



# Garden State Laboratories, Inc.

## Report of Analysis

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Main Lab  
NJDEP Lab Cert. #20044

Jersey Shore Lab  
NJDEP Lab Cert. #15037

Lakehurst Lab  
NJDEP Lab Cert. #15041

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. Manager Emerita

For: Archway Schools  
280 Jackson Rd.  
  
Atco, NJ 08004

Laboratory Director:

Attention: Mike Smalley

Client Number: ARC01L

Report Date: 05/23/2025

Sample ID: Archway Lower School Field Blank  
Lab Sample ID: 250429035-01  
Site: Collection Date/Time: 04/25/2025 08:18  
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 11:06	

Sample ID: Archway Lower School PBCU1 Cafeteria Kitchen Sink  
Lab Sample ID: 250429035-02  
Site: Collection Date/Time: 04/25/2025 08:19  
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00738 mg/l	0.015	0.00100	0.00055	20044	05/16/25 11:09	

Sample ID: Archway Lower School PBCU2 Teacher Lounge Sink  
Lab Sample ID: 250429035-03  
Site: Collection Date/Time: 04/25/2025 08:21  
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00168 mg/l	0.015	0.00100	0.00055	20044	05/16/25 11:20	

Sample ID: Archway Lower School PBCU3 Teacher Lounge W/C  
Lab Sample ID: 250429035-04  
Site: Collection Date/Time: 04/25/2025 08:23  
Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 11:23	



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Sample ID: Archway Lower School PBCU4 15 Bubblers Lab Sample ID: 250429035-05  
 Site: Collection Date/Time: 04/25/2025 08:23  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00112 mg/l	0.015	0.00100	0.00055	20044	05/16/25 11:26	

Sample ID: Archway Lower School PBCU5 Classroom 11 Bubblers Lab Sample ID: 250429035-06  
 Site: Collection Date/Time: 04/25/2025 08:24  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 11:35	

Sample ID: Archway Lower School PBCU6 Main Hall Chiller Bubblers Lab Sample ID: 250429035-07  
 Site: Collection Date/Time: 04/25/2025 08:26  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 11:44	

Sample ID: Archway Lower School PBCU7 Class 18 Sink Lab Sample ID: 250429035-08  
 Site: Collection Date/Time: 04/25/2025 08:27  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00548 mg/l	0.015	0.00100	0.00055	20044	05/16/25 11:47	

Sample ID: Archway Lower School PBCU8 Nurse Office Water Cooler Lab Sample ID: 250429035-09  
 Site: Collection Date/Time: 04/25/2025 08:29  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 11:50	

Sample ID: Archway Lower School PBCU9 Nurse Office Sink Lab Sample ID: 250429035-10  
 Site: Collection Date/Time: 04/25/2025 08:30  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00165 mg/l	0.015	0.00100	0.00055	20044	05/16/25 11:58	





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Sample ID: Archway Lower School PBCU16 Boys RR by Rm 14L Lab Sample ID: 250429035-17  
 Site: Collection Date/Time: 04/25/2025 08:40  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00112 mg/l	0.015	0.00100	0.00055	20044	05/16/25 12:18	

Sample ID: Archway Lower School PBCU17 Lounge BR Sink Lab Sample ID: 250429035-18  
 Site: Collection Date/Time: 04/25/2025 08:45  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00242 mg/l	0.015	0.00100	0.00055	20044	05/16/25 12:20	

Sample ID: Archway Lower School PBCU18 Girl RR by Rm 13R Lab Sample ID: 250429035-19  
 Site: Collection Date/Time: 04/25/2025 08:46  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:23	

Sample ID: Archway Lower School PBCU19 Boys RR by Rm 14R Lab Sample ID: 250429035-20  
 Site: Collection Date/Time: 04/25/2025 08:47  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:35	

Sample ID: Archway Lower School PBCU20 Ladies Rm by PT Lab Sample ID: 250429035-21  
 Site: Collection Date/Time: 04/25/2025 08:49  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00303 mg/l	0.015	0.00100	0.00055	20044	05/16/25 12:38	

Sample ID: Archway Ground Up Flowers Field Blank Lab Sample ID: 250429035-22  
 Site: Collection Date/Time: 04/25/2025 07:56  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:40	



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Sample ID: Archway Ground Up Flowers PBCU1 Bathroom Sink Lab Sample ID: 250429035-23  
 Site: Collection Date/Time: 04/25/2025 07:57  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:43	

Sample ID: Archway Ground Up Flowers PBCU2 Service Counter Sink Lab Sample ID: 250429035-24  
 Site: Collection Date/Time: 04/25/2025 07:58  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:46	

Sample ID: Archway Administration PBCU5 Downstairs Kitchen Sink Lab Sample ID: 250429035-25  
 Site: Collection Date/Time: 04/25/2025 08:13  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:49	

Sample ID: Archway Administration Field Blank Lab Sample ID: 250429035-26  
 Site: Collection Date/Time: 04/25/2025 08:07  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 12:55	

Sample ID: Archway Administration PBCU1 Downstairs Womens Lab Sample ID: 250429035-27  
 Site: Collection Date/Time: 04/25/2025 08:08  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00154 mg/l	0.015	0.00100	0.00055	20044	05/16/25 13:09	

Sample ID: Archway Administration PBCU2 Downstairs Mens Lab Sample ID: 250429035-28  
 Site: Collection Date/Time: 04/25/2025 08:08  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:12	



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Sample ID: Archway Administration PBCU3      Lab Sample ID: 250429035-29  
 Site: Upstairs Womens      Collection Date/Time: 04/25/2025 08:10  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:14	

Sample ID: Archway Administration PBCU4      Lab Sample ID: 250429035-30  
 Site: Upstairs Mens      Collection Date/Time: 04/25/2025 08:11  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:17	

Sample ID: Archway OT/Speech Field Blank      Lab Sample ID: 250429035-31  
 Site:      Collection Date/Time: 04/25/2025 08:01  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:20	

Sample ID: Archway OT/Speech PBCU1      Lab Sample ID: 250429035-32  
 Site: Hall Bathroom      Collection Date/Time: 04/25/2025 08:02  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:23	

Sample ID: Archway OT/Speech PBCU2      Lab Sample ID: 250429035-33  
 Site: Kitchen Sink      Collection Date/Time: 04/25/2025 08:03  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00121 mg/l	0.015	0.00100	0.00055	20044	05/16/25 13:26	

Sample ID: Archway Life Skills (Lower)      Lab Sample ID: 250429035-34  
 Site: Field Blank      Collection Date/Time: 04/25/2025 08:56  
 Matrix: Potable water      Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:29	



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Sample ID: Archway Life Skills (Lower) PBCU1 Upstairs Entry Bathroom Lab Sample ID: 250429035-35  
 Site: Collection Date/Time: 04/25/2025 08:57  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.8		1	0.00221 mg/l	0.015	0.00100	0.00032	20044	05/12/25 14:54	

Sample ID: Archway Life Skills (Lower) PBCU2 Upstairs Kitchen Sink Lab Sample ID: 250429035-36  
 Site: Collection Date/Time: 04/25/2025 08:59  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.8		5	0.141 mg/l	0.015	0.00500	0.0016	20044	05/13/25 14:45	

Sample ID: Archway Life Skills (Lower) PBCU3 Upstairs Hall Bathroom Lab Sample ID: 250429035-37  
 Site: Collection Date/Time: 04/25/2025 09:01  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00336 mg/l	0.015	0.00100	0.00055	20044	05/16/25 13:31	

Sample ID: Archway Lower Preschool Field Blank Lab Sample ID: 250429035-38  
 Site: Collection Date/Time: 04/25/2025 09:07  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:34	

Sample ID: Archway Lower Preschool PBCU5 Rear Class East Bath Lab Sample ID: 250429035-39  
 Site: Collection Date/Time: 04/25/2025 09:17  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00266 mg/l	0.015	0.00100	0.00055	20044	05/16/25 13:46	

Sample ID: Archway Lower Preschool PBCU6 Rear Class West Bath Lab Sample ID: 250429035-40  
 Site: Collection Date/Time: 04/25/2025 09:20  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00291 mg/l	0.015	0.00100	0.00055	20044	05/16/25 13:48	



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Sample ID: Archway Upper School Field Blank Lab Sample ID: 250429035-41  
 Site: Collection Date/Time: 04/25/2025 07:03  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 13:54	

Sample ID: Archway Upper School PBCU1 Cafeteria Kit Sink 1 Lab Sample ID: 250429035-42  
 Site: Collection Date/Time: 04/25/2025 07:05  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 14:03	

Sample ID: Archway Upper School PBCU2 Cafeteria Kit Sink 2 Lab Sample ID: 250429035-43  
 Site: Collection Date/Time: 04/25/2025 07:07  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 14:06	

Sample ID: Archway Upper School PBCU3 Career Kit Sink Lab Sample ID: 250429035-44  
 Site: Collection Date/Time: 04/25/2025 07:09  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00266 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:08	

Sample ID: Archway Upper School PBCU4 Middle Hall Bubbler Lab Sample ID: 250429035-45  
 Site: Collection Date/Time: 04/25/2025 07:16  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00309 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:11	

Sample ID: Archway Upper School PBCU5 Class 4 HS Lab Sample ID: 250429035-46  
 Site: Collection Date/Time: 04/25/2025 07:19  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 14:20	





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Sample ID: Archway Upper School PBCU6 Class 9 HS Lab Sample ID: 250429035-47  
 Site: Collection Date/Time: 04/25/2025 07:21  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00199 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:23	

Sample ID: Archway Upper School PBCU7 Nurse Rm Ice Maker Lab Sample ID: 250429035-48  
 Site: Collection Date/Time: 04/25/2025 07:24  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00104 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:25	

Sample ID: Archway Upper School PBCU8 Girls RR By Room 4 Lab Sample ID: 250429035-49  
 Site: Collection Date/Time: 04/25/2025 07:27  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00208 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:28	

Sample ID: Archway Upper School PBCU9 Boys RR by Room 4 Lab Sample ID: 250429035-50  
 Site: Collection Date/Time: 04/25/2025 07:30  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	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	05/16/25 14:31	

Sample ID: Archway Upper School PBCU15 Girls RR R By Room 10 Lab Sample ID: 250429035-51  
 Site: Collection Date/Time: 04/25/2025 07:44  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00117 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:34	

Sample ID: Archway Upper School PBCU16 Boys RR R BY Room 10 Lab Sample ID: 250429035-52  
 Site: Collection Date/Time: 04/25/2025 07:45  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00372 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:37	



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Sample ID: Archway Upper School PBCU17 Boys RR C BY Room 10 Lab Sample ID: 250429035-53  
 Site: Collection Date/Time: 04/25/2025 07:46  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00257 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:40	

Sample ID: Archway Upper School PBCU18 Girls RR By Media Ctr Lab Sample ID: 250429035-54  
 Site: Collection Date/Time: 04/25/2025 07:47  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00358 mg/l	0.015	0.00100	0.00055	20044	05/16/25 14:43	

Sample ID: Archway Upper School PBCU19 Boys RR By Media Ctr Lab Sample ID: 250429035-55  
 Site: Collection Date/Time: 04/25/2025 07:48  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00677 mg/l	0.015	0.00100	0.00055	20044	05/17/25 10:53	

Sample ID: Archway Upper School PBCU10 Girls RR L By Room 10 Lab Sample ID: 250429035-56  
 Site: Collection Date/Time: 04/25/2025 07:32  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00227 mg/l	0.015	0.00100	0.00055	20044	05/17/25 10:56	

Sample ID: Archway Upper School PBCU11 Boys RR L By Room 10 Lab Sample ID: 250429035-57  
 Site: Collection Date/Time: 04/25/2025 07:33  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00168 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:04	

Sample ID: Archway Upper School PBCU12 Kitchen RR Sink (Pantry) Lab Sample ID: 250429035-58  
 Site: Collection Date/Time: 04/25/2025 07:39  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00298 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:07	



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Sample ID: Archway Upper School PBCU13 Girls Cafe RR (Gym) Lab Sample ID: 250429035-59  
 Site: Collection Date/Time: 04/25/2025 07:39  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00247 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:10	

Sample ID: Archway Upper School PBCU14 Boys Cafe RR (Gym) Lab Sample ID: 250429035-60  
 Site: Collection Date/Time: 04/25/2025 07:41  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00242 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:13	

Sample ID: Archway Lower Preschool PBCU1 Kitchen Sink Lab Sample ID: 250429035-61  
 Site: Collection Date/Time: 04/25/2025 09:09  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00429 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:16	

