



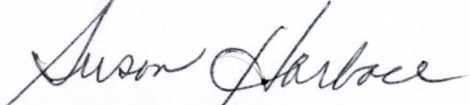
The Little SchoolHouse  
102-110 Third St  
Elizabeth, NJ 07206  
908-282-4610

June 16<sup>th</sup>, 2023

Dear Parents,

Please be informed that our water fountains at the Little SchoolHouse failed lead testing and therefore have been removed from the building effective immediately. Bottled water is being provided to the students as needed.

Thank you,

  
Susan Harbace



**ENVIRONMENTAL  
TESTING SERVICES LLC**

## **Lead and Copper in Drinking Water Sampling**



**The Little School House**

**102-110 Third Street, Elizabeth, NJ 07206**

**Inspection Company:  
Environmental Testing Services LLC.  
619 Wills Ave.  
Deptford, NJ 08096**

**Laboratory:  
Accurate Analytical Testing, LLC.  
30105 Beverly Road,  
Romulus MI 48174**

**Lead in Drinking Water Sampling Date:  
June 6th, 2023**

**Licensed State Lead Inspector  
Risk Assessor  
Michael Stefkovic (License # NJ 038496)**

June 12th, 2023

The Little Schoolhouse  
102-110 Third Street,  
Elizabeth, NJ 07206

Re: **Lead and Copper in Drinking Water Sampling**  
**102-110 Third Street, Elizabeth, NJ 07206.**

Dear Client:

Environmental Testing Services, LLC. provided initial water testing for lead and copper in The Little School House. As per state guidelines, 50% of the water sources were tested. ETS did the water testing on June 6th, 2023.

**Based on the findings of the testing, all samples came back with acceptable levels other than the water fountains in regards to lead and copper. The water fountains should be shut off immediately.**

Please see report below for sample results.

Sample analysis results and the chain of custody are attached to this report.

If you should have any questions, please feel free to contact us at (856) 432-4468

Sincerely,



Michael Stefkovic,  
Risk Assessor

## Water Samples and Action Levels

The client was instructed by the inspector prior to the inspection to not to use any water source for at least six (6) hours before the inspection. The water samples were collected in 250 ml bottles. The samples were then transported to EMSL Analytical, Inc., a New Jersey Department of Environmental Protection (NJ DEP) certified laboratory for the analysis of the drinking water.

The Action Levels that are determined from the EPA: "The concentration of lead or copper in tap water which determines whether a system may be required to install corrosion control treatment, collect water quality parameter samples, collect source water samples, replace lead service lines, and/or deliver public education about lead. The action level for lead is 0.015 mg/L or 15 ppb. The action level for copper is 1.3 mg/L or 1300 ppb." **For water**, 1 ppm = approximately 1 mg/L (also written as mg/l) of contaminant in water, and 1 ppb = 1 ug/L (also written as ug/l). A measurement of 6 mg/L is the same as 6 ppm or 6,000 ppb, which is equal to 6,000 ug/L. The results from the lab are given in ug/L.

**Results of the sampling found both locations tests for lead and copper came in an acceptable levels.**

Wipe Sample	Sampling Location Description	Laboratory Results <u>LEAD</u> (ug/L)	Laboratory Results <u>COPPER</u> (ug/L)
1	CLASS 205 SINK	3.0 PASS	348.1 PASS
2	206 HALL BOYS BATH SINK	<2.0 PASS	295.5 PASS
3	211 GIRLS BATH L SINK	<2.0 PASS	533.4 PASS
4	<b>ELEVATOR LEFT WATER FOUNT</b>	<b>43.5 FAILED</b>	<b>5921.2 FAILED</b>
5	KITCHEN SINK	2.6 PASS	479.7 PASS
6	CLASS 111 SINK	<2.0 PASS	428.1 PASS
7	CLASS 111 BATH SINK 2	<2.0 PASS	300.8 PASS
8	B 106 CHILD BATH SINK	<2.0 PASS	400.7 PASS
9			
10			
11			
12			
13			
14			
15			
1. The action level for lead is 0.015 mg/L or 15 ppb or 15ug/L. 2. The action level for copper is 1.3 mg/L or 1300 ppb or 1300 ug/L.			

