



Garden State Laboratories, Inc.

Report of Analysis

410 Hillside Ave.
Hillside, NJ 07205

Telephone: 800-273-8901
Email: info@gsllabs.com
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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: Gateway School
935 Bennetts Mills Rd.

Jackson, NJ 08527

Laboratory Director:

Attention: Mark Costa

Client Number: GAT15

Report Date: 04/15/2025

Sample ID: Gateway School - 60 High St,
Carteret, NJ 07008 - Field Blank
Lab Sample ID: 250401090-01
Site: Collection Date/Time: 03/30/2025 09:55
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	04/06/25 18:03	

Sample ID: Gateway School - 60 High St,
Carteret, NJ 07008 - Basement
Sink Kitchen Filter
Lab Sample ID: 250401090-02
Site: Collection Date/Time: 03/30/2025 09:58
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	0.00267 mg/l	0.015	0.00100	0.00055	20044	04/06/25 18:06	

Sample ID: Gateway School - 60 High St,
Carteret, NJ 07008 - ADL Room
Sink
Lab Sample ID: 250401090-03
Site: Collection Date/Time: 03/30/2025 10:05
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	0.00799 mg/l	0.015	0.00100	0.00032	20044	04/14/25 13:58	

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.

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
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: Gateway 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 Gateway School - 60 High St., Carteret, NJ 07008

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X		Field Blank	3/30/25	9:55	✓		Lead (First Draw)	90-01	1	P	250ml	A	
X		BASMENT SINK KITCHEN FILTER	3/30/25	9:58	✓		Lead (First Draw)	90-02	1	P	250ml	A	
X		ADL ROOM SINK	3/30/25	10:05	✓		Lead (First Draw)	90-03	1	P	250ml	A	

⇒ *Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Ithio 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 Iminosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

TURNAROUND TIME: ☒ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by: _____
 REPORT FORMAT: ☒ Standard Report ☐ Other/Specify: _____
☐ Standard Report + E2 PWSID#: _____

PAYMENT INFORMATION

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

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - *IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED***

E-MAIL RESULTS

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):	<i>MARK A COSTA</i>	Signature:	<i>Mark Costa</i>	Date/Time:	<i>3/30/25 10:10 AM</i>
Client/Client's Representative (PRINT):	<i>MARK A COSTA</i>	Signature:	<i>Mark Costa</i>	Date/Time:	<i>3/30/25 10/10 AM</i>
1. Received/Relinquished by (PRINT):	<i>Faith Jacobus</i>	Signature:	<i>F Jacobus</i>	Date/Time:	<i>4/1/25 12:25</i>
2. Received/Relinquished by (PRINT):		Signature:		Date/Time:	

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

4/1/25 12:25
22.3°C

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GSL CLIENT #

GAT15

MICRO #

CHEM. # *250401090-01-03*

SAMPLE REC'D BY:

☐ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☒ DELIVERED BY CLIENT