



# Garden State Laboratories, Inc.

Report Date: 05/31/2022

## Bacteriological and Chemical Testing

Toll Free 800-273-8901  
Telephone 908-688-8900  
Fax 908-688-8966  
Email: info@gsllabs.com  
Internet: www.gsllabs.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: **GATEWAY SCHOOL**  
2210 West County Line Road  
Suite 2  
Jackson, NJ 08527

Laboratory Director:

Attention: Mark Costa

Client Number: ALP18

Sample ID: Field Blank - Gateway School, 60 High Street, Carteret, NJ 07008

Lab Sample ID: 220502035-01

Site: Collection Date/Time: 04/30/2022 07:35

Matrix: Potable water Sample Type: Grab

Analyte	Method	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	05/05/22 22:44	

Sample ID: Basement Sink Filter - Gateway School, 60 High Street, Carteret, NJ 07008

Lab Sample ID: 220502035-02

Site: Collection Date/Time: 04/30/2022 07:40

Matrix: Potable water Sample Type: Grab

Analyte	Method	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	05/05/22 22:53	

Sample ID: ADL Room Sink - Gateway School, 60 High Street, Carteret, NJ 07008

Lab Sample ID: 220502035-03

Site: Collection Date/Time: 04/30/2022 07:47

Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9	1	0.00179 mg/l	0.015	0.00100	0.00055	20044	05/05/22 22:56	

DF=Dilution factor, <=less than, MCL=Maximum Contaminant Level, Rep. Limit=Reporting Limit and MDL=Method Detection Limit.  
The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
When sample is collected by Garden State Labs, it is taken in accordance with the most current Field Sampling Plan GSL.FS.  
Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.



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For: Alpha School  
2210 West County Line Road  
Suite 2  
Jackson, NJ 08527

Laboratory Director:

Attention: Mark Costa

Client Number: ALP18

Sample ID: School Office Conference  
Room Sink - Alpha School

Lab Sample ID: 220502040-01

Site: Collection Date/Time: 04/30/2022 09:48

Matrix: Potable water Sample Type: Grab

Analyte	Method	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	05/05/22 23:16	

Sample ID: Pre K 1 Sink - Alpha School

Lab Sample ID: 220502040-02

Site: Collection Date/Time: 04/30/2022 09:59

Matrix: Potable water Sample Type: Grab

Analyte	Method	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	05/05/22 23:25	

Sample ID: Pre K 2 Sink - Alpha School

Lab Sample ID: 220502040-03

Site: Collection Date/Time: 04/30/2022 09:53

Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9	1	0.00320 mg/l	0.015	0.00100	0.00055	20044	05/05/22 23:28	



# 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: Alpha School Contact/Authorized by: Mike Costa  
 Mailing Address: 2210 West County Line Rd.-Suite 2 Phone: 732-233-5643  
 City/State/Zip: Jackson, NJ 08527 Fax:

## SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: Gateway School - 60 High Street, Carteret NJ 07008

Grab Comp	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
		Date	Time	AM PM		No.	Type*	Size	Pres.*
X	Field Blank	4/30/22	7:35	✓	Lead (First Draw)	1	P	250ml	A
X	BASEMENT SINK FILTER	7/30/22	7:40	✓	Lead (First Draw)	1	P	250ml	A
X	ADL ROOM SINK	7/30/22	7:47	✓	Lead (First Draw)	1	P	250ml	A

\*Container type: P = Plastic G = Glass A = Amber Glass I = Sterile Itra V = Vial Other/Specify: \_\_\_\_\_  
 \*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid  
 E = Hydrochloric Acid F = Zinc Acetate U = Sodium Thiosulfate H = Ascorbic Acid L = Loaded Other/Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (if RUSH REQUESTED) Rush Due by: \_\_\_\_\_

REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_

Standard Report + E2 PWS ID#: \_\_\_\_\_

## PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$  Other: \_\_\_\_\_

Payment Method:  Credit Card Type:  Check # \_\_\_\_\_

Note: LEAD SAMPLING FOR SCHOOL FACILITY ON PUBLIC WATER SYSTEM

## 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):	Signature: <i>Mark A Costa</i>	Date/Time: 4/30/22 7:50 AM
Client/Client's Representative (PRINT):	Signature: <i>Mark A Costa</i>	Date/Time: 7/30/22 7:50 AM
1. Received/Relinquished by (PRINT):	Signature: <i>Mike Costa</i>	Date/Time: _____
2. Received/Relinquished by (PRINT):	Signature: <i>Mike Costa</i>	Date/Time: 5/22/22 9:17 AM