



Lead Consulting and Inspection, Inc.

NJ Dept. of Health Lead Permits

Inspector/Risk Assessor #001615

Plan/Designer #001609

Supervisor/Housing & Public Building #001537

Supervisor/Commercial Bldg. & Steel Structures #007837

NJ Dept. of Community Affairs Lic. #00121-E

Water Certification

Name: Bayonne Head Start
557 Kennedy Blvd.
Bayonne, NJ 07002
Phone:

Inspection Address: 557 Kennedy Blvd.
Bayonne, NJ 07002

Inspection date: May 11, 2023

Water Outlet Tested:	1 st floor / 1 st Bath / Sink	Pass
	1 st floor / 2 nd bath / Sink	Pass
	1 st floor / Kitchen / Sink	Pass
	2 nd floor / 1 st bath / Sink	Pass
	2 nd floor / 2 nd bath / Sink	Pass
	2 nd floor / Classroom / Water fountain	Pass

EPA Standard: Copper <1300 PPB Lead <15 PPB

Certification: Drinking water meets EPA Standards
See reports from (*Phoenix Environmental Laboratories, Inc.*)

Operator License: 00121-E

G. Luke Schroeder
NJ dept of Health ID# 001537



OFFICE OF THE
GOVERNOR
1015 BROAD ST
TRENTON, NJ 08646

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
LEAD HAZARD UNIT

GOVERNOR SHUTTER
1015 BROAD ST
TRENTON, NJ 08646

GOVERNOR SHUTTER
1015 BROAD ST
TRENTON, NJ 08646

Certificate - Lead Evaluation Contractor

RECERTIFIED

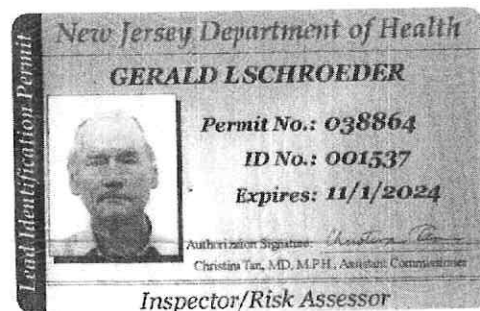
This is to certify that the Department of Community Affairs has certified

LEAD CONSULTING & INSPECTION
219 MAIN STREET, BOX 814
CHATHAM NJ 07928

To act as a Lead Evaluation Contractor on the following Projects

Residential
Public Buildings
Comm/Steel Structure

Cert #: 00121-E
Effective Date: 6/1/2023
Expiration Date: 5/31/2025
Certificate Type: 2 YEAR



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: BAYONNE HEAD START		License ID: 09BAY0008	
Site Address of Center: 557 KENNEDY BLVD	Building # and Street:	Municipality: BAYONNE	County: HUDSON
Sponsor/Sponsor Representative: Samantha Howard		Phone Number: 201-431-7222	Email: showardcheof.org

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

Sampling Date(s): MAY 11, 2023	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VERBAL	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 5/11/23	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 5/11/23	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 NO Flushing	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 type="checkbox"/> YES <input checked="" 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?

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: Bayonne Head Start		License ID: 09BAY0003
Site Address (Building # and Street): 21 W. 8th Street		
Municipality: Bayonne	County: Hudson	
Sponsor/Sponsor Representative: Samantha Howard		Phone #: 201-437-7222
Sponsor/Sponsor Representative Email: showarda@ecof.org		
Additional Contact Person: Rosemary Simnowitz		Phone #: 201-437-7702
Title: Director	Email: rsimnowitz@bayonneheadstart.org	

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)(5) 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)	Samantha Howard
Signature:	<i>Samantha Howard</i>
Signature Date:	7/5/23

