



# Garden State Laboratories, Inc.

Report Date: 10/18/2023

## Bacteriological and Chemical Testing

Toll Free 800-273-8901  
Telephone 908-688-8900  
Fax 908-688-8966  
Email: info@gslabs.com  
Internet: www.gslabs.com

Main Lab  
410 Hillside Avenue  
Hillside, New Jersey 07205  
NJDEP Lab Cert. #20044

Jersey Shore Lab  
54 Main Street  
Waretown, New Jersey 08758  
NJDEP Lab Cert. #15037

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. Laboratory Manager

For: Alpha School  
935 Bennetts Mills Rd.

Jackson, NJ 08527

Laboratory Director:

Attention: Mark Costa

Client Number: ALP18

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Field Blank

Lab Sample ID: 231005097-01

Site: Collection Date/Time: 10/05/2023 06:19

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 15:44	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Gym Kitchen

Lab Sample ID: 231005097-02

Site: Collection Date/Time: 10/05/2023 06:22

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 200.8		1	0.00640 mg/l	0.015	0.00100	0.00032	20044	10/17/23 15:48	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Gym Water Fountain

Lab Sample ID: 231005097-03

Site: Collection Date/Time: 10/05/2023 06:24

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 15:53	



Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Handicap Gym Fountain

Lab Sample ID: 231005097-04

Site: Collection Date/Time: 10/05/2023 06:25

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 15:58	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Maintenance Rm. Fountain

Lab Sample ID: 231005097-05

Site: Collection Date/Time: 10/05/2023 06:27

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:03	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Faculty Room

Lab Sample ID: 231005097-06

Site: Collection Date/Time: 10/05/2023 06:28

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:08	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Nurse

Lab Sample ID: 231005097-07

Site: Collection Date/Time: 10/05/2023 06:32

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:23	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Classroom 13

Lab Sample ID: 231005097-08

Site: Collection Date/Time: 10/05/2023 06:35

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 200.8		1	0.00160 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:28	



Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Classroom 12 Lab Sample ID: 231005097-09

Site: Collection Date/Time: 10/05/2023 06:38

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:42	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Classroom 11 Lab Sample ID: 231005097-10

Site: Collection Date/Time: 10/05/2023 06:40

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:47	

Sample ID: Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527/  
Classroom 10 Lab Sample ID: 231005097-11

Site: Collection Date/Time: 10/05/2023 06:43

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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	10/17/23 16:57	

*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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 Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037  
 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

## CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Alpha School Contact/Authorized by: Dennis Disano  
 Mailing Address: 935 Bennetts Mills Rd. Phone: 908-839-5704  
 City/State/Zip: Jackson, NJ 08527 Fax:

## SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527

Grab/Comp	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			Lab # Extension
		Date	Time	AM/PM		No.	Type*	Size	
X	Field Blank	10/5	6:19	✓	Lead (First Draw)	1	P	250ml	A 197-01
X	Gym KITCHEN	10/5	6:22	✓	Lead (First Draw)	1	P	250ml	A 197-02
X	Gym WATER FOUNTAIN	10/5	6:24	✓	Lead (First Draw)	1	P	250ml	A 197-03
X	HANDICAP Gym FOUNTAIN	10/5	6:25	✓	Lead (First Draw)	1	P	250ml	A 197-04
X	MAINTENANCE Rm. FOUNTAIN	10/5	6:27	✓	Lead (First Draw)	1	P	250ml	A 197-05

Container Type: P = Plastic G = Glass T = Sterile Info V = Vial Other/Specify: \_\_\_\_\_  
 \*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid  
 L = Hydrochloric Acid F = Zinc Acetate G = Sodium Inosinate H = Ascorbic Acid I = L-Ascorbic Other/Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (if RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify \_\_\_\_\_  
 PWSID# \_\_\_\_\_

PAYMENT INFORMATION  
 Sampling/Pick-up Fee: \$  Composite Fee: \$  Check # \_\_\_\_\_  
 Payment Method:  Credit Card Type: \_\_\_\_\_  
 Note: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_  
 SUBCONTRACTED WORK  SEND TO: \_\_\_\_\_  
 DATE/TIME: \_\_\_\_\_ METHOD OF SHIPMENT: \_\_\_\_\_

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

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): DENNIS DISANO  
 Client/Client's Representative (PRINT): DENNIS DISANO  
 1. Received/Relinquished by (PRINT): PARK A. COSTA  
 2. Received/Relinquished by (PRINT): V. Schiavone

Signature: Dennis Disano  
 Signature: Dennis Disano  
 Signature: Park A. Costa  
 Signature: V. Schiavone

Date/Time: 10/5/2023 7:00 AM  
 Date/Time: 10/5/2023 9:00 AM  
 Date/Time: 10/5/23 10:10

FOR SAMPLE RECEIVING USE ONLY  
 DATE/TIME/TEMP. REC'D AT LAB: 10/5/23 10:10 22.48  
 Page 1 of 3  
 GSL CLIENT # ALP18  
 MICRO #  
 CHEM. # 231005097-01-05  
 SAMPLE REC'D BY:  
 GSL FIELD SAMPLER/PICK-UP  
 PICK-UP AT DROP OFF LOCATION  
 DELIVERED BY CLIENT

Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 Main Lab certified by N.J. Dept. of Health, N.J. Dept. of Health, N.J. Dept. of Health #11550 and PADEP #68-03660

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Name: Alpha School Contact/Authorized by: Dennis Disano  
 Mailing Address: 935 Bennetts Mills Rd. Phone: 908-839-5704  
 City/State/Zip: Jackson, NJ 08527 Fax:

## SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527

Grab Comp.	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			Lab # Extension
		Date	Time	AM		No.	Type*	Size	
X	FACULTY ROOM	10/5	6:28	✓	Lead (First Draw)	1	P	250ml	A 9746
X	NURSE	10/5	6:32	✓	Lead (First Draw)	1	P	250ml	A 9767
X	CLASSROOM 13	10/5	6:36	✓	Lead (First Draw)	1	P	250ml	A 9768
X	CLASSROOM 12	10/5	6:38	✓	Lead (First Draw)	1	P	250ml	A 9769
X	CLASSROOM 11	10/5	6:40	✓	Lead (First Draw)	1	P	250ml	A 9770

Container type:  Amber Glass  Sterile Iridium  Vial  Other: Specify: \_\_\_\_\_  
 Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid  
 L = Hydrochloric Acid P = Zinc Acetate U = Sodium Trisulfate H = Ascorbic Acid I = Lead Urinary-Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (if RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_  
 PWSID#: \_\_\_\_\_  
 METHOD OF SHIPMENT: \_\_\_\_\_  
 SEND TO: \_\_\_\_\_  
 DATE/TIME: \_\_\_\_\_

PAYMENT INFORMATION  
 Amount Due: \$ \_\_\_\_\_  
 Rush Fee: \$ \_\_\_\_\_  
 Composite Fee: \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Other: \_\_\_\_\_

## LEAD SAMPLING FOR SCHOOL-BOE Regulations

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION  
 PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

1. Sampled by (PRINT): DENNIS DISANO SE Signature: *Dennis Disano* Date/Time: 10/5/2023 7:00 AM  
 Client's Representative (PRINT): DENNIS DISANO SE Signature: *Dennis Disano* Date/Time: 10/5/2023 9:00 AM  
 1. Received/Relinquished by (PRINT): MARK A. CESTA Signature: *Mark A. Cesta* Date/Time: 10/5/2023 10:00 AM  
 2. Received/Relinquished by (PRINT): SCHWIGLE Signature: *Schwigle* Date/Time: 10/5/2023 10:00 AM

The ability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 Our Lab certified by NJ Dept. of Health, N.J. Dept. of Health #11550 and PA067 #66-03680

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SAMPLE TYPE: DW  
 SAMPLE LOCATION Alpha School, 935 Bennetts Mills Rd., Jackson, NJ 08527

Grab Comp	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION			Lab # Est. ension
		Date	Time	AM/PM	List attached	Total Pages	No.	Type*	Size	
X	CLASSROOM 10	10/5	6:43	PM	<input type="checkbox"/>	Lead (First Draw)	1	P	250ml	A

Container type: P = Plastic G = Glass A = Amber Glass I = Sterile Itrao 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 Inosulfate H = Ascorbic Acid I = L-Ascorbic Acid Other/Specify:

TURNAROUND TIME:  Standard  Rush (if RUSH REQUESTED) Rush Due by:  
 REPORT FORMAT:  Standard Report  Other/Specify:  
 Standard Report + E2 PWSID#:  
 SEND TO: SUBCONTRACTED WORK  
 DATE/TIME: METHOD OF SHIPMENT:

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

## LEAD SAMPLING FOR SCHOOL-BOE Regulations

**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): DENNIS DISANO SR. Signature: *Dennis Disano* Date/Time: 10/5/2023 7:00 AM  
 Client/Client's Representative (PRINT): DENNIS DISANO SR. Signature: *Dennis Disano* Date/Time: 10/5/2023 7:00 AM  
 1. Received/Relinquished by (PRINT): MARK A. COSTA Signature: *Mark A. Costa* Date/Time: 10/5/2023 7:00 AM  
 2. Received/Relinquished by (PRINT): V. SCHWARTZ Signature: *V. Schwartz* Date/Time: 10/5/2023 7:00 AM

The Lab of Garden State Laboratories, Inc. for services rendered shall not be held responsible for any amount of the invoice.  
 New Lab certified by NJ Dept. of Health, NJDEP-TN, NY Dept. of Health #11550 and PAHP #68-03680