



Garden State Laboratories, Inc.

Report Date: 11/03/2021

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: Mendham Township School District - NW
18 West Main St.

Mendham, NJ 07926

Laboratory Director:

Attention: Jerry Bello

Client Number: MEN07

Sample ID: MENTES-21-01-Kitchen Sink

Lab Sample ID: 211012103-01

Site: Collection Date/Time: 10/11/2021 06:15

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	10/26/21 09:38	

Sample ID: MENTES -21-02 BF by Kitchen Hall

Lab Sample ID: 211012103-02

Site: Collection Date/Time: 10/11/2021 06:15

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	10/26/21 09:47	

Sample ID: MENTES - 21-03 Cooler Main Office

Lab Sample ID: 211012103-03

Site: Collection Date/Time: 10/11/2021 06:16

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	10/26/21 09:50	



Sample ID: MENTES - 21-09 BF by CST Lab Sample ID: 211012103-09
 Room
 Site: Collection Date/Time: 10/11/2021 06:20
 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	10/26/21 10:13	

Sample ID: MENTES - 21-10 Cooler Lab Sample ID: 211012103-10
 Special Services
 Site: Collection Date/Time: 10/11/2021 06:21
 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	10/26/21 10:16	

Sample ID: MENTES - 21-11 Cooler Lab Sample ID: 211012103-11
 Boiler Rm
 Site: Collection Date/Time: 10/11/2021 06:22
 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	10/26/21 10:19	

Sample ID: Field Blank Lab Sample ID: 211012103-12
 Site: Collection Date/Time: 10/11/2021 06:22
 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	10/26/21 10:21	

*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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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

FOR SAMPLE RECEIVING USE ONLY

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

10/12/21 14:18 19.0°C

Page _____ of _____

GSL CLIENT # MEN07

MICRO #

CHEM. # 211012103-01-05

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Mendham Twp School District Contact/Authorized by: Nadine Bello

Mailing Address: 18 West Main Street Phone: 973-981-4856

City/State/Zip: Brookside, NJ 07926 Email:

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION Elementary School

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		MENTES-21-01 Kitchen Sink	10/11/21	6:15	X		School Lead	1	P	250ml	A	103-01
X		MENTES-21-02 BF by Kitchen Hall	10/11/21	6:15	X		School Lead	1	P	250ml	A	103-02
X		MENTES-21-03 cooler main OFF	10/11/21	6:16	X		School Lead	1	P	250ml	A	103-03
X		MENTES-21-04 SINK - Teacher's Room	10/11/21	6:16	X		School Lead	1	P	250ml	A	103-04
X		MENTES-21-05 cooler Teacher's Room	10/11/21	6:16	X		School Lead	1	P	250ml	A	103-05

⇒ Container type: P = Plastic G = Glass A = Amber Glass Y = Sterile Thio 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: _____

SUBCONTRACTED WORK

TURNAROUND TIME: Standard Rush (IF RUSH REQUESTED) Rush Due by: 4 week TURNAROUND

REPORT FORMAT: Standard Report Other/Specify:

Standard Report + E2 PWS ID#:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$

Payment Method: Credit Card Type: Check # Other: See Quote

Note: 4 week TURNAROUND

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): N Bello Signature: N Bello

Client/Client's Representative (PRINT): N Bello Signature: N Bello Date/Time: 10/12/2021

1. Received/Relinquished by (PRINT): Signature: Date/Time:

2. Received/Relinquished by (PRINT): D. Bello Signature: D. Bello Date/Time: 10/12/21 14:18

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

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

Garden State Laboratories, Inc.

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FOR SAMPLE RECEIVING USE ONLY

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

10/22 14:18 19.02

Page _____ of _____

GSL CLIENT # MEN07

MICRO #

CHEM. # 211012103-06-10

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Mendham Twp School District Contact/Authorized by: Nadine Bello
 Mailing Address: 18 West Main Street Phone: 973-981-4856
 City/State/Zip: Brookside, NJ 07926 Email:

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATION Elementary School

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		MENTES-21-06 Cooker-nurse's of	10/11/21	6:18	X		School Lead	1	P	250ml	A	103-06
X		MENTES-21-07 SINK nurse's off	10/11/21	6:18	X		School Lead	1	P	250ml	A	103-07
X		MENTES-21-08 sink by nurse's desk	10/11/21	6:19	X		School Lead	1	P	250ml	A	103-08
X		MENTES-21-09 BF DYCST Room	10/11/21	6:20	X		School Lead	1	P	250ml	A	103-09
X		MENTES-21-10 Cooker-Social Serv	10/11/21	6:21	X		School Lead	1	P	250ml	A	103-10

*Container Type: P=Plastic G=Glass A=Amber Glass Y=Sterile Thin 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 Ithiosulfate H=Ascorbic Acid I=Cooled Other/Specify: _____

SUBCONTRACTED WORK

TURNAROUND TIME: XXX Standard Rush (if RUSH REQUESTED) Rush Due by: 4 WEEK TURNAROUND

SEND TO:

REPORT FORMAT: Standard Report Other/Specify:

DATE/TIME:

Standard Report + E2 PWS ID#:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$

Payment Method: Credit Card Type: Check # Other: See Quote

Note: 4 week TURNAROUND

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): <u>N Bello</u>	Signature: <u>N Bello</u>	Date/Time: <u>10/12/21</u>
Client/Client's Representative (PRINT): <u>N Bello</u>	Signature: <u>N Bello</u>	Date/Time: <u>10/12/21</u>
1. Received/Relinquished by (PRINT): <u>D P...</u>	Signature: <u>D P...</u>	Date/Time: <u>10/12/21 14:18</u>
2. Received/Relinquished by (PRINT): <u>D P...</u>	Signature: <u>D P...</u>	Date/Time: <u>10/12/21 14:18</u>

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

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Page _____ of _____

GSL CLIENT # MEN07

MICRO #

CHEM. # 211012103-12

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Mendham Twp School District Contact/Authorized by: Nadine Bello
 Mailing Address: 18 West Main Street Phone: 973-981-4856
 City/State/Zip: Brookside, NJ 07926 Email:

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATION Elementary School

Grab	Comp.	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		MENUES 21-11- Cooler Boileekm	10/11/21	6:22	X		School Lead	1	P	250ml	A	103-12
X							School Lead	1	P	250ml	A	
X							School Lead	1	P	250ml	A	
X		Field Blank	10/11/21	6:22	X		School Lead	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 Ithiosulfate H = Ascorbic Acid I = Cooler Other/Specify: _____

SUBCONTRACTED WORK

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 Payment Method: Credit Card Type: Check # Other: See Quote

Note: 4 week turnaround

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PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): <u>Mello</u>	Signature: <u>Mello</u>	Date/Time: <u>10/12/2021</u>
Client/Client's Representative (PRINT): <u>NADINE Bello</u>	Signature: <u>Mello</u>	Date/Time: _____
1. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____
2. Received/Relinquished by (PRINT): <u>D. Basso</u>	Signature: <u>D. Basso</u>	Date/Time: <u>10/12/21</u>

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

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED