

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 •

<b>Name of Child Care Center:</b> Alphabets Preschool Center		<b>License ID:</b> 13ALP0001
<b>Site Address (Building # and Street):</b> 701 Grand Ave		
<b>Municipality:</b> City of Asbury Park	<b>County:</b> Monmouth	
<b>Sponsor/Sponsor Representative:</b> Esther Piekarski		<b>Phone #:</b> (732) 775-1582
<b>Sponsor/Sponsor Representative Email:</b> alphabets701@aol.com		
<b>Additional Contact Person:</b>		<b>Phone #:</b>
<b>Title:</b>	<b>Email:</b>	

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:

<b>Sponsor/Sponsor Representative: (PRINT)</b>	Esther Piekarski
<b>Signature:</b>	
<b>Signature Date:</b>	11/28/2022



Environmental Hazards Services, L.L.C.  
7469 Whitepine Rd  
Richmond, VA 23237  
Telephone: 800.347.4010

## Metals in Drinking Water Analysis Report

**Client:** Paul D Sakson Associates Inc  
P.O. Box 154  
Leonardo, NJ 07737-0154

**Report Number:** 22-11-03513

**Received Date:** 11/21/2022

**Reported Date:** 11/23/2022

**Project/Test Address:** Alphabets; 701 Grand Ave; Asbury Park, NJ 07712

**Client Number:**  
201717

# Laboratory Results

**Fax Number:**  
855-710-7460

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
22-11-03513-001	DW-01	KITCHEN	11/23/2022	Copper (Cu)	36.1	
			11/23/2022	Lead (Pb)	<1.00	
22-11-03513-002	DW-02	2ND FLOOR HANDWASHING STATION	11/23/2022	Copper (Cu)	15.4	
			11/23/2022	Lead (Pb)	<1.00	
22-11-03513-003	DW-03	2ND FLOOR RIGHT HANDWASHING	11/23/2022	Copper (Cu)	52.2	
			11/23/2022	Lead (Pb)	<1.00	
22-11-03513-004	DW-04	2ND FLOOR FRONT BATHROOM LEFT	11/23/2022	Copper (Cu)	61.6	
			11/23/2022	Lead (Pb)	2.05	
22-11-03513-005	DW-05	1ST FLOOR REAR BATH RIGHT	11/23/2022	Copper (Cu)	65.2	
			11/23/2022	Lead (Pb)	1.56	

# Environmental Hazards Services, L.L.C

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**Project/Test Address:** Alphabets; 701 Grand Ave; Asbury Park, NJ 07712

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
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**Analyst:** Candace Mason

**Method:** EPA 200.8

Reviewed By Authorized Signatory:

*Melissa Kanode*

Melissa Kanode

QA/QC Clerk

Sample Results denoted with a "less than" (<) sign contain less than the reporting limit which is 1 ppb for Lead and 10 ppb for Copper.

The EPA Maximum Contaminant Level for Lead in Drinking Water is 15 ppb and for Copper is 1300 ppb. The results herein conform to NELAC standards, where applicable, unless otherwise narrated on this report. Results represent the analysis of samples submitted by the client.

Sample location, description, field parameter results, etc., were provided by the client. This report cannot be reproduced, except in full, without written approval from Environmental Hazards Services, L.L.C.

## LEGEND

ug/L = microgram per liter

ppb = parts per billion



**ENVIRONMENTAL HAZARDS SERVICES, LLC****WaterSmart® Lead Chain-of-Custody Form**

Richmond, VA - Phone: (800) 347-4010 FAX: (804) 275-4907

www.leadlab.com

22-11-03513



Due Date:

12/07/2022

(Wednesday)

AE

**Laboratories™**

7469 Whitepine Rd, N. Chesterfield, VA 23237-2261

Client Name: Paul D. Sakson Associates, Inc.

Account #: 201717

Address: PO Box 154

City/State/Zip: Leonardo NJ 07737-0154

Phone: (732) 230-7510

Email Address: brendan@paulsakson.comProject Name/ Number: AlphabetsCollection Address: 701 Grand ave.  
(Required)City/State/Zip: Asbury Park NJ 07712  
(Required)Approx. Age Of Property: ~1250sCollected By: Brendan GiffordWater Source: (Check One) Public ☒ or Well ☐Well Tag # (if applicable): not applicableTurn-Around Time ☒ 10 Days ☐ 5 Days ☐ 3 Days ☐ 2 Days ☐ 1 Day

No.	Client Sample ID	Collection Location (Ex: Kitchen Sink)	Collection Date	Collection Time	Analyte	
					Pb	Cu
1	DW-01	Kitchen	11/18/22	7:56 AM / PM	X	X
2	DW-02	2nd floor handwashing station	11/18/22	7:52 AM / PM	X	X
3	DW-03	2nd floor right handwashing	11/18/22	7:55 AM / PM	X	X
4	DW-04	2nd floor front bathroom left	11/18/22	8:00 AM / PM	X	X
5	DW-05	1st floor rear bath right	11/18/22	8:02 AM / PM	X	X
6	6			AM / PM		
7	7			AM / PM		
8	8			AM / PM		
9	9			AM / PM		
10	10			AM / PM		
11	11			AM / PM		
12	12			AM / PM		
13	13			AM / PM		
14	14			AM / PM		
15	15			AM / PM		

Released by: Brendan GiffordSignature: Brendan GiffordDate/Time: 11/18/22 8:10amReceived by: A. WalkerSignature: A. WalkerDate/Time: 11/21/22

3:34pm

## 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: Alphabets Preschool Center			License ID: 13ALP0001	
Site Address of Center:	Building # and Street: 701 Grand Ave	Municipality: City of Asbury Park	County: Monmouth	
Sponsor/Sponsor Representative: Esther Piekarski		Phone Number: (732) 775-1582	Email: alphabets701@aol.com	

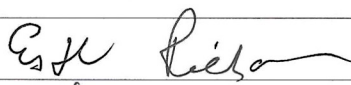
### CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER

Sampling Date(s):	11/18/22
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 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 (1500 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 (1500 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 (1500 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?
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 (1500 µg/L) have a follow-up flush sample conducted?



19. <input type="checkbox"/> YES <input type="checkbox"/> NO	If a result exceeded the action level for lead (15 µg/L) or copper (1500 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 (1500 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)	Esther Piekarski
Signature:	
Signature Date:	11/28/2022

### DRINKING WATER TESTING RESOURCES

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)

Types of Water Outlets:

<https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing>

Water Stagnation Vignette:

[http://www.nj.gov/dep/watersupply/doc/SP\\_Attachment%20F.docx](http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx)

Sample Collection Vignette:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

Pre Stagnation Flushing Log:

[http://www.nj.gov/dep/watersupply/doc/SP\\_Attachment%20E.docx](http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.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>