# Lead LAB Results



36186 Beverly Road  
 Romulus, MI 48174  
 Ph: 734-629-8161, Fax: 734-629-8431

## Certificate of Analysis: Lead In Drinking Water by EPA Method 200.5

<b>Client :</b> Environmental Testing Services 519 Walls Ave Deptford, NJ 08096  <b>Attn :</b> Mike Stefkovic <b>Email :</b> lead@ets-enviro.com <b>Phone :</b> 215-432-4455 <b>Fax :</b>	<b>AAT Project :</b> 920247 <b>Sampling Date :</b> 06/06/2023 <b>Date Received :</b> 06/06/2023 <b>Date Analyzed :</b> 06/06/2023 <b>Date Reported :</b> 06/12/2023  <b>WSSM :</b>
<b>Client Project :</b> LITTLE SCHOOL <b>Collected By:</b>	
<b>Project Location :</b> 102-110 3RD ST ELIZABETH NJ	

Sample ID	Client Code	Sample Description	Purpose	Collection Time	Results Lead (µg/L (ppb))	Reporting Limit	Pb Threshold
8494932	A1	CLASS 205 SINK	PC/CU		3.0	2.0	Below
8494933	A2	206 HALL BOYS BATH SINK	PC/CU		<2.0	2.0	Below
8494934	A3	211 GIRLS BATH L SINK	PC/CU		<2.0	2.0	Below
8494935	A4	ELEVATOR WTR FOUNT L	PC/CU		43.5	2.0	Above
8494936	A5	KIT SINK	PC/CU		2.6	2.0	Below
8494937	A6	CLASS 111 SINK	PC/CU		<2.0	2.0	Below
8494938	A7	CLASS 111 BATH SINK 2	PC/CU		<2.0	2.0	Below
8494939	A8	B 106 CHILD BATH SINK	PC/CU		<2.0	2.0	Below

Analyst Signature

Joseph Kerwabikuse

ND = Not Detected, NA = Not Available, RL = Reporting Limit, The Analytical Reporting Limit for Pb is 2 µg/L (ppb) and for Cu is 2.5 µg/L (ppb). For true values assume ±2 significant figures. AAT utilizes BOP 8230. The method used both Cu, are acceptable unless otherwise stated. EPA Regulatory Levels: 15 µg/L for Pb and 1.305 µg/L for Cu.

The laboratory operates in accordance with NELAP guidelines and holds accreditation under the NY State DOH ELAP program. These results are submitted pursuant to AAT, LLC standard terms and conditions of sale, including the company's standard test methods and validation of laboratory procedures. Analytical results relate to the samples as referenced by this lab. AAT will not assume any liability or responsibility for the results as shown if the results are used or interpreted. All Quality control requirements for the samples this report contains have been met. Sample data apply only to items analyzed. Reproduction of this document other than as its entirety is not authorized by AAT, LLC. Samples are stored for 15 days following report date.



NY State DOH ELAP - Lab ID # 11864, Michigan State Lab # 9996

Date Printed: 06/12/2023

AAT Project: 920247

# Copper Lab Report



30106 Beverly Road  
 Romulus, MI 48174  
 Ph: 734-429-8161; Fax: 734-429-8431

## Certificate of Analysis: Copper In Drinking Water by EPA Method 200.5

Client : Environmental Testing Services  
 619 Wills Ave.  
 Deptford, NJ 08096

Attn : Mike Stefkovic      Email : lead@ets-enviro.com  
 Phone : 215-432-4458      Fax :

AAT Project : 920247  
 Sampling Date : 08/08/2023  
 Date Received : 08/08/2023  
 Date Analyzed : 08/08/2023  
 Date Reported : 06/12/2023

Client Project : LITTLE SCHOOL      Collected By :  
 Project Location : 102-110 3RD ST ELIZABETH NJ

WSSN :