Sample ID: Archway Lower Preschool PBCU2 Hall ADA Bathroom Lab Sample ID: 250429035-62  
 Site: Collection Date/Time: 04/25/2025 09:11  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.0188 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:24	

Sample ID: Archway Lower Preschool PBCU3 Front Class East Bath Lab Sample ID: 250429035-63  
 Site: Collection Date/Time: 04/25/2025 09:12  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00243 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:27	

Sample ID: Archway Lower Preschool PBCU4 Front Class West Bath Lab Sample ID: 250429035-64  
 Site: Collection Date/Time: 04/25/2025 09:16  
 Matrix: Potable water Sample Type: Grab

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Lead, Total Recoverable	EPA 200.9		1	0.00303 mg/l	0.015	0.00100	0.00055	20044	05/17/25 11:30	



Garden State Laboratories, Inc.

*DF=Dilution factor; <=less than, MCL=Maximum Contaminant Level, Rep. Limit=Reporting Limit,  
MDL=Method Detection Limit, SM YR=Standard Methods Publication Year, and NC=Not Certified.  
The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
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: 223 Sparta Avenue, Sparta NJ 07871 Tel: 973-729-1627  
 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel: 908-537-7414

### CLIENT INFORMATION (PRINT YOUR NAME)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: 856-719-9180

### FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. RECD AT LAB: 04/25/25 10:04 N0600

GSL CLIENT # ARCO11

MICRO #

CHEM # 250430085D1-05

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: ARCHWAY LOWER SCHOOL 280A JACKSON RD ATCO NJ 08004

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X	FIELD BLANK	04/25/25	8:18	X		<input type="checkbox"/>		1	P	250ml	A	
X	PBCU1 CAFETERIA KITCHEN SINK	04/25/25	8:19	X	(MS)	<input type="checkbox"/>		1	P	250ml	A	
X	PBCU2 Teacher Lounge Sink	04/25/25	8:21	X	(MS)	<input type="checkbox"/>		1	P	250ml	A	
X	PBCU3 Teacher Lounge W/C	04/25/25	8:23	X	(MS)	<input type="checkbox"/>		1	P	250ml	A	
X	PBU4 15 Bubbler	04/25/25	8:23	X	(MS)	<input type="checkbox"/>		1	P	250ml	A	

⇒ Container Type: P=Plastic G=Glass A=Amber Glass T=Sterile 1100 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 THIOSULFATE H=ASCORBIC ACID I=Loaded Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

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

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

Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

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

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

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

SEND TO: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

METHOD OF SHIPMENT: \_\_\_\_\_

Sampled by (PRINT): NICK LICCHINO Signature: *Nick Licchino* Date/Time: 04/25/2025 10:13 AM  
 Client/Client's Representative (PRINT): MICHAEL G. SMALEY Signature: *Michael G. Smalley* Date/Time: 04/25/2025 10:13 AM  
 1. Received/Relinquished by (PRINT): Kaylee Evans Signature: *Kaylee Evans* Date/Time: 04/25/2025 10:04  
 2. Received/Relinquished by (PRINT): J Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

CHAIN OF CUSTODY RECORD MUST BE PRINTED CLEARLY AND PRINTED CLEARLY. INK BALL POINT PEN. INK AND QUANTITIES ARE REQUIRED.

# 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

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/EMP. REC'D AT LAB

4/29/25 10:04 ND-EDC

Page of

**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

GSI CLIENT # **ARGO11**

**CLIENT INFORMATION (PLEASE PRINT)**

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: **856-719-9180**

MICRO #

CHEM # **1250439035-06-10**

SAMPLE REC'D BY

GSI FIELD SAMPLER/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

**SAMPLE INFORMATION**

SAMPLE TYPE: DW  
 SAMPLE LOCATION: **ARCHWAY LOWER SCHOOL 280 A Jackson Rd Atco NJ 08004**

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		PBCU5 Classroom 11 Bubblers	04/25/2025	08:27	X		Lead (First Draw)	1	P	250ml	A	
X		PBCU6 Marshall Chiller Bubblers	04/25/2025	08:28	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU7 CLASS 18 Sink	04/25/2025	08:27	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU8 Nurse office Water cooler	04/25/2025	08:29	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU9 Nurse Office Sink	04/25/2025	08:30	X	(MS)	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 G=Sodium Thiosulfate H=Ascorbic Acid I=Cooled Other/Specify:

SUBCONTRACTED WORK

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

SEND TO:

REPORT FORMAT:  Standard Report  Other/Specify:

DATE/TIME

Standard Report + E2 PWSID#:

METHOD OF SHIPMENT:

**PAYMENT INFORMATION**

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other:

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED WITH EACH TIME SAMPLE CHANGE OCCURS  
 PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): <b>NICK DICCHINO</b>	Signature: <i>Nick Dicchino</i>	Date/Time: <b>04-25-2025 10:15</b>
Client/Client's Representative (PRINT): <b>MICHAEL G SMALLEY</b>	Signature: <i>Michael G Smalley</i>	Date/Time: <b>04-25-2025 10:15</b>
1. Received/Relinquished by (PRINT): <b>Kaylee Evans</b>	Signature: <i>Kaylee Evans</i>	Date/Time: <b>4/29/25 10:04</b>
2. Received/Relinquished by (PRINT):	Signature:	Date/Time:

CHAIN OF CUSTODY RECORD, PRESS HARD AND PRINT CLEARLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

# Garden State Laboratories, Inc.

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 Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037  
 Tel: 800-273-9901/908-688-8900 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: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: 856-719-9180

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: ARCHWAY Lower School 280 A Jackson Rd Atco NJ 08004

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X	PACU10 Class 18 ice machine	04/25/05	8:31	X	(NS)	Lead (First Draw)	1	P	250ml	A	
X	PACU11 Girl RR by Rm 1	04/25/05	8:32	X	(NS)	Lead (First Draw)	1	P	250ml	A	
X	PACU12 Boys RR by Rm 1	04/25/05	8:32	X	(NS)	Lead (First Draw)	1	P	250ml	A	
X	PACU13 Girls RR by Pantry L	04/25/05	8:36	X	(NS)	Lead (First Draw)	1	P	250ml	A	
X	PACU14 Boy RR by Pantry L	04/25/05	8:37	X	(NS)	Lead (First Draw)	1	P	250ml	A	

Container type: P = Plastic G = Glass A = Amber Glass I = Sterile Ito 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 Iodide H = Ascorbic Acid I = Coated Other/Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_  
 Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other: \_\_\_\_\_

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

### SAMPLE CUSTODY EXCHANGE MUST BE DOCUMENTED BEFORE EACH TIME SAMPLES CHANGE POSSESSION

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

Sampled by (PRINT): NICK CIOCCHIANO	Signature: <i>Nick Ciocchino</i>	Date/Time: 04-25-2005 10:16 AM
Client/Client's Representative (PRINT): MICHAEL G SMALLEY	Signature: <i>Michael G Smalley</i>	Date/Time: 04/25/05 10:04
1. Received/Relinquished by (PRINT): Kaylee Evans	Signature: <i>Kaylee Evans</i>	Date/Time: 04/25/05 10:04
2. Received/Relinquished by (PRINT):	Signature:	Date/Time:

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT! PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB

#PACU10045 ID: 04 NO. 07

4/25/05

Page of

GSL CLIENT # ARCOIL

MICRO #

CHEM # 250430035-II-15

SAMPLE REC'D BY:

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

# Garden State Laboratories, Inc.

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 Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15137  
 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 Bowie St, North, Glen Gardner, NJ 08826 Tel: 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB

4/29/25 10:04  
 4/29/25 10:04  
 Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # **ARC01L**

MICRO #

CHEM # **25049035-10-20**

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: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: **856-719-9180**

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: **ARCHWAY Lower School 280A Jackson Rd Atco NJ 08004**

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X	PBOL15 Girls RR by Rm 13L	04/25/25	8:39	X		Lead (First Draw)	1	P	250ml	A	
X	PBC116 Boys RR by Rm 14L	04/25/25	8:40	X	MS	Lead (First Draw)	1	P	250ml	A	
X	PBC117 Lounge BR Sink	04/25/25	8:45	X	MS	Lead (First Draw)	1	P	250ml	A	
X	PBC118 Girls RR by Rm 13L	04/25/25	8:46	X	MS	Lead (First Draw)	1	P	250ml	A	
X	PBC119 Boys RR by Rm 14L	04/25/25	8:47	X	MS	Lead (First Draw)	1	P	250ml	A	

Container type: P = Plastic G = Glass A = Amber Glass I = Sterile Irid 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 Inosinate H = Ascorbic Acid I = Cooled Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

