Envirospection

Environmental Inspection Services

Water | *Radon* | *Lead* | *Asbestos* | *Mold*

(973) 250-8116 | jack@envirospection.com | www.envirospection.com
NJ DEP Certified Radon Measurement Technician (MET 15735)
NYS Dept of Labor Cert# 26-6619E-SHAB

Water Inspection Report and Certificate

Starting Points of Hudson County

254 Bartholdi Avenue
Jersey City, NJ 07305

Test Date

June 16, 2026 + July 7, 2026

Result

ALL OUTLETS PASSED

Copper levels are less than 1300 PPB and lead levels are less than 15 PPB

Client Sample Results

Client: Envirospection
Job ID: 630-138868-1
Project/Site: Starting Points of Hudson County, Jersey City

Client Sample ID: 6:57AM
Lab Sample ID: 630-138868-1
Date Collected: 06/16/26 06:57
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**200**		10	2.3	ug/L		06/29/26 11:05	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:05	1	SAM2

Client Sample ID: 6:58AM
Lab Sample ID: 630-138868-2
Date Collected: 06/16/26 06:58
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**200**		10	2.3	ug/L		06/29/26 11:07	1	SAM2
Lead	**3.4**		1.0	0.69	ug/L		06/29/26 11:07	1	SAM2

Client Sample ID: 6:59AM
Lab Sample ID: 630-138868-3
Date Collected: 06/16/26 06:59
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**240**		10	2.2	ug/L		07/01/26 10:38	1	SAM2
Lead	**39**		1.0	0.67	ug/L		07/01/26 10:38	1	SAM2

Client Sample ID: 7:00AM
Lab Sample ID: 630-138868-4
Date Collected: 06/16/26 07:00
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**220**		10	2.3	ug/L		06/29/26 11:00	1	SAM2
Lead	**7.6**		1.0	0.69	ug/L		06/29/26 11:00	1	SAM2

Client Sample ID: 7:01AM
Lab Sample ID: 630-138868-5
Date Collected: 06/16/26 07:01
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**36**		10	2.3	ug/L		06/29/26 11:08	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:08	1	SAM2

Client Sample ID: 7:02AM
Lab Sample ID: 630-138868-6
Date Collected: 06/16/26 07:02
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**110**		10	2.3	ug/L		06/29/26 11:10	1	SAM2
Lead	**0.78**	**J**	1.0	0.69	ug/L		06/29/26 11:10	1	SAM2

Client Sample Results

Client: Envirospection
Job ID: 630-138868-1
Project/Site: Starting Points of Hudson County, Jersey City

Client Sample ID: 7:03AM
Lab Sample ID: 630-138868-7
Date Collected: 06/16/26 07:03
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**110**		10	2.3	ug/L		06/29/26 11:12	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:12	1	SAM2

Client Sample ID: 7:04AM
Lab Sample ID: 630-138868-8
Date Collected: 06/16/26 07:04
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**160**		10	2.3	ug/L		06/29/26 11:17	1	SAM2
Lead	**1.1**		1.0	0.69	ug/L		06/29/26 11:17	1	SAM2

Client Sample ID: 7:05AM
Lab Sample ID: 630-138868-9
Date Collected: 06/16/26 07:05
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**140**		10	2.3	ug/L		06/29/26 11:18	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:18	1	SAM2

Client Sample ID: 7:06AM
Lab Sample ID: 630-138868-10
Date Collected: 06/16/26 07:06
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**160**		10	2.3	ug/L		06/29/26 11:20	1	SAM2
Lead	**1.8**		1.0	0.69	ug/L		06/29/26 11:20	1	SAM2

Client Sample ID: 7:07AM
Lab Sample ID: 630-138868-11
Date Collected: 06/16/26 07:07
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**31**		10	2.3	ug/L		06/29/26 11:44	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:44	1	SAM2

Client Sample ID: 7:08AM
Lab Sample ID: 630-138868-12
Date Collected: 06/16/26 07:08
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**150**		10	2.3	ug/L		06/29/26 11:22	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:22	1	SAM2

Client Sample Results

Client: Envirospection
Job ID: 630-138868-1
Project/Site: Starting Points of Hudson County, Jersey City

Client Sample ID: 7:09AM
Lab Sample ID: 630-138868-13
Date Collected: 06/16/26 07:09
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**260**		10	2.3	ug/L		06/29/26 11:23	1	SAM2
Lead	**1.0**		1.0	0.69	ug/L		06/29/26 11:23	1	SAM2

Client Sample ID: 7:10AM
Lab Sample ID: 630-138868-14
Date Collected: 06/16/26 07:10
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	ND		10	2.3	ug/L		06/29/26 11:25	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:25	1	SAM2

Client Sample ID: 7:11AM
Lab Sample ID: 630-138868-15
Date Collected: 06/16/26 07:11
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	**140**		10	2.3	ug/L		06/29/26 11:42	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 11:42	1	SAM2

Client Sample ID: 7:13AM
Lab Sample ID: 630-138868-16
Date Collected: 06/16/26 07:13
Matrix: Drinking Water
Date Received: 06/23/26 09:39

Method: 200.8 Rev 5.4 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Analyzed	Dil Fac	Analyst
Copper	ND		10	2.3	ug/L		06/29/26 12:17	1	SAM2
Lead	ND		1.0	0.69	ug/L		06/29/26 12:17	1	SAM2

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CHAIN OF CUSTODY

Page 1 of 2

630-138868 Chain of Custody

702 Electronic Drive	Phone: 215-355-3900
Horsham, PA 19044-0962	Fax: 215-355-7231
Client/Acct. No.	Envirospection
Address	515 E 14th St #5D
City/State/Zip	New York, NY 10025
Phone/Fax	973-250-8116
Client Contact:	Jack Schroeder

Bill to/Report to (if different): Envirospection

Sampling Site Address (if different) Include State: Sterling Points of Hudson County, 254 Bartholdi Ave, Jersey City, New Jersey 07305

P.O. No. PWSID #:

Quote # 6300-9906

e-mail: jack@envirospection.com

___ $Na_2S_2O_3$ ___
___ Na OH/Zn acetate pH ___
___ HNO_3 pH ___
___ H_2SO_4 pH ___
___ NaOH pH ___
16 Unpreserved 250 mL PL
___ HCl # ___ NH4Cl # ___ MeOH
___ DI Water

MATRIX CODES

DW: DRINKING WATER
GW: GROUND WATER
WW: WASTEWATER
SO: SOIL
SL: SLUDGE
OIL: OIL
SOL: NON SOIL SOLID
MI: MISCELLANEOUS
X: OTHER

PROJECT / FIELD ID	Collection Date	Collection Military Time	GRAB	COMP	Matrix Code	Number of Containers Total	H_2SO_4	HCl	Vials	HNO_3	NaOH	Znac	UNPRE	BACT	ANALYSIS REQUESTED	Field pH, Temp (°C), DO, Cl2, Cond. etc.
6:57AM	6/16	6:57			DW										LEAD + COPPER	
6:58AM		6:58														
~~6:58~~ 6:59AM		6:59														
7:00AM		700														
7:01AM		701														
7:02AM		702														
7:03AM		703														
7:04AM		704														
7:05AM		705														
7:06AM		706														

SAMPLED BY: (Name/Company)
Jack Schroeder, Envirospection

TAT: ☐ STANDARD (10 DAY)
or DUE DATE ___/___/___

Report Format: ☐ Standard ☐ NJ-RDD ☐ SRP-RDD ☐ Standard + QC ☐ Forms ☐ EDD

Please call for pricing and availability for rush (<10 day) turnaround and for all but standard reporting format.

Field Parameters Analyzed By:
Initials | Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME
1. Jack Schroeder			1. Fedex		
2. Fedex Ground	6/23/26	0939	2.	6/23/26	0939
3.			3.		
4.			4.		
5.			5.		

DELIVERY: ☐ EQC COURIER ☐ CLIENT ☐ UPS ☐ FEDEX ☐ OTHER ___

Custody Seal Number

Rec'd Temp.: 21.1°C Initials: avc Ice Y (N) Location: cdy

COMMENTS:

Hazardous: yes / no

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CHAIN OF CUSTODY

Page 2 of 2

Lab LIMS No:

MATRIX CODES

DW: DRINKING WATER
GW: GROUND WATER
WW: WASTEWATER
SO: SOIL
SL: SLUDGE
OIL: OIL
SOL: NON SOIL SOLID
MI: MISCELLANEOUS
X: OTHER

702 Electronic Drive
Horsham, PA 19044-0962
Phone: 215-355-3900
Fax: 215-355-7231

Bill to/Report to (if different)

Envirospection

Sampling Site Address (if different) Include State

Starting Point
254 Berthold Ave
Jersey City, New Jersey 07305

P.O. No. PWSID #:

Quote # 6300-9906

e-mail: jack@envirospection.com

Client/Acct. No.	Envirospection
Address	515 E 14th St #5D
City/State/Zip	New York, NY 10025
Phone/Fax	973-250-8116
Client Contact:	Jack Schroeder

LAB USE ONLY:

___ Ascorbic/HCL Vials # ___ HCl Vials
___ $Na_2S_2O_3$ _____
___ Na OH/Zn acetate pH _____
___ HNO_3 pH _____
___ H_2SO_4 pH _____
___ NaOH pH _____
___ Unpreserved
___ HCl # ____NH4Cl # ____MeOH
____ DI Water

ANALYSIS REQUESTED

Field pH, Temp (°C), DO, Cl2, Cond. etc.

PROJECT / FIELD ID	Collection Date	Military Time	GRAB	COMP	Matrix Code	Number of Containers Total	H_2SO_4	HCl	Vials	HNO_3	NaOH	Znac	UNPRE	BACT	ANALYSIS REQUESTED
7:07AM	6/16	7:07			DW										LEAD + COPPER
7:08AM		7:08													
7:09AM		709													
7:10AM		710													
7:11AM		711													
7:13AM		713													

SAMPLED BY: (Name/Company)
Jack Schroeder, Envirospection

TAT: ☐ STANDARD (10 DAY)
or DUE DATE____/____/____

Report Format: ☐ Standard ☐ NJ-RDD ☐ SRP-RDD
☐ Standard + QC ☐ Forms ☐ EDD

Please call for pricing and availability for rush (<10 day) turnaround and for all but standard reporting format.

Field Parameters Analyzed By:
Initials | Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME
1. Jack Schroeder			1. Fedex		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
2. Fedex Ground	6/23/26	0939	2.	6/23/26	0939
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
3.			3.		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
4.			4.		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
5.			5.		

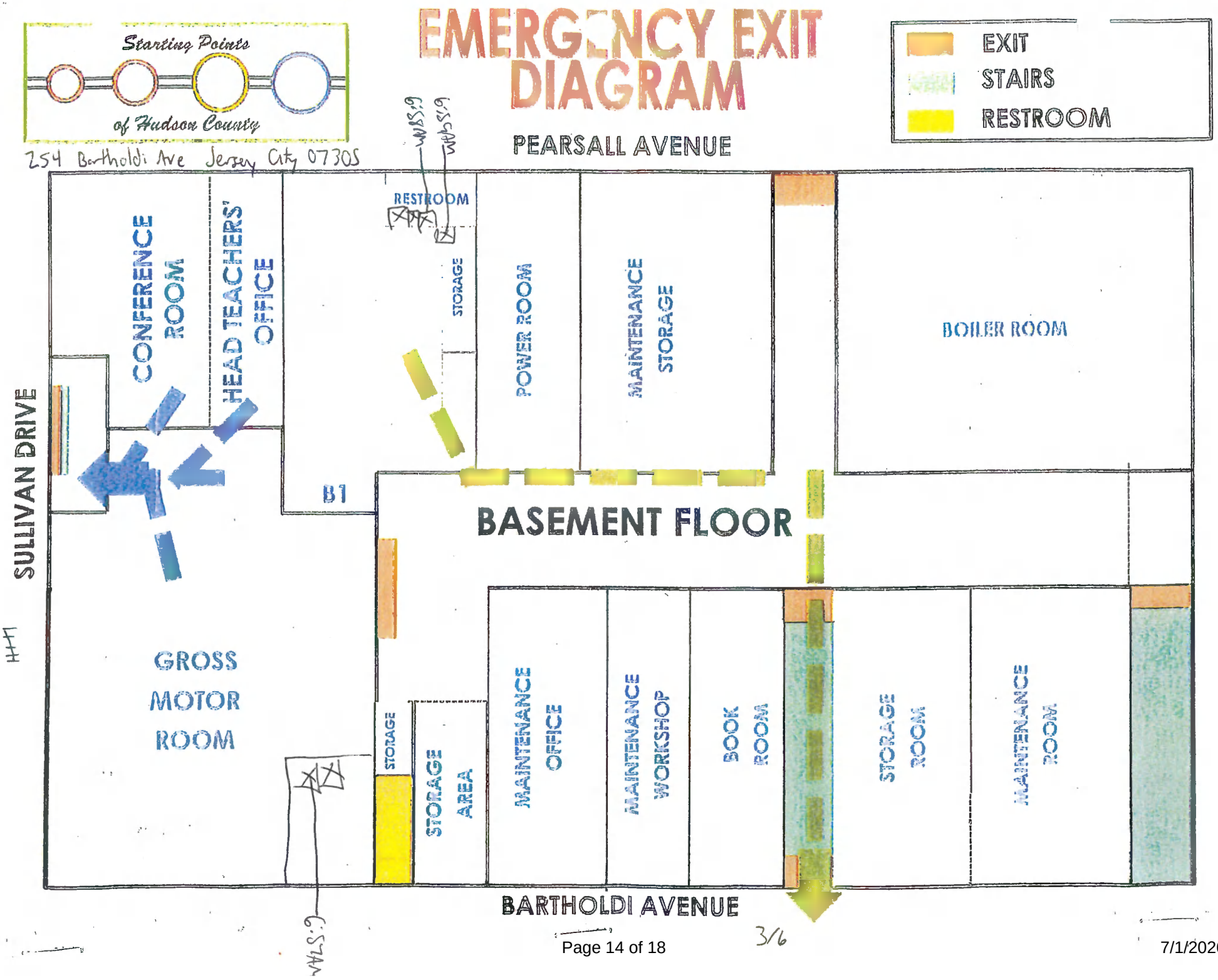
DELIVERY: ☐ EQC COURIER ☐ CLIENT ☐UPS ☐FEDEX ☐OTHER _____

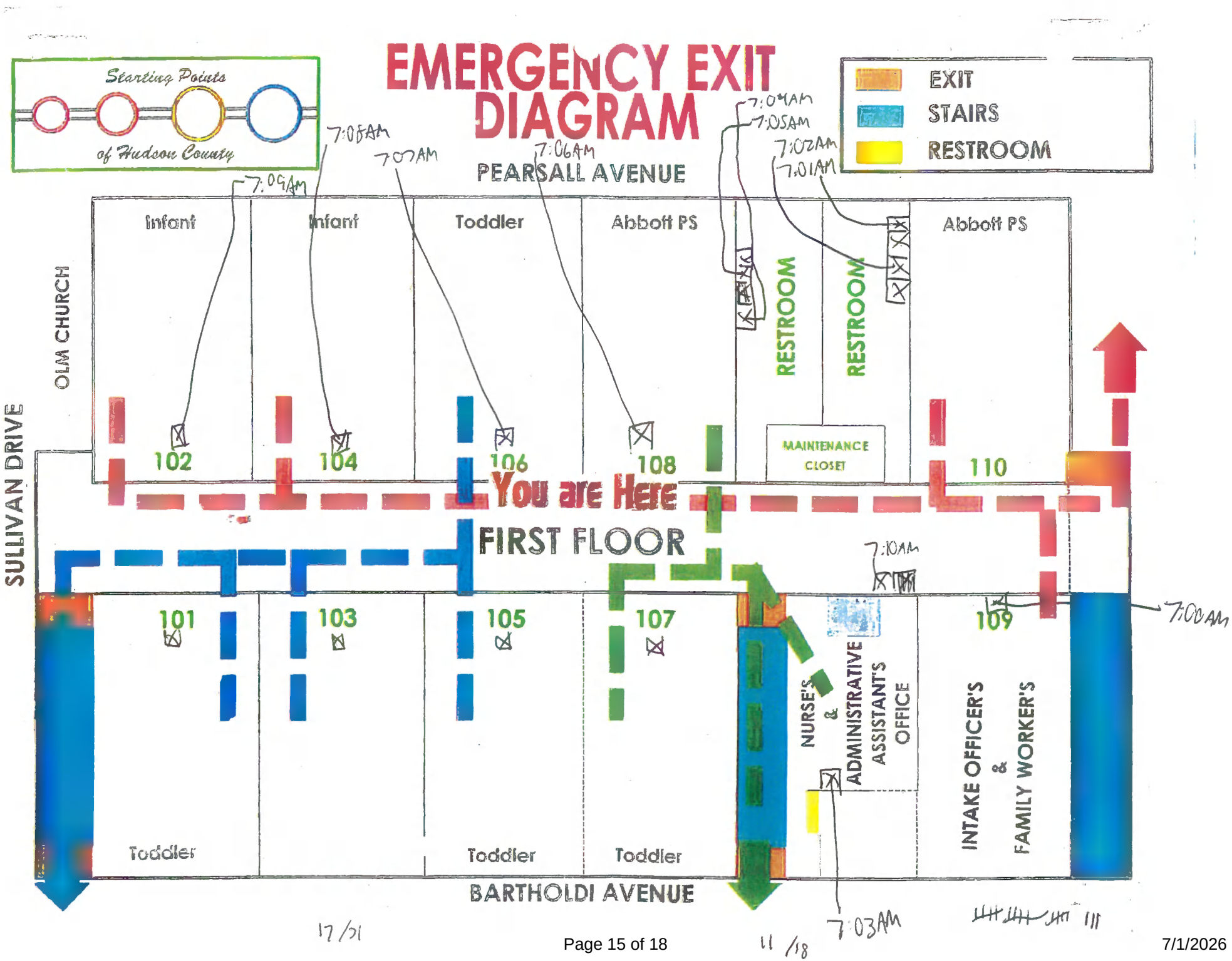
Custody Seal Number

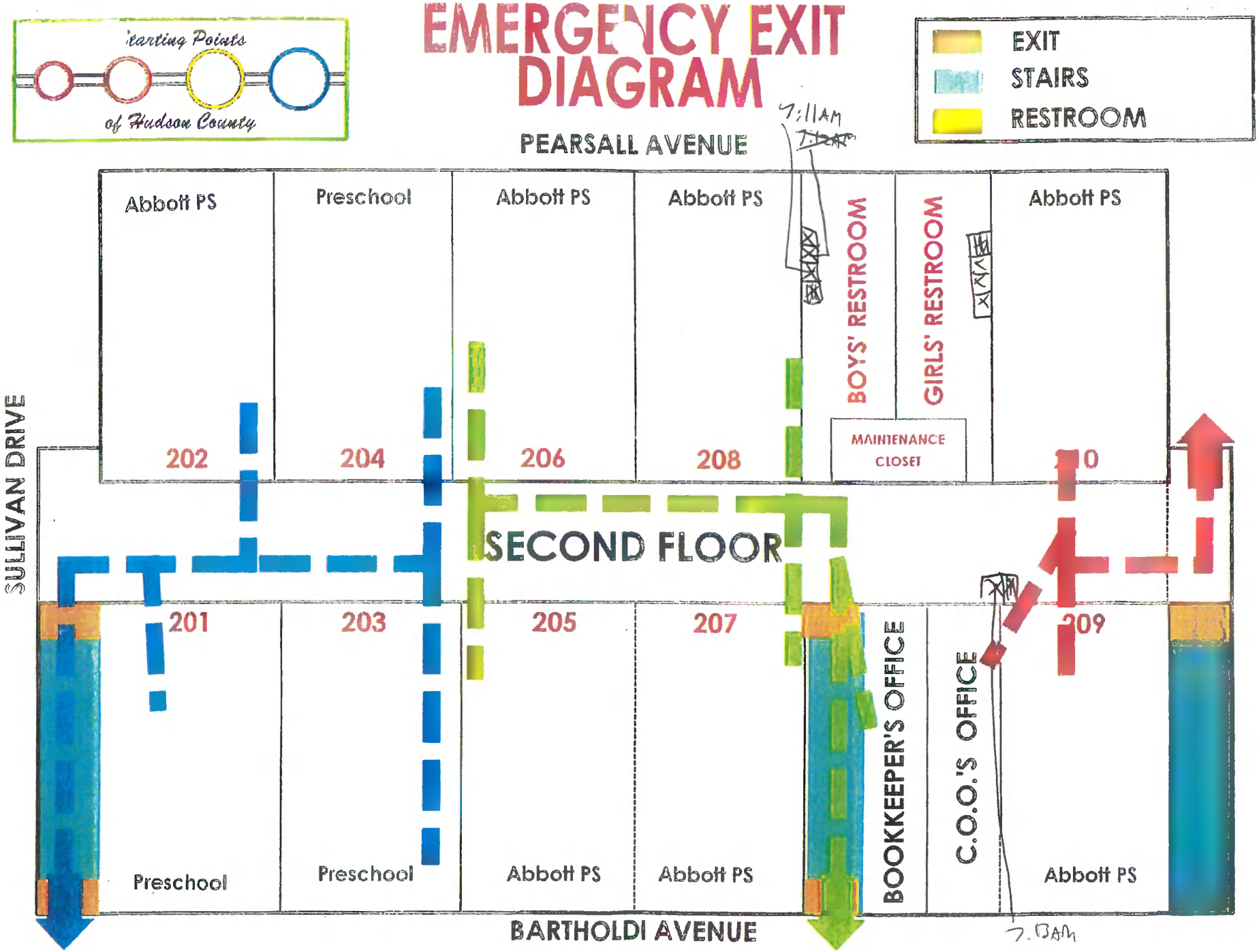
Rec'd Temp.: _____ Initials: _____ Ice Y / N Location:____

COMMENTS:

Hazardous: yes / no


Starting Points
of Hudson County
254 Bartholdi Ave Jersey City 07305
EMERGENCY EXIT DIAGRAM
EXIT
STAIRS
RESTROOM
PEARSALL AVENUE
RESTROOM
STORAGE
POWER ROOM
MAINTENANCE STORAGE
BOILER ROOM
CONFERENCE ROOM
HEAD TEACHERS' OFFICE
SULLIVAN DRIVE
B1
BASEMENT FLOOR
GROSS MOTOR ROOM
STORAGE
STORAGE AREA
MAINTENANCE OFFICE
MAINTENANCE WORKSHOP
BOOK ROOM
STORAGE ROOM
MAINTENANCE ROOM
BARTHOLDI AVENUE


Starting Points
of Hudson County
EMERGENCY EXIT DIAGRAM
EXIT
STAIRS
RESTROOM
PEARSALL AVENUE
7:08AM
7:07AM
7:06AM
7:05AM
7:04AM
7:02AM
7:01AM
7:09AM
Infant
Infant
Toddler
Abbott PS
Abbott PS
OLM CHURCH
SULLIVAN DRIVE
RESTROOM
RESTROOM
MAINTENANCE CLOSET
102
104
106
108
110
You are Here
FIRST FLOOR
7:10AM
101
103
105
107
109
7:00AM
NURSE'S & ADMINISTRATIVE ASSISTANT'S OFFICE
INTAKE OFFICER'S & FAMILY WORKER'S
Toddler
Toddler
Toddler
BARTHOLDI AVENUE
7:03AM
17/21
11/18