Lab Sample ID	Client Code	Sample Description	Purpose	Collection Time	Results Copper µg/L (ppb)	Cr Threshold
B494932	A1	CLASS 205 SINK	PC/CU		384.1	Below
B494933	A2	208 HALL BOYS BATH SINK	PC/CU		295.5	Below
B494934	A3	211 GIRLS BATH L SINK	PC/CU		533.4	Below
B494935	A4	ELEVATOR WTR FOUNT L	PC/CU		5821.2	Above
B494936	A5	KIT SINK	PC/CU		479.7	Below
B494937	A6	CLSS 111 SINK	PC/CU		428.1	Below
B494938	A7	CLSS 111 BATH SINK 2	PC/CU		300.8	Below
B494939	A8	B 108 CHILD BATH SINK	PC/CU		400.7	Below

Analyst Signature

Joseph Kenwabikise

ND = Not Detected, N/A = Not Available, RL = Reporting Limit, The Analytical Reporting Limit for Pb is 2 µg/L (ppb) and for Cu is 2.5 µg/L (ppb). For true values assume (2) significant figures. AAT client SOP 9299 The method and test-OC are acceptable unless otherwise stated. EPA Regulatory Limits 15 µg/L for Pb and 1300 µg/L for Cu. The laboratory operates in accord with NELAP guidelines and holds accreditation under the NY State DDH ELAP program. These results are submitted pursuant to AAT LLC current terms and conditions of sale, including the company's standard warranty and limitation of liability provisions. Analytical results relate to the samples as received by the lab. AAT will not assume any liability or responsibility for the manner in which the results are used or interpreted. All Quality control requirements for the samples this report contain have been met. Sample data apply only to items analyzed. Reproduction of this document other than in its entirety is not authorized by AAT, LLC. Samples are stored for 15 days following report date.



NY State DDH ELAP - Lab ID # 11864, Michigan State Lab # 9996

Date Printed: 08/12/2023

AAT Project: 920247

# CHAIN OF CUSTODY



30105 BEVERLY RD.  
 RONOLUS NJ 08174  
 (734) 699-LABS (5227)  
 FAX: (734) 699-8407



Website: [www.accurateanal.com](http://www.accurateanal.com)  
 Email: [customersupport@accurateanal.com](mailto:customersupport@accurateanal.com)

**SUBMITTING COMPANY**  
 Environmental Testing Services LLC  
 810 W. Ave. Southfield MI 48066

**CONTACT INFORMATION**

Office: 846-226-2314  
 Fax: 846-226-2314  
 Email 1: [info@accurateanal.com](mailto:info@accurateanal.com)  
 Email 2: [customersupport@accurateanal.com](mailto:customersupport@accurateanal.com)

PROJECT NUMBER: Little School SAMPLING DATE: 6/1/23  
 PROJECT ADDRESS: 102-116 3rd St. Elizabeth, NJ  
 PERSON COLLECTING THE SAMPLES: \_\_\_\_\_

REQUESTED ANALYSIS: **Drinking Water**  
 WSSN: \_\_\_\_\_

LEAD:  LEAD  COPPER  BOTH

TURNAROUND TIME (please check one)  
 24 Hour  48 Hour   
 72 Hour  5 Days   
 If no TAT is provided default is 5 Days

LAB ID	CLIENT SAMPLE ID	DESCRIPTION	SAMPLE TYPE OR PURPOSE*	TIME	VOLUME	CLIENT COMMENTS
<u>AA1</u>	<u>A1</u>	<u>CLASS 205 SINK</u>	<u>POTU</u>		<u>250 ml</u>	
<u>AA2</u>	<u>A2</u>	<u>CLASS 205 SINK BATH</u>				
<u>AA3</u>	<u>A3</u>	<u>CLASS 205 SINK BATH</u>				
<u>AA4</u>	<u>A4</u>	<u>CLASS 205 SINK BATH</u>				
<u>AA5</u>	<u>A5</u>	<u>KITCHEN SINK</u>				
<u>AA6</u>	<u>A6</u>	<u>CLASS III BATH SINK</u>				
<u>AA7</u>	<u>A7</u>	<u>CLASS III BATH SINK</u>				
<u>AA8</u>	<u>A8</u>	<u>CLASS III BATH SINK</u>				