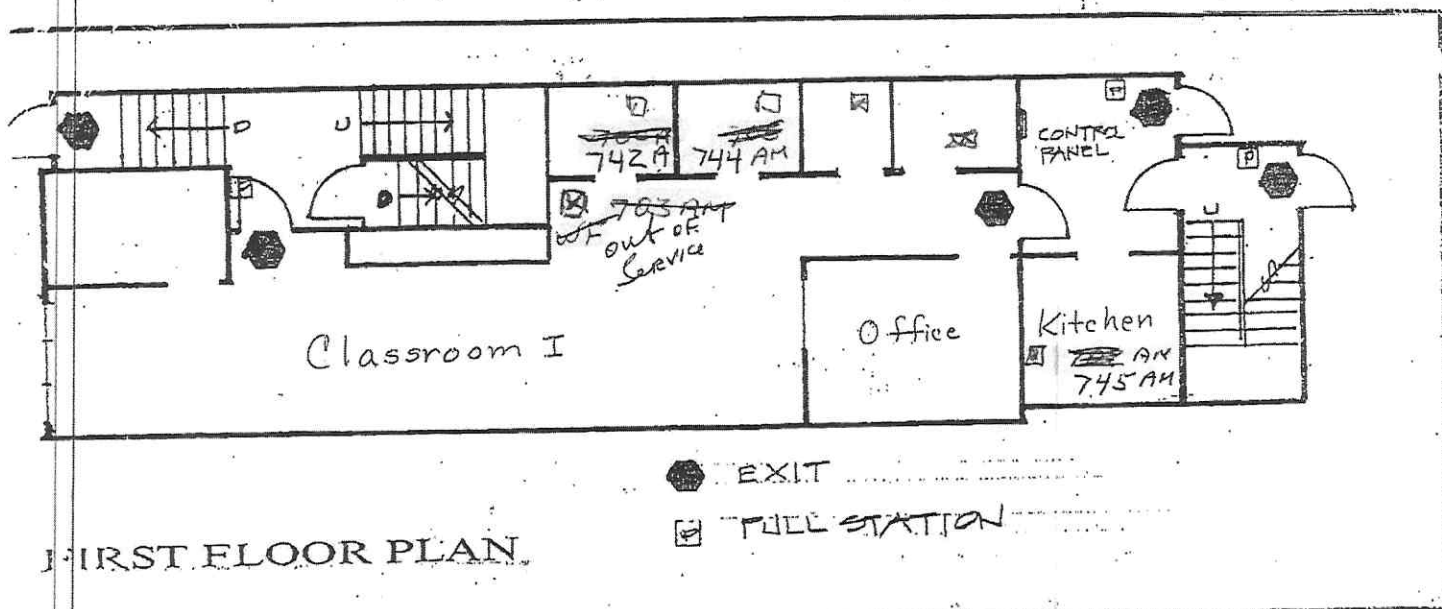
557

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 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?

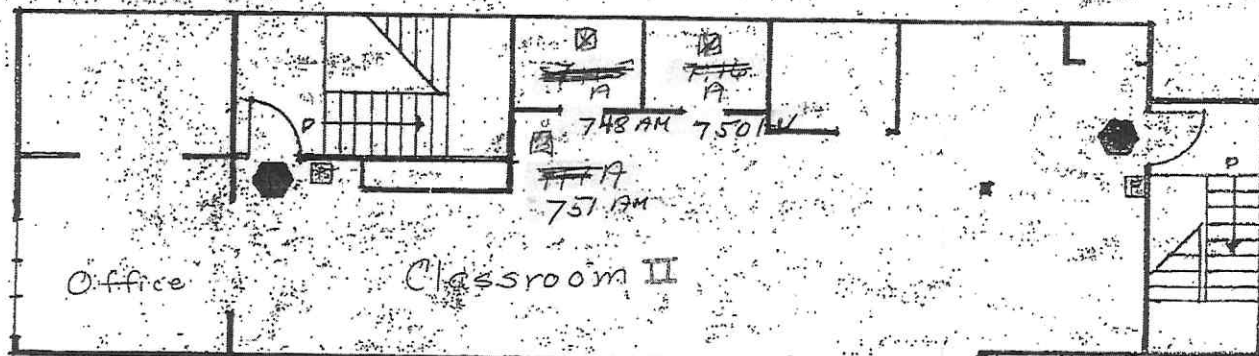
CERTIFICATION: By signing below, the Sponsor or Sponsor Representative certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	Samantha Howard
Signature:	<i>Samantha Howard</i>
Signature Date:	7/5/23

DRINKING WATER TESTING RESOURCES
<p>Schools - Lead Sampling Information http://www.nj.gov/dep/watersupply/schools.htm</p> <p>Lead Sampling In Schools Technical Guidance FAQs http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf</p> <p>3Ts for Reducing Lead in Drinking Water: Testing https://www.epa.gov/dwreinfo/3ts-reducing-lead-drinking-water-testing</p> <p>Quick Reference Guide Sampling For Lead in Drinking Water in Schools: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf</p> <p>List of NJ Certified Laboratories: https://www13.state.nj.us/DataMining/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories</p> <p>Drinking Water Outlet Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx</p> <p>Sampling Water Use Certification: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx</p> <p>Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx</p> <p>Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc</p>



Center Two - First Floor
Bayonne Head Start
557 Kennedy Blvd.
Bayonne, N.J. 07002



SECOND FLOOR PLAN

- EXIT
- PULL STATION

Center Two- Second Floor
 Bayonne Head Start
 557 Kennedy Blvd.
 Bayonne, N.J. 07002



Tuesday, June 20, 2023

G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Project ID: BAYONNE HEAD START
SDG ID: GCO23650
Sample ID#s: CO23650 - CO23655

This laboratory is in compliance with the NELAC requirements of procedures used except where indicated.

This report contains results for the parameters tested, under the sampling conditions described on the Chain Of Custody, as received by the laboratory. This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included.

A scanned version of the COC form accompanies the analytical report and is an exact duplicate of the original.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200. The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Sincerely yours,


Phyllis Shiller
Laboratory Director

NELAC - #NY11301
CT Lab Registration #PH-0618
MA Lab Registration #M-CT007
ME Lab Registration #CT-007
NH Lab Registration #213693-A,B

NJ Lab Registration #CT-003
NY Lab Registration #11301
PA Lab Registration #68-03530
RI Lab Registration #63
VT Lab Registration #VT11301



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Sample Id Cross Reference

June 20, 2023

SDG I.D.: GCO23650

Project ID: BAYONNE HEAD START

Client Id	Lab Id	Matrix
1ST FL/1ST BATH/SINK	CO23650	DRINKING WATER
1ST FL/2ND BATH/SINK	CO23651	DRINKING WATER
1ST FL/KITCH/SINK	CO23652	DRINKING WATER
2ND FL/1ST BATH/SINK	CO23653	DRINKING WATER
2ND FL/2ND BATH/SINK	CO23654	DRINKING WATER
2ND FL/CR/WATER FOUNT	CO23655	DRINKING WATER



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587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06045
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Analysis Report

June 20, 2023

FOR: G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
Location Code: LEADCONSULT
Rush Request: Standard
P.O.#:

Custody Information

Collected by: GS
Received by: SR1
Analyzed by: see "By" below

Date Time
05/11/23 7:42
06/09/23 10:31

Laboratory Data

SDG ID: GCO23650
Phoenix ID: CO23650

Project ID: BAYONNE HEAD START
Client ID: 1ST FL/1ST BATH/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.091	0.002	1	mg/L	1.3		1	06/16/23	CPP	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			06/16/23	CPP	E200.5
Total Metal Digestion	Completed							06/11/23	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Action Level (AL): 40 CFR Part 141.80 Lead & Copper ALs.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143 Secondary Goals. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

If you are the client above and have any questions concerning this testing, please do not hesitate to contact Phoenix Client Services at ext.200.
The contents of this report cannot be discussed with anyone other than the client listed above without their written consent.

Phyllis Shiller, Laboratory Director

June 20, 2023

Reviewed and Released by: Anil Makol, Project Manager



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

June 20, 2023

FOR: G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
Location Code: LEADCONSULT
Rush Request: Standard
P.O.#:

Custody Information

Collected by: GS
Received by: SR1
Analyzed by: see "By" below

Date

05/11/23
06/09/23

Time

7:44
10:31

Laboratory Data

SDG ID: GCO23650
Phoenix ID: CO23651

Project ID: BAYONNE HEAD START
Client ID: 1ST FL/2ND BATH/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.021	0.002	1	mg/L	1.3		1	06/16/23	CPP	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			06/16/23	CPP	E200.5
Total Metal Digestion	Completed							06/11/23	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Action Level (AL): 40 CFR Part 141.80 Lead & Copper ALs.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143 Secondary Goals. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

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Phyllis Shiller, Laboratory Director

June 20, 2023

Reviewed and Released by: Anil Makol, Project Manager



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

June 20, 2023

FOR: G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
Location Code: LEADCONSULT
Rush Request: Standard
P.O.#:

Custody Information

Collected by: GS
Received by: SR1
Analyzed by: see "By" below

Date

05/11/23
06/09/23

Time

7:45
10:31

Laboratory Data

SDG ID: GCO23650
Phoenix ID: CO23652

Project ID: BAYONNE HEAD START
Client ID: 1ST FL/KITCH/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.070	0.002	1	mg/L	1.3		1	06/16/23	CPP	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			06/16/23	CPP	E200.5
Total Metal Digestion	Completed							06/11/23	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

Action Level (AL): 40 CFR Part 141.80 Lead & Copper ALs.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143 Secondary Goals. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

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Phyllis Shiller, Laboratory Director

June 20, 2023

Reviewed and Released by: Anil Makol, Project Manager



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

June 20, 2023

FOR: G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
Location Code: LEADCONSULT
Rush Request: Standard
P.O.#:

Custody Information

Collected by: GS
Received by: SR1
Analyzed by: see "By" below

Date

05/11/23
06/09/23

Time

7:48
10:31

Laboratory Data

SDG ID: GCO23650
Phoenix ID: CO23653

Project ID: BAYONNE HEAD START
Client ID: 2ND FL/1ST BATH/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.089	0.002	1	mg/L	1.3		1	06/16/23	CPP	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			06/16/23	CPP	E200.5
Total Metal Digestion	Completed							06/11/23	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
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Comments:

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Phyllis Shiller, Laboratory Director

June 20, 2023

Reviewed and Released by: Anil Makol, Project Manager



Environmental Laboratories, Inc.
587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06045
Tel. (860) 645-1102 Fax (860) 645-0823



Analysis Report

June 20, 2023

FOR: G. Luke Schroeder
Lead Consulting & Inspection, Inc.
219 Main St. P.O. Box 814
Chatham, NJ 07928

Sample Information

Matrix: DRINKING WATER
Location Code: LEADCONSULT
Rush Request: Standard
P.O.#:

Custody Information

Collected by: GS
Received by: SR1
Analyzed by: see "By" below

Date Time

05/11/23 7:50
06/09/23 10:31

Laboratory Data

SDG ID: GCO23650
Phoenix ID: CO23654

Project ID: BAYONNE HEAD START
Client ID: 2ND FL/2ND BATH/SINK

Parameter	Result	RL/ PQL	DIL	Units	AL	MCL	MCLG	Date/Time	By	Reference
Copper	0.041	0.002	1	mg/L	1.3		1	06/16/23	CPP	E200.7
Lead	< 0.0010	0.0010	1	mg/L	0.015			06/16/23	CPP	E200.5
Total Metal Digestion	Completed							06/11/23	AG	E200.5/E200.7

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected
BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)
AL = Action Level MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

Comments:

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Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143 Secondary Goals. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

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Phyllis Shiller, Laboratory Director

June 20, 2023

Reviewed and Released by: Anil Makol, Project Manager



NY/NJ/PA CHAIN OF CUSTODY RECORD

587 East Middle Turnpike, P.O. Box 370, Manchester, CT 06040
Email: info@phoenixlabs.com Fax: (860) 645-0823
Client Services (860) 645-8726

10.8 2x
Coolant: Cooler: Yes ☐ No ☒
IPK ICE ☐ No ☒
Temp °C Pg of

Contact Options:
☒ Phone: 973-912-0222
☐ Fax: 973-912-5227
☒ Email: luke973@verizon.net

Customer: G. Luke Schroeder
Address: Lead Consulting & Inspection, Inc.
219 Main Street, P.O. Box 214
Chatham, NJ 07928

Project Name: BAYONNE HEAD STACK
Street Address: 557 Kennedy Blvd
City, State, Zip: BAYONNE, N.J. 07002
Quote #: L110220BA

Project P.O:

Sampler's Signature: *G. Luke Schroeder* Date: 5/11/23

Analysis Request

Matrix Code:
DW=Drinking Water GW=Ground Water SW=Surface Water WW=Waste Water
RW=Raw Water SE=Sediment SL=Sludge S=Soil SD=Solid W=Wipe
OL=Oil B=Bulk L=Liquid

PHOENIX USE ONLY	Customer Sample Identification	Sample Matrix	Date Sampled	Time Sampled
230650	1st FI / 1st GA / SINK	DW	5/11/23	742 A
230651	1st FI / 2nd GA / SINK	DW	5/11/23	744 A
230652	1st FI / Kitch / SINK	DW	5/11/23	745 A
230653	2nd FI / 1st GA / SINK	DW	5/11/23	748 A
230654	2nd FI / 2nd GA / SINK	DW	5/11/23	750 A
230655	2nd FI / CR / WASTE	DW	5/11/23	751 A

Analysis Request										LEAD & COPPER									
										GL Amber 8 oz unfiltered									
										SGL VOA Vials methanol 1 H2O									
										GL SGL container () or									
										GL SGL container () or									
										Vial VOA Vial As Is 1 HCl									
										PL As Is 1250ml 1500ml 1000ml									
										PL H2SO4 100 250ml 1500ml									
										PL NACH 250ml									
										Bacteria Bottle witho									
										Bacteria Bottle with									
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X