



Garden State Laboratories, Inc.

Report Date: 09/13/2021

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: Islamic Center of America
215 N. Oraton Parkway

East Orange, NJ 07017

Laboratory Director:

Attention: Amin Hussain-EI

Client Number: ISL05

Sample ID: Kitchen Sink Lab Sample ID: 210831045-01
Site: Collection Date/Time: 08/26/2021 07:08
Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.0492 mg/l	1.3	0.0100	0.0021	20044	09/08/21 13:00	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	09/04/21 10:52	

Sample ID: Kitchen Hot Water Tank Lab Sample ID: 210831045-02
Site: Collection Date/Time: 08/26/2021 07:09
Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.0269 mg/l	1.3	0.0100	0.0021	20044	09/09/21 10:13	
Lead, Total Recoverable	EPA 200.8	1	0.00177 mg/l	0.015	0.00100	6E-05	20044	09/08/21 09:42	

Sample ID: Boy's Bathroom by entrance Lab Sample ID: 210831045-03
Site: Collection Date/Time: 08/26/2021 07:13
Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.303 mg/l	1.3	0.0100	0.0021	20044	09/08/21 13:05	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	09/04/21 11:04	



Sample ID: Children's Bathroom 1st Floor Lab Sample ID: 210831045-04
 Site: Collection Date/Time: 08/26/2021 07:18
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.130 mg/l	1.3	0.0100	0.0021	20044	09/08/21 13:10	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	09/04/21 11:07	

Sample ID: Women Bathroom (by main office) Lab Sample ID: 210831045-05
 Site: Collection Date/Time: 08/26/2021 07:23
 Matrix: Potable water Sample Type: Grab

Analyte	Method	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7	1	0.0387 mg/l	1.3	0.0100	0.0021	20044	09/08/21 13:14	
Lead, Total Recoverable	EPA 200.9	1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	09/04/21 11:10	

*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.*



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

FOR SAMPLE RECEIVING USE ONLY

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

8/31/21 12:33 NO FOC

Page 1 of 1

GSL CLIENT # ISL05

MICRO #

CHEM. # 210831045-01-05

SAMPLE REC'D BY: mail

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Islamic Center of America Contact/Authorized by: Amin Hussain-El
 Mailing Address: 215 N. Oraton Parkway Phone: 631-334-4017
 City/State/Zip: East Orange, NJ 07017 Fax:

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATION Islamic Center of America-215 N. Oraton Parkway, East Orange, NJ 07017

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		Field Blank	8/26/21	7:08	AM		Lead & Copper (First Draw)	1	P	250ml	A	
X		Kitchen Sink	8/26/21	7:08	AM		Lead & Copper (First Draw)	1	P	250ml	A	4501
X		Kitchen Hot Water Tank	8/26/21	7:09	AM		Lead & Copper (First Draw)	1	P	250ml	A	4502
X		Boys Bathroom (By Entrance)	8/26/21	7:13	AM		Lead & Copper (First Draw)	1	P	250ml	A	4503
X		Children's Bathroom 1st Floor	8/26/21	7:18	AM		Lead & Copper (First Draw)	1	P	250ml	A	4504

Container Type: P=Plastic G=Glass A=Amber Glass T= 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 Inosulfate H = Ascorbic Acid I = Looped Other/Specify: _____

SUBCONTRACTED WORK

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

REPORT FORMAT: Standard Report Other/Specify:

Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ Composite Fee: \$ Rush Fee: \$ Amount Due: \$ 500

Payment Method: Credit Card Type: Check # Other:

Note: **LEAD & COPPER SAMPLING FOR CHILD CARE FACILITY ON PUBLIC WATER SYSTEM**

Women's Bathroom (Main Office) 8/26/21 7:23 am C&B 8/31/21 45-05 Field blank not rec'd

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): Bro. Amin Hussain-El Signature: [Signature] Date/Time: 8/26/21 7:27 AM
 Client/Client's Representative (PRINT): Bro. Amin Hussain-El Signature: [Signature] Date/Time: 8/26/21 7:27 AM
 1. Received/Relinquished by (PRINT): _____ Signature: _____ Date/Time: _____
 2. Received/Relinquished by (PRINT): C Brown Signature: [Signature] Date/Time: 8/31/21 12:33

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

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED