Rush (if RUSH REQUESTED) Rush Due by: _____
 REPORT FORM: Standard Report Other/Specify: _____
 Standard Report + E2 PWSID#: _____

SEND TO: _____
 DATE/TIME: _____
 METHOD OF SHIPMENT: _____

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ 700
 Payment Method: Credit Card Type: Check # Other:

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): Heather Wilson	Signature: <i>Heather Wilson</i>	Date/Time: 9:00 3/27/24
Client/Client's Representative (PRINT): Heather Wilson	Signature: <i>Heather Wilson</i>	Date/Time: 9:00 3/27/24
1. Received/Relinquished by (PRINT): <i>D. P. ...</i>	Signature: <i>(Signature)</i>	Date/Time: 3/27/24 9:00
2. Received/Relinquished by (PRINT): <i>(Signature)</i>	Signature: <i>(Signature)</i>	Date/Time: 3/27/24 9:00

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN
 IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

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 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

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

3/27/24 8:55 21.6
 NOSEC

Page 2 of 2

GSL CLIENT # URB01

MICRO #

CHEM. # 240322019-06107

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Urban League of Essex County

Contact/Authorized by: Heather Wilson

Mailing Address: 508 Central Ave.

Phone: 973-624-9535 X223

City/State/Zip: Newark, NJ 07107

Email:

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATI Urban League of Essex County, 508 Central Ave., Newark, NJ

Grab/Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM	<input type="checkbox"/> List attached Total Pages	No.	Type*	Size	Pres.*	
X	Classroom #1 Sink	3/27	7:05	X		Lead & Copper (First Draw)	1	P	250ml	A	19-06
X	Kids Bathroom #2	3/27	7:08	X		Lead & Copper (First Draw)	1	P	250ml	A	19-07

⇒ Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio 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 Ithiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

SUBCONTRACTED WORK

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

SEND TO:

REPORT FORM: Standard Report Other/Specify:

DATE/TIME:

Standard Report + E2 PWSID#:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ See P1

Payment Method: Credit Card Type: Check # Other:

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

AS per client Classroom #1 Sink SYSTEM 3/27/24

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): Heather Wilson	Signature:	Date/Time: 9:00am 3/27/24
Client/Client's Representative (PRINT): Heather Wilson	Signature:	Date/Time: 9:00am 3/27/24
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Signature:	Date/Time: 3/27/24 9:00

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

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED