Garden State Laboratories, Inc.

Report of Analysis

410 Hillside Ave.
Hillside, NJ 07205

Telephone: 800-273-8901
Email: info@gslabs.com
Internet: www.gslabs.com

Main Lab
NJDEP Lab Cert. #20044

Jersey Shore Lab
NJDEP Lab Cert. #15037

Lakehurst Lab
NJDEP Lab Cert. #15041

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. Manager Emerita

For: Essex Valley School
1 Henderson Dr.

West Caldwell, NJ 07006

Laboratory Director: Harvey Klein

Attention: Kenneth Kittle

Client Number: ESS11

Report Date: 04/07/2025

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Field Blank

Lab Sample ID: 250327033-01

Site:

Collection Date/Time: 03/27/2025 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
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 17:32	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Nurse Bath # 101

Lab Sample ID: 250327033-02

Site:

Collection Date/Time: 03/27/2025 07:02

Matrix: Potable water

Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 17:35	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Nurse Office # 102

Lab Sample ID: 250327033-03

Site:

Collection Date/Time: 03/27/2025 07:04

Matrix: Potable water

Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00128 mg/l	0.015	0.00100	0.00055	20044	04/04/25 17:38	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/M.S. Cafeteria # 105

Lab Sample ID: 250327033-04

Site:

Collection Date/Time: 03/27/2025 07:06

Matrix: Potable water

Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 17:41	

Garden State Laboratories, Inc.

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Kitchen Island # 302A

Lab Sample ID: 250327033-05

Site:

Collection Date/Time: 03/27/2025 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

Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 17:55	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Kitchen Prep 302 B
Lab Sample ID: 250327033-06
Site:
Collection Date/Time: 03/27/2025 07:10
Matrix: Potable water
Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 17:58	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Kitchen Ice 302 C
Lab Sample ID: 250327033-07
Site:
Collection Date/Time: 03/27/2025 07:12
Matrix: Potable water
Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00397 mg/l	0.015	0.00100	0.00055	20044	04/04/25 18:01	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Hall Fountain 400
Lab Sample ID: 250327033-08
Site:
Collection Date/Time: 03/27/2025 07:14
Matrix: Potable water
Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 18:03	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Lactation 509
Lab Sample ID: 250327033-09
Site:
Collection Date/Time: 03/27/2025 07:16
Matrix: Potable water
Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00687 mg/l	0.015	0.00100	0.00055	20044	04/04/25 18:06	

Garden State Laboratories, Inc.

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Gym Bottle Filler 511
Lab Sample ID: 250327033-10
Site:
Collection Date/Time: 03/27/2025 07:18
Matrix: Potable water
Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	04/04/25 18:12	

Sample ID: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006/Lounge 508
Lab Sample ID: 250327033-11
Site:
Collection Date/Time: 03/27/2025 07:20
Matrix: Potable water
Sample Type: Grab

Analyte	Method	SM	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert	Analysis Date/Time	Qualifiers

Analyte	Method	YR	DF	Sample Result	MCL	Rep. Limit	MDL	No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00110 mg/l	0.015	0.00100	0.00055	20044	04/04/25 18:21	

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.

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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

FOR SAMPLE RECEIVING USE ONLY
DATE/TIME/TEMP. REC'D AT LAB: 3/27/25 15:13 4.1°C

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

Page 1 of 3

GSL CLIENT # ESS11

CLIENT INFORMATION (REPORT TO BE SENT TO)
Name: Essex Valley School Contact/Authorized by: Kenneth Kittle
Mailing Address: 1 Henderson Drive Phone: 973-244-7890
City/State/Zip: West Caldwell, NJ 07006 Email: kkittle@essex.valleyschool.org

MICRO #
CHEM. # 250327033010[illegible]
SAMPLE REC'D BY:
☑ GSL FIELD SAMPLER/PICK-UP
☐ PICK-UP AT DROP OFF LOCATION
☐ DELIVERED BY CLIENT

SAMPLE INFORMATION
SAMPLE TYPE: DW
SAMPLE LOCATI: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	Lab # Extension
X		Field Blank	3/27	7:00	X		Lead (First Draw)	1	P	250ml	A	33701
X		NURSE BATH #101	3/27	7:02	X		Lead (First Draw)	1	P	250ml	A	33702
X		NURSE OFFICE #102	3/27	7:04	X		Lead (First Draw)	1	P	250ml	A	33703
X		M.S. CAFETERIA #105	3/27	7:06	X		Lead (First Draw)	1	P	250ml	A	33704
X		KITCH. ISLAND #302A	3/27	7:08	X		Lead (First Draw)	1	P	250ml	A	33705

⇨ 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 Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK
SEND TO:
DATE/TIME:
METHOD OF SHIPMENT:

TURNAROUND TIME: ■ Standa ☐ Rush (IF RUSH REQUESTED) Rush Due by:
REPORT FORMA ■ Standard Report ☐ Other/Specify:
☐ Standard Report + E2 PWS ID#:

PAYMENT INFORMATION
☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $
Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note: LEAD SAMPLING FOR SCHOOL FACILITY ON PUBLIC WATER SYSTEM * IF THE BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED*

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): Kenneth J Kittle Signature: [signature]
Client/Client's Representative (PRINT): Kenneth J Kittle Signature: [signature] Date/Time: 3/27/25 7:25
1. Received/Relinquished by (PRINT): Eugene Buckles Signature: [signature] Date/Time: 3/27/25 9:45
2. Received/Relinquished by (PRINT): [illegible] Signature: [signature] Date/Time: 3/27/25

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

Page 3 of 3

GSL CLIENT # ESS11

CLIENT INFORMATION (REPORT TO BE SENT TO)
Name: Essex Valley School Contact/Authorized by: Kenneth Kittle
Mailing Address: 1 Henderson Drive Phone: 973 244-7890
City/State/Zip: West Caldwell, NJ 07006 Email: kkittle@essex.valleyschool.org

MICRO #
CHEM. # 250327033010[illegible]

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

SAMPLE INFORMATION
SAMPLE TYPE: DW
SAMPLE LOCATI: Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	Lab # Extension
X		KITCHEN PREP 302 B	3/27	7:10	X		Lead (First Draw)	1	P	250ml	A	33706
		KITCHEN ICE 302 C	3/27	7:12	X							33707
		HALL FOUNTAIN 400	3/27	7:14	X							33708
		LACTATION 509	3/27	7:16	X							33709
		GYM BOTTLE FILLER 511	3/27	7:19	X							33710

⇨ 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 Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK
SEND TO:
DATE/TIME:
METHOD OF SHIPMENT:

TURNAROUND TIME: ■ Standa ☐ Rush (IF RUSH REQUESTED) Rush Due by:
REPORT FORMA ■ Standard Report ☐ Other/Specify:
☐ Standard Report + E2 PWS ID#:

PAYMENT INFORMATION
☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $
Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note: LEAD SAMPLING FOR SCHOOL FACILITY ON PUBLIC WATER SYSTEM *IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED*

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
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Sampled by (PRINT): Kenneth J Kittle Signature: [signature]
Client/Client's Representative (PRINT): Kenneth J Kittle Signature: [signature] Date/Time: 3/27/25 7:25
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Page 2 of 3

GSL CLIENT # ESS11
MICRO #
CHEM. # 2503270334-1

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

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

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Essex Valley School Contact/Authorized by: Kenneth Kittle
Mailing Address: 1 Henderson Drive Phone: 973-244-7890
City/State/Zip: West Caldwell, NJ 07006 Email: kkittle@essex.valleyschool.org

SAMPLE INFORMATION

SAMPLE TYPE: DW
SAMPLE LOCATI Essex Valley School, 1 Henderson Drive, West Caldwell, NJ 07006

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	Lab # Extension
X		LOUNGE 508	3/27	7:20	X		Lead (First Draw)	1	P	250ml	A	33
X							Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	

*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 Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

☐ SUBCONTRACTED WORK
SEND TO:
DATE/TIME:
METHOD OF SHIPMENT:

TURNAROUND TIME: ■ Standa ☐ Rush (IF RUSH REQUESTED) Rush Due by:
REPORT FORMA ■ Standard Report ☐ Other/Specify:
☐ Standard Report + E2 PWS ID#:

PAYMENT INFORMATION

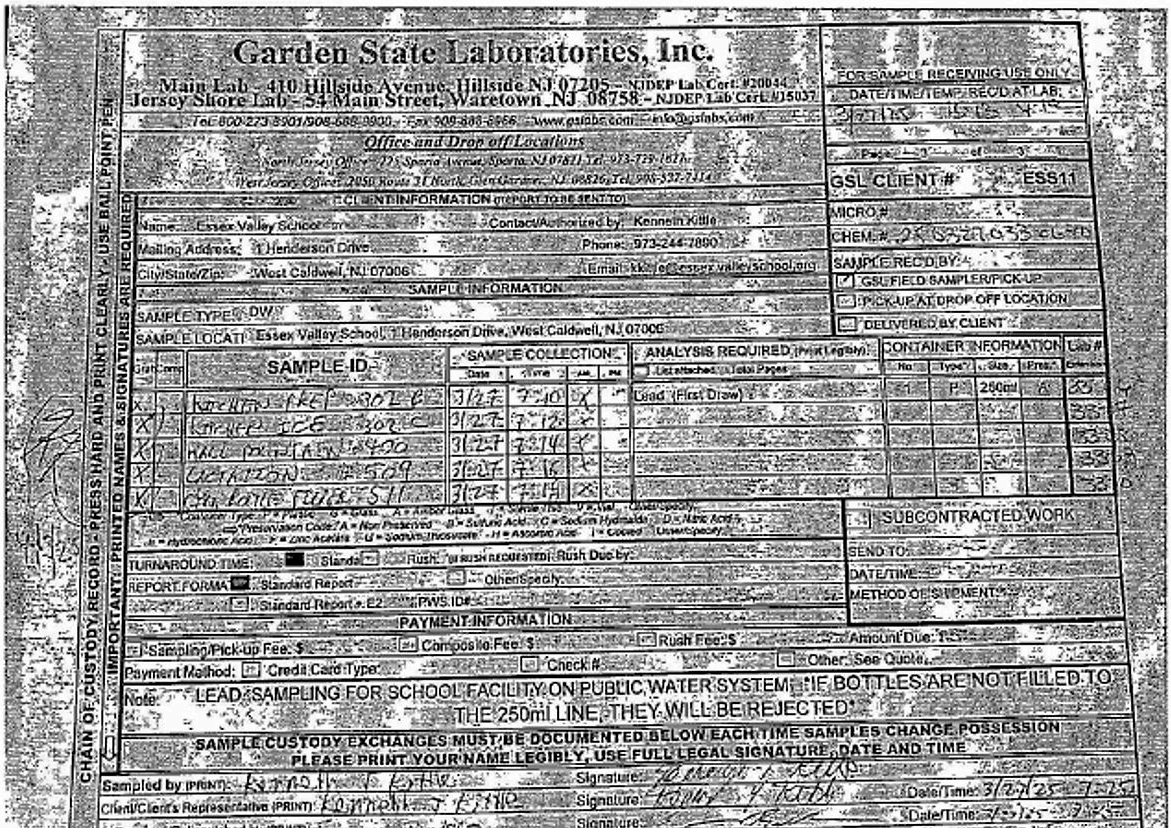
☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $
Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

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Client/Client's Representative (PRINT): kenneth J kittle Signature: Date/Time: 3/27/25 7:25
1. Received/Relinquished by (PRINT): Eugene Beckles Signature: Date/Time: 3/27/25 9:45
2. Received/Relinquished by (PRINT): Signature: Date/Time: 3/27/25 15:13

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corrected chain