NY STATE SAMPLES	CHECK HERE
SLAS INTAC	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CONTAINERS LABELED	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
REC'D & ACCEPTED	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
SAMPLES ACQUIRED	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
LAB REMARKS	

LAB PROJECT NUMBER: 6008  
 DATE: 6/1/23 TIME: AM

\* By submitting samples to AAT, the client agrees to AAT's terms and conditions  
 AAT is not responsible for shipping delays

\* Sample Type or Purpose Key: Rawflow Distribution (RD) Check Sample (CS) Raw Water (RW) Process Water (PW) Investigation Number (IN)

**LEAD CERTIFICATIONS  
ETS LLC.  
STATE OF NJ**

*New Jersey Department of Health*

**MICHAEL STEFKOVIC**



**Permit No.: 038496**  
**ID No.: 013780**  
**Expires: 8/10/2024**

Authorization Signature: *Christina Tan*  
Christina Tan, MD, MPH, Assistant Commissioner

**Inspector/Risk Assessor**

**Certificate of Completion**

awarded to  
**Michael Stefkovic**  
for successfully completing the prescribed course of study in

**New Jersey Lead Inspector/Risk Assessor Refresher  
Housing and Public Buildings**  
in accordance with EPA, HUD, and NJDH Guidelines

presented by  
**ACCESS TRAINING SERVICES, INC.**  
7921 River Road, Pennsauken, New Jersey 08110  
(856) 665-3449

<u>9/1/22</u> Course Date	<u>9/1/22</u> Exam Date	<u>9/1/24</u> Expiration Date
<u>Not Provided</u> Social Security Number	<u>ACC-0922-18-005</u> Certificate Number	<i>Mark K. Schlager</i> Mark K. Schlager Training Director



## 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

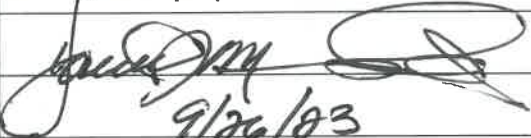
Name of Child Care Center: <b>Little Schoolhouse</b>		License ID: <b>ZOLIT0003</b>	
Site Address of Center: <b>102-110 Third St.</b>	Building # and Street:	Municipality: <b>Elizabeth</b>	County: <b>Union</b>
Sponsor/Sponsor Representative: <b>Daniel Murphy</b>		Phone Number: <b>(973) 639-6592</b>	Email: <b>dmurphy@ccannj.org</b>

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

Sampling Date(s):	<b>June 6, 2023</b>
1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Sample Date: June 6, 2023	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: June 6, 2023	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? <b>Please attach copies.</b>
7. <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance? <b>All Water Fountains Removed from Service JM</b>
22. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A Sample Date: June 6, 2023	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: June 6, 2023	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)	Daniel Murphy
Signature:	
Signature Date:	9/26/23

**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](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](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](http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx)

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

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

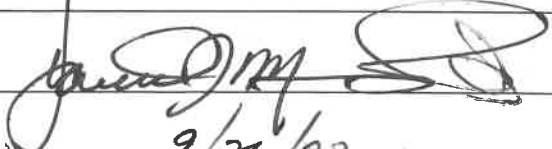
**DRINKING WATER TESTING STATEMENT OF ASSURANCE**

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

Name of Child Care Center: Little Schoolhouse		License ID: ZOLIT0003
Site Address (Building # and Street): 102-110 Third St.		
Municipality: Elizabeth	County: Union	
Sponsor/Sponsor Representative: Daniel Murphy		Phone #: (973) 639-6592
Sponsor/Sponsor Representative Email: dmurphy@ccannj.org		
Additional Contact Person: john Westervelt		Phone #: (973) 596-3984
Title: CEO	Email: jwestervelt@ccannj.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)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)	Daniel Murphy
Signature:	
Signature Date:	9/26/23