

Environmental Testing Consultants, LLC

413 N. Black Horse Pike
Runnemede, New Jersey 08078

Phone: 856-482-1311
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LEAD AND COPPER IN WATER TESTING

**RESPOND DAYCARE
155 MARLTON PIKE
CAMDEN, NEW JERSEY**

Submitted to:

**Respond, Inc.
532 State Street
Camden, New Jersey
mpolo@respondinc.com**

Submitted by:

**Environmental Testing Consultants, LLC
413 N. Black Horse Pike
Runnemede, New Jersey 08078**

856-482-1311



James Madden

New Jersey Lead Inspector/Risk Assessor #018396

June 20, 2022

TABLE OF CONTENTS

SECTION 1	EXECUTIVE SUMMARY
SECTION 2	METHODOLOGIES/QUALITY CONTROL
SECTION 3	RESULTS
SECTION 4	ANALYTICAL
SECTION 5	LICENSES

EXECUTIVE SUMMARY

Environmental Testing Consultants, LLC (ETC) was contracted to perform lead and copper in water sampling at the Respond Daycare, 155 Marlton Pike, Camden, New Jersey.

The lead and Copper in water testing was done according to the EPA Lead and Copper Rule (LCR).

On site, the inspection consisted of:

1. Water Sampling

Testing was completed by New Jersey Certified Lead Inspector/Risk Assessor James Madden (#011653) on June 2, 2022.

All samples were below the allowable limits.

It is understood that all findings represent conditions at the time of testing. This report should be kept on file for the life of the Childcare center.

ETC will be available to answer any questions you may have concerning this report.

METHODOLOGIES

A. LEAD AND COPPER WATER SAMPLING

Sample bottles supplied by EMSL Analytical, Inc. were used to collect first draw. After sampling was completed, the lid was fastened and the bottle labeled. EMSL Analytical, Inc. (AIHA: 100194) performed the analysis using Lead and Copper in Water by ICP-MS (EPA 200.8).

QUALITY CONTROL

Water sampling was conducted by New Jersey Certified Lead Inspectors/Risk Assessors in accordance with the EPA Lead and Copper Rule (LCR).

RESULTS

A. LEAD IN WATER SAMPLES

The EPA has established the lead concentration action level for drinking water as 15 ppb (parts per billion) = 0.015 mg/L (milligrams per liter).

Zero (0) samples were above the action level.

June 2, 2022

Sample #	Location	Results ppb
14-0602-01	Girl's Restroom Sink	ND
14-0602-02	Boy's Restroom Sink	ND
14-0602-03	Kitchen - sink	ND
14-0602-04	Middle Girl's Restroom Sink - Left	ND
14-0602-05	Baby Restroom Sink - Left	ND

B. COPPER IN WATER SAMPLES

The EPA has established the copper concentration action level for drinking water as 1300 ppb (parts per billion).

Zero (0) samples were above the action level.

June 2, 2022

Sample #	Location	Results ppb
14-0602-01	Girl's Restroom Sink	37
14-0602-02	Boy's Restroom Sink	30
14-0602-03	Kitchen - sink	80
14-0602-04	Middle Girl's Restroom Sink - Left	34
14-0602-05	Baby Restroom Sink - Left	24

LEAD & COPPER IN WATER RESULTS



EMSL Analytical, Inc.

200 Route 130 North, Cinnaminson, NJ 08077
Phone/Fax: (856) 303-2500 / (856) 858-4571
<http://www.EMSL.com> EnvChemistry2@emsl.com

EMSL Order: 012209031
CustomerID: ETCO77
CustomerPO:
ProjectID:

Client: **Howard Zenobi**
Environmental Testing Consultants
413 N Black Horse Pike
Suite 1
Runnemede, NJ 08078

Phone: (856) 482-1311
Fax: (856) 482-5989
Received: 6/2/2022 09:00 AM

Project: **Respond Daycare 155 Marlton Pike, Camden, NJ**

Analytical Results

Client Sample Description	14-0602-01	Collected:	6/2/2022 6:37:00 AM	Lab ID:	012209031-0001
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
0.8	Copper	37	5.0 µg/L	6/9/2022 JW	6/9/2022 22:56 JW
0.8	Lead	ND	1.00 µg/L	6/9/2022 JW	6/9/2022 22:56 JW
Client Sample Description	14-0602-02	Collected:	6/2/2022 6:39:00 AM	Lab ID:	012209031-0002
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
0.8	Copper	30	5.0 µg/L	6/9/2022 JW	6/9/2022 22:58 JW
0.8	Lead	ND	1.00 µg/L	6/9/2022 JW	6/9/2022 22:58 JW
Client Sample Description	14-0602-03	Collected:	6/2/2022 6:41:00 AM	Lab ID:	012209031-0003
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
0.8	Copper	80	5.0 µg/L	6/9/2022 JW	6/9/2022 23:00 JW
0.8	Lead	ND	1.00 µg/L	6/9/2022 JW	6/9/2022 23:00 JW
Client Sample Description	14-0602-04	Collected:	6/2/2022 6:43:00 AM	Lab ID:	012209031-0004
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
0.8	Copper	34	5.0 µg/L	6/9/2022 JW	6/9/2022 23:03 JW
0.8	Lead	ND	1.00 µg/L	6/9/2022 JW	6/9/2022 23:03 JW
Client Sample Description	14-0602-05	Collected:	6/2/2022 6:45:00 AM	Lab ID:	012209031-0005
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst
METALS					
0.8	Copper	24	5.0 µg/L	6/9/2022 JW	6/9/2022 23:05 JW
0.8	Lead	ND	1.00 µg/L	6/9/2022 JW	6/9/2022 23:05 JW



EMSL ANALYTICAL, INC.

EMSL Order Number / Lab Use Only

012209031

Camden, NJ 08077

PHONE (800) 220-3675

EMAIL EnvChemistry2@EMSL.com

Customer ID: **132-001-03**

Company Name: **Env Testing Consultants, LLC**

Contact Name: **Howard Zemb**

Street Address: **413 N. Black Horse Pike**

City, State, Zip: **Rummedale, NJ**

Phone: **856-482-1311**

Country: **USA**

Email(s) for Report: **info@enviro-testing.net**

Project Name/No: **Resound Ductwork**

EMSL LIMS Project ID: **155 Martin Pike, Camden, NJ**

State of Connecticut (CT) must select project location: **NJ**

US State where samples collected: **NJ**

Commercial (Taxable):

Residential (Non-Taxable):

PWS ID:

State Reporting Required? Yes No

Samples for Compliance? Yes No

If Yes, for NPDES? Yes No

Other (Specify):

Samples Received Chilled? Yes No

Sampled By: **James Mackler**

Signature: *[Signature]*

EMSL Client

Standard Turn-Around-Time: **2 Weeks**

Number of Samples in Shipment: **5**

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8	Comments
14-0602-01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	06/20/22	W	2	Lead								Girls RR Sink
14-0602-02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	06/21/22	W	2									Boys RR Sink
14-0602-03	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	06/22/22	W	2									Kitchen Sink
14-0602-04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	06/23/22	W	2									Md Girls RR Sink

List Test(s) Needed (Write in test below, then check on sample line):

The following TAT's are subject to Lab approval. Call lab to confirm TAT before submittal.

Reporting Requirements: Results Only Results and QC Reduced Deliverables H2results EDD Excel Other (Describe Above)

Method of Shipment:

Relinquished by: *[Signature]* Date/Time: **06/02/2022**


Relinquished by: *[Signature]* Date/Time: **6/2/22 9:00**

Agree to Electronic Signature (By checking, I consent to signing this Crn of Custody document by electronic signature): *[Signature]* Date/Time: **6/2/22 9:00**


LICENSES

New Jersey Department of Health

JAMES N MADDEN



Permit No.: 037551
ID No.: 011653
Expires: 3/3/2024

Authorization Signature: 
Christina Tan, MD, M.P.H. Assistant Commissioner

Inspector/Risk Assessor

Lead Identification Permit



PHILIP D. MURPHY

Governor

LOCATION
101 S BROAD ST
TRENTON NJ 08608

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

LT. GOVERNOR SHEILA Y. OLIVER

Commissioner

MAILING ADDRESS
101 S BROAD ST
TRENTON NJ 08618

Certificate - Lead Evaluation Contractor

RECERTIFIED

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

ENV. TESTING CONSULTANTS, LLC
413 NORTH BLACK HORSE PIKE
RUNNEMEDE NJ 08078

To act as a Lead Evaluation Contractor on the following Projects

Residential
Public Buildings
Comm/Steel Structure

Cert #: 00335-E
Effective Date: 2/1/2022
Expiration Date: 1/31/2024
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: <i>Respond Bank St. CDC</i>		License ID: <i>04RES0002</i>	
Site Address of Center: <i>155 Marlton Pike</i>	Building # and Street: <i>Camden</i>	Municipality: <i>Camden</i>	County: <i>Camden</i>
Sponsor/Sponsor Representative: <i>Migdalia Polo</i>		Phone Number: <i>856-365-4403</i>	Email: <i>mpolo@respondinc.com</i>

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 checked="" type="checkbox"/> NO Sample Date: <i>6/2/22</i>	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 checked="" type="checkbox"/> NO Sample Date: <i>6/2/22</i>	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 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 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 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)

Migdalia Polo
Migdalia Polo
6/22/22

Signature:

Signature Date:

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>

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

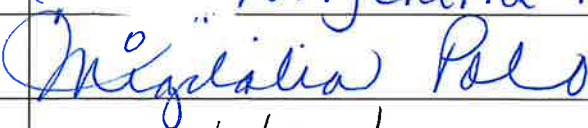
DRINKING WATER TESTING STATEMENT OF ASSURANCE

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

Name of Child Care Center: Respond Bank St. CDC		License ID: 04RES0002
Site Address (Building # and Street): 155 Marlton Pike		
Municipality: Camden	County: Camden	
Sponsor/Sponsor Representative: Migdalia Polo		Phone #: 856-365-4403
Sponsor/Sponsor Representative Email: mpolo@respondinc.com		
Additional Contact Person: Octavio Loyola		Phone #: 856-963-9155
Title: Center Director	Email: oloyola@respondinc.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)	Migdalia Polo
Signature:	
Signature Date:	6/22/22

