

# *Environmental Testing Consultants, LLC*

413 N. Black Horse Pike  
Runnemede, New Jersey 08078

Phone: 856-482-1311  
Fax: 856-312-8965

## **LEAD AND COPPER IN WATER TESTING**

**RESPOND - PYNE POYNT PRESCHOOL  
924 N. 8<sup>TH</sup> STREET  
CAMDEN, NEW JERSEY**

*Submitted to:*

**Respond, Inc.  
532 State Street  
Camden, New Jersey  
[mpolo@respondinc.com](mailto:mpolo@respondinc.com)**

*Submitted by:*

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

**856-482-1311**

  
Heather McKeever-Porra

New Jersey Lead Inspector/Risk Assessor #018396  
June 16, 2022

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## **EXECUTIVE SUMMARY**

Environmental Testing Consultants, LLC (ETC) was contracted to perform lead and copper in water sampling at the Respond, Pyne Poynt Preschool, located at 924 N. 8<sup>th</sup> Street, 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 Heather McKeever-Porreca (#018396) on June 1, 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 1, 2022**

Sample #	Location	Results ppb
20-0601-01	Classroom 4 Bathroom Sink	ND
20-0601-02	Dish Sink (3)	1.64
20-0601-03	Hand Sink Middle	ND
20-0601-04	Hand Sink by Wall	9.90
20-0601-05	Dish Sink (2)	1.50

### 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 1, 2022**

Sample #	Location	Results ppb
20-0601-01	Classroom 4 Bathroom Sink	19
20-0601-02	Dish Sink (3)	61
20-0601-03	Hand Sink Middle	26
20-0601-04	Hand Sink by Wall	20
20-0601-05	Dish Sink (2)	64

## **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](mailto:EnvChemistry2@emsl.com)

EMSL Order:	012208782
CustomerID:	ETCO77
CustomerPO:	
ProjectID:	

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

Phone: (856) 482-1311  
 Fax: (856) 482-5989  
 Received: 6/1/2022 02:45 PM

Project: Respond Pyne Point - 924 N 5th St. Camden

**Analytical Results**

Client Sample Description		20-0601-01	Class 4 Bath	Collected:	6/1/2022	Lab ID:	012208782-0001	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst			
<b>METALS</b>								
00.8	Copper	19	5.0 µg/L	6/7/2022 JW	6/7/2022	20:02	JW	
00.8	Lead	ND	1.00 µg/L	6/7/2022 JW	6/7/2022	20:02	JW	
Client Sample Description		20-0601-02	Dish Sink (3)	Collected:	6/1/2022	Lab ID:	012208782-0002	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst			
<b>METALS</b>								
00.8	Copper	61	5.0 µg/L	6/7/2022 JW	6/7/2022	20:05	JW	
00.8	Lead	1.64	1.00 µg/L	6/7/2022 JW	6/7/2022	20:05	JW	
Client Sample Description		20-0601-03	Hand Sink (Middle)	Collected:	6/1/2022	Lab ID:	012208782-0003	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst			
<b>METALS</b>								
00.8	Copper	26	5.0 µg/L	6/7/2022 JW	6/7/2022	20:07	JW	
00.8	Lead	ND	1.00 µg/L	6/7/2022 JW	6/7/2022	20:07	JW	
Client Sample Description		20-0601-04	Hand Sink by Wall	Collected:	6/1/2022	Lab ID:	012208782-0004	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst			
<b>METALS</b>								
00.8	Copper	20	5.0 µg/L	6/7/2022 JW	6/7/2022	20:10	JW	
00.8	Lead	9.90	1.00 µg/L	6/7/2022 JW	6/7/2022	20:10	JW	
Client Sample Description		20-0601-05	Dish Sink (2)	Collected:	6/1/2022	Lab ID:	012208782-0005	
Method	Parameter	Result	RL Units	Prep Date & Analyst	Analysis Date & Analyst			
<b>METALS</b>								
00.8	Copper	64	5.0 µg/L	6/7/2022 JW	6/7/2022	20:13	JW	
00.8	Lead	1.50	1.00 µg/L	6/7/2022 JW	6/7/2022	20:13	JW	





**Definitions:**

- DL - method detection limit
- Result was below the reporting limit, but at or above the MDL
- ID - indicates that the analyte was not detected at the reporting limit
- IL - Reporting Limit (Analytical)
- I - Dilution Sample required a dilution which was used to calculate final 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](mailto:EnvChemistry2@emsl.com)

EMSL Order:	0122208782
CustomerID:	ETC077
CustomerPO:	
ProjectID:	



EMSL ANALYTICAL, INC.

# ENVIRONMENTAL CHEMISTRY CHAIN OF CUSTODY

EMSL Order Number / Lab Use Only

012208782

EMSL Analytical, Inc.  
200 Rt. 130 N  
Cinnaminson, NJ 08077

PHONE: (800) 220-3675

EMAIL: EnvChemistry2@EMSL.com

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information.

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (Write in test below, then check on sample line.)								Comments	
						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8		
520-060105	<input type="checkbox"/>	<input type="checkbox"/>	6/1	W	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dish Sink (a)
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Method of Shipment

Sample Condition Upon Receipt

Date/Time

Date/Time

Relinquished by: AMCKEY RORRCA

Date/Time: 6/1/05 8:10

Received by:

Date/Time:

Relinquished by:

Date/Time:

Received by:

Date/Time:

Contributed Reagents: GCX-57, Chemistry Kit: 02/25007

AGREE TO ELECTRONIC SIGNATURE (By checking I consent to signing this Chain of Custody document by electronic signature.)



EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.

## LICENSES

Department of Health

**HEATHER J MCKEEVER FORNER**



Permit No.: 036153  
ID No.: 018396  
Expires: 8/27/2022

Authorization Signature: *[Signature]*  
Christina Tan, M.D. MPH, Assistant Secretary  
of Health Services

*Inspector/Risk Assessor*



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)	Migdalena Polo
Signature:	<i>Migdalena Polo</i>
Signature Date:	4/22/22

### 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>

## 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, Pyne Poynt CDC</i>		License ID: <i>090700188</i>
Site Address of Center:	Building # and Street: <i>924 N. 8th Street</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>6/1/22</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>6/1/22</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? <b>Please attach copies.</b>
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 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 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

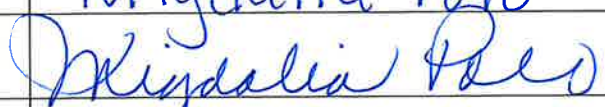
**DRINKING WATER TESTING STATEMENT OF ASSURANCE**

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

Name of Child Care Center: Respond, Pyne Paynt CDC		License ID: 090700188
Site Address (Building # and Street): 924 N. 8th Street		
Municipality: Camden	County: Camden	
Sponsor/Sponsor Representative: Migdalia Polo		Phone #: 856-365-4403
Sponsor/Sponsor Representative Email: mpolo@respondinc.com		
Additional Contact Person: Wilmer Novas		Phone #:
Title: Center Director	Email: wnovas@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