Starting Points
of Hudson County
EMERGENCY EXIT DIAGRAM
EXIT
STAIRS
RESTROOM
PEARSALL AVENUE
7:11AM
Abbott PS
Preschool
Abbott PS
Abbott PS
BOYS' RESTROOM
GIRLS' RESTROOM
Abbott PS
MAINTENANCE CLOSET
SULLIVAN DRIVE
202
204
206
208
210
SECOND FLOOR
201
203
205
207
209
BOOKKEEPER'S OFFICE
C.O.O.'S OFFICE
Preschool
Preschool
Abbott PS
Abbott PS
Abbott PS
BARTHOLDI AVENUE
7:13AM

Eurofins Philadelphia
795 Horsham Road
Horsham, PA 19044-0962
Phone: 215-355-3900

Chain of Custody Record

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Client Information (Sub Contract Lab)	Sampler: N/A	Lab PM: Dougherty, Erin	Carrier Tracking No(s): N/A	COC No: 630-22271.1
Client Contact: Shipping/Receiving	Phone: N/A	E-Mail: Erin.Dougherty@et.eurofinsus.com	State of Origin: New Jersey	Page: Page 1 of 2
Company: Eurofins Lancaster Laboratories Environm		Accreditations Required (See note): NELAP - New Jersey		Job #: 630-138868-1
Address: 2425 New Holland Pike, ,	Due Date Requested: 7/3/2026			Preservation Codes: -
City: Lancaster	TAT Requested (days): N/A			
State, Zip: PA, 17601				
Phone: 717-656-2300(Tel)	PO #: N/A			
Email: N/A	WO #: N/A			
Project Name: Starting Points of Hudson County	Project #: 63010056			
Site: N/A	SSOW#: N/A			Other: N/A

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	200.8/MTL_ND_PrepLead/Copper	Total Number of containers	Special Instructions/Note:
			Preservation Code:						
6:57AM (630-138868-1)	6/16/26	06:57 Eastern	G	Drinking Wate			X	1	
6:58AM (630-138868-2)	6/16/26	06:58 Eastern	G	Drinking Wate			X	1	
6:59AM (630-138868-3)	6/16/26	06:59 Eastern	G	Drinking Wate			X	1	
7:00AM (630-138868-4)	6/16/26	07:00 Eastern	G	Drinking Wate			X	1	
7:01AM (630-138868-5)	6/16/26	07:01 Eastern	G	Drinking Wate			X	1	
7:02AM (630-138868-6)	6/16/26	07:02 Eastern	G	Drinking Wate			X	1	
7:03AM (630-138868-7)	6/16/26	07:03 Eastern	G	Drinking Wate			X	1	
7:04AM (630-138868-8)	6/16/26	07:04 Eastern	G	Drinking Wate			X	1	
7:05AM (630-138868-9)	6/16/26	07:05 Eastern	G	Drinking Wate			X	1	

Note: Since laboratory accreditations are subject to change, Eurofins Drinking Water and Wastewater Northeast, LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Drinking Water and Wastewater Northeast, LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Drinking Water and Wastewater Northeast, LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Drinking Water and Wastewater Northeast, LLC.

Possible Hazard Identification: Unconfirmed	Sample Disposal (A fee may be assessed if samples are retained longer than 1 month): ☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months
Deliverable Requested: I, II, III, IV, Other (specify) Primary Deliverable Rank: 1	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:

Relinquished by:	Date/Time: 062326 1109	Company EP	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time: 6/23/26 2240	Company

Custody Seals Intact: ☐ Yes ☐ No	Custody Seal No.: 72 76	Cooler Temperature(s) °C and Other Remarks: R: 2.1 C: 2.2

Eurofins Philadelphia
795 Horsham Road
Horsham, PA 19044-0962
Phone: 215-355-3900

Chain of Custody Record

eurofins | Environment Testing

Client Information (Sub Contract Lab)	Sampler: N/A	Lab PM: Dougherty, Erin	Carrier Tracking No(s): N/A	COC No: 630-22271.2
Client Contact: Shipping/Receiving	Phone: N/A	E-Mail: Erin.Dougherty@et.eurofinsus.com	State of Origin: New Jersey	Page: Page 2 of 2
Company: Eurofins Lancaster Laboratories Environm		Accreditations Required (See note): NELAP - New Jersey		Job #: 630-138868-1
Address: 2425 New Holland Pike, ,	Due Date Requested: 7/3/2026			
City: Lancaster	TAT Requested (days): N/A			
State, Zip: PA, 17601				
Phone: 717-656-2300(Tel)	PO #: N/A			
Email: N/A	WO #: N/A			
Project Name: Starting Points of Hudson County	Project #: 63010056			
Site: N/A	SSOW#: N/A			

Sample Identification - Client ID (Lab ID)	Sample Date	Sample Time	Sample Type (C=comp, G=grab)	Matrix (Wwater, Ssolid, Owaste/oil, BT=Tissue, A=Air)	Field Filtered Sample (Yes or No)	Perform MS/MSD (Yes or No)	200.8/MTL_ND_PrepLead/Copper	Total Number of containers	Special Instructions/Note:
			Preservation Code:						
7:06AM (630-138868-10)	6/16/26	07:06 Eastern	G	Drinking Wate			X	1	
7:07AM (630-138868-11)	6/16/26	07:07 Eastern	G	Drinking Wate			X	1	
7:08AM (630-138868-12)	6/16/26	07:08 Eastern	G	Drinking Wate			X	1	
7:09AM (630-138868-13)	6/16/26	07:09 Eastern	G	Drinking Wate			X	1	
7:10AM (630-138868-14)	6/16/26	07:10 Eastern	G	Drinking Wate			X	1	
7:11AM (630-138868-15)	6/16/26	07:11 Eastern	G	Drinking Wate			X	1	
7:13AM (630-138868-16)	6/16/26	07:13 Eastern	G	Drinking Wate			X	1	

Preservation Codes: -

Other: N/A

Note: Since laboratory accreditations are subject to change, Eurofins Drinking Water and Wastewater Northeast, LLC places the ownership of method, analyte & accreditation compliance upon our subcontract laboratories. This sample shipment is forwarded under chain-of-custody. If the laboratory does not currently maintain accreditation in the State of Origin listed above for analysis/tests/matrix being analyzed, the samples must be shipped back to the Eurofins Drinking Water and Wastewater Northeast, LLC laboratory or other instructions will be provided. Any changes to accreditation status should be brought to Eurofins Drinking Water and Wastewater Northeast, LLC attention immediately. If all requested accreditations are current to date, return the signed Chain of Custody attesting to said compliance to Eurofins Drinking Water and Wastewater Northeast, LLC.

Possible Hazard Identification	*Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)*
Unconfirmed	☐ *Return To Client* ☐ *Disposal By Lab* ☐ *Archive For* _____ *Months*
Deliverable Requested: I, II, III, IV, Other (specify) Primary Deliverable Rank: 1	Special Instructions/QC Requirements:

Empty Kit Relinquished by:	Date:	Time:	Method of Shipment:

Relinquished by:	Date/Time: 062326 1109	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time:	Company
Relinquished by:	Date/Time:	Company	Received by:	Date/Time: 6/23/26 2240	Company

Custody Seals Intact: ☐ Yes ☐ No	Custody Seal No.:	Cooler Temperature(s) °C and Other Remarks:
		R: 2.1 C: 2.2

ENVIRONMENTAL HAZARDS SERVICES, LLC
7469 Whitepine Rd
North Chesterfield, VA 23237
Telephone: 800.347.4010

Metals in Drinking Water Analysis Report

Client: Lead Consulting & Inspection
219 Main St.
PO Box 814
Chatham, NJ 07928

Report Number: 26-07-02292

Received Date: 07/13/2026
Reported Date: 07/20/2026

Project/Test Address: Starting Points; 254 Bartholdi Ave; Jersey City, NJ 07305

Client Number: 31-2411

Laboratory Results

Fax Number: 973-912-5227

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID
26-07-02292-001	1	BASEMENT CLOSET FAUCET 1ST DRAW	07/17/2026	Copper (Cu)	56.7	
			07/17/2026	Lead (Pb)	2.79	
26-07-02292-002	2	BASEMENT CLOSET FAUCET FLUSH	07/17/2026	Copper (Cu)	19.4	
			07/17/2026	Lead (Pb)	<1.00	

Environmental Hazards Services, L.L.C

Client Number: 31-2411 Report Number: 26-07-02292

Project/Test Address: Starting Points; 254 Bartholdi Ave; Jersey City, NJ 07305

Lab Sample Number	Client Sample Number	Collection Location	Analysis Date	Analyte	Concentration ppb (ug/L)	Narrative ID

Analyst: Anthony Dee

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

North Chesterfield, VA - Phone: (800) 347-4010 FAX: (804) 275-4907 www.leadlab.com

EHS Laboratories
ENVIRONMENTAL HAZARDS SERVICES, LLC

26-07-02292

Due Date: 07/20/2026 (Monday) AE

Client Name: Lead Consulting & Inspection, Inc. Account #: 31-2411 D
Address: 219 Main Street, PO Box 814
City/State/Zip: Chatham, NJ 07928-0814
Email Address: ~~Luke973@verizon.net~~ JACK@ENVIROSPECTION.COM

Land Line: ~~(973)912-0222~~ 860-480-5687
Cell: ~~(973)309-0182~~ 973-250-8116

Project Name/ Number: ~~Starting~~ STARTING POINTS

Collection Address: 254 Bartholdi Ave (Required) City/State/Zip: Jersey City NJ 07305 (Required)

Approx. Age Of Property: _____ Collected By: Jack Schroeder

Water Source: (Check One) Public _____ or Well _____ Well Tag # (if applicable): _____

Turn-Around Time X 5 Days ____ 3 Days ____ 2 Days ____ 1 Day

No.	Client Sample ID	Collection Location (Ex: Kitchen Sink)	Collection Date (Required)	Collection Time (Required)	Analyte Pb	Analyte Cu
1	12:51PM	Basement Closet Faucet - 1st Draw	7/7/2026	12:51 AM / (PM)	✓	✓
2	12:52PM	Basement Closet Faucet - ~~2nd Draw~~ Flush	" "	12:52 AM / (PM)	✓	✓
3				AM / PM		
4				AM / PM		
5				AM / PM		
6				AM / PM		
7				AM / PM		
8				AM / PM		
9				AM / PM		
10				AM / PM		
11				AM / PM		
12				AM / PM		
13				AM / PM		
14				AM / PM		
15				AM / PM		

Released by: Jack Schroeder Signature: Jack Schr Date/Time: 7/9/2026

Received by: J Damour Signature: Jamlard Date/Time: 7/13/26 5:14pm

State of New Jersey
Department of Children and Families
Office of Licensing

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: Starting Points of Hudson County			**License ID:**
Site Address of Center:	**Building # and Street:** 254 Bartholdi Avenue	**Municipality:** Jersey City	**County:** Hudson
Sponsor/Sponsor Representative:	**Phone Number:**	**Email:**	

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

Sampling Date(s):	6/16 + 7/7/2026
1. ☑YES ☐NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. ☑YES ☐NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. ☑YES ☐NO	Is there a floor plan in accordance with technical guidance?
4. ☑YES ☐NO Sample Date: 6/16+ 7/7/2026	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. ☑YES ☐NO Sample Date: 6/16 + 7/7/2026	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. ☑YES ☐NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? **Please attach copies**.
7. ☑YES ☐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. ☑YES ☐NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. ☑YES ☐NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. ☑YES ☐NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. ☑YES ☐NO	Were only cold water samples collected?
12. ☑YES ☐NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. ☑YES ☐NO	Was all point of use treatment on outlets, such as filters, documented?
14. ☐YES ☑NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 µg/L)? One faucet initially failed due to sampling error. See 2nd test showing lead levels below thresholds.
15. ☐YES ☐NO ☑N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was use of all drinking water outlets immediately discontinued?
16. ☐YES ☐NO ☑N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was bottled water provided for drinking and food preparation?
17. ☐YES ☐NO ☑N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?

18. ☐YES ☐NO ☑N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) have a follow-up flush sample conducted?
19. ☐YES ☐NO ☑N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1300 µg/L) was the local health office notified of results?
20. ☐YES ☐NO ☑N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1300 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. ☐YES ☐NO ☑N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. ☐YES ☐NO ☑N/A Sample Date: 6/16/2026	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. ☐YES ☐NO ☑N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. ☐YES ☐NO ☑N/A Sample Date: 6/16/2026	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. ☐YES ☐NO ☑N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. ☐YES ☐NO ☑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. ☐YES ☐NO ☑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)	
Signature:	
Signature Date:	

DRINKING WATER TESTING RESOURCES

Schools - Lead Sampling Information
http://www.nj.gov/dep/watersupply/schools.htm

Lead Sampling in Schools Technical Guidance FAQs
http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf

3Ts for Reducing Lead in Drinking Water: Testing
https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing

Quick Reference Guide Sampling For Lead in Drinking Water in Schools:
http://www.nj.gov/dep/watersupply/pdf/quickref.pdf

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

Sampling Water Use Certification:
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Filter Inventory Form:
http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:
http://www.nj.gov/dep/watersupply/doc/resultsletter.doc

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•

Name of Child Care Center:	**License ID:**
Starting Points of Hudson County	
Site Address *(Building # and Street):*	
254 Bartholdi Avenue	
Municipality:	**County:**
Jersey City	Hudson
Sponsor/Sponsor Representative:	**Phone #:**
Sponsor/Sponsor Representative Email:	
Additional Contact Person:	**Phone #:**
Title:	**Email:**

1. The center, as decribed 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 decsribed 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:

Sponsor/Sponsor Representative: (PRINT)	
Signature:	
Signature Date:	