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

SEND TO: \_\_\_\_\_

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

DATE/TIME: \_\_\_\_\_

Standard Report + E2 PWSID#: \_\_\_\_\_

METHOD OF SHIPMENT: \_\_\_\_\_

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other: \_\_\_\_\_

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME CUSTODIES CHANGE POSSESSION

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

Sampled by (PRINT): <b>NICK LICCHINO</b>	Signature: <i>Nick Licchino</i>	Date/Time: <b>04/25/2025 10:17 A</b>
Client/Client's Representative (PRINT): <b>MICHAEL G. SMALLEY</b>	Signature: <i>Michael G. Smalley</i>	Date/Time: <b>4/29/25 10:04</b>
1. Received/Relinquished by (PRINT): <b>Kaylee Evans</b>	Signature: <i>Kaylee Evans</i>	Date/Time: _____
2. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____

CHAIN OF CUSTODY RECORD - PLEASE HAND AND PRINT CLEARLY. USE BALL POINT PEN. IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED.



# Garden State Laboratories, Inc.

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 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.gs-labs.com info@gs-labs.com

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/EMP. RECD AT LAB  
 4/29/25 10:04 NO. EDC

**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

Page \_\_\_\_\_ of \_\_\_\_\_

GSI CLIENT # **ARC011**

**CLIENT INFORMATION (Send to Present to)**

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: **856-719-9180**

MICRO # \_\_\_\_\_  
 CHEM # **250429035 21**  
 SAMPLE RECD BY \_\_\_\_\_

**SAMPLE INFORMATION**

SAMPLE TYPE: DW  
 SAMPLE LOCATION: **ARCHWAY LOWER SCHOOL 280 A Jackson Rd Atco NJ 08004**

GSI FIELD SAMPLER/PICK-UP  
 PICK-UP AT DROP OFF LOCATION  
 DELIVERED BY CLIENT

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		PPEU20 Ladies Rm by PT	04/25/25	8:49		XMS	Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	

LIST attached Total Pages \_\_\_\_\_  
 (MS)  
 (MS)  
 (MS)  
 (MS)

⇒ Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Ibro 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 = Loaded Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_  
 Standard Report + E2 PWSID#: \_\_\_\_\_

SEND TO: \_\_\_\_\_  
 DATE/TIME: \_\_\_\_\_  
 METHOD OF SHIPMENT: \_\_\_\_\_

**PAYMENT INFORMATION**

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$ \_\_\_\_\_  
 Payment Method:  Credit Card Type:  Check #  Other: \_\_\_\_\_

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

**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): <b>NICK LICCHINO</b>	Signature: <i>Nick Licchino</i>	Date/Time: <b>04/25/2025 10:35</b>
Client/Client's Representative (PRINT): <b>MICHAEL G. SMALEY</b>	Signature: <i>Michael G. Smalley</i>	Date/Time: <b>4/29/25 10:04</b>
1. Received/Relinquished by (PRINT): <b>Kaylee Evans</b>	Signature: <i>Kaylee Evans</i>	Date/Time: _____
2. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____

CHAIN OF CUSTODY RECORD PRESS HARD AND PRINT CLEARLY USE BALL POINT PEN IMPORTANT: SIGNED NAMES & SIGNATURES ARE REQUIRED

# 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

4/29/05 10:04 No FCC

Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # **ARC01L**

### CLIENT INFORMATION (REG. TO BE SENT TO)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: **856-719-9180**

MICRO # \_\_\_\_\_  
 CHEM # **250128035-22-24**

SAMPLE REC'D BY \_\_\_\_\_

GSL FIELD SAMPLER/PICKUP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION **ARCHWAY GROUND UP FLOWERS 280D JACKSON RD ATCO NJ 08004**

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		FIELD BLANK	04/25/05	07:56	X		Lead (First Draw)	1	P	250ml	A	
X		PBCU1 BATHROOM SINK	04/25/05	07:57	X	(U.S.)	Lead (First Draw)	1	P	250ml	A	
X		PBCU2 SERVICE COUNTER SINK	04/25/05	07:58	X	(U.S.)	Lead (First Draw)	1	P	250ml	A	
X							Lead (First Draw)	1	P	250ml	A	
X							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 G=Sodium Inosulfate H=Ascorbic Acid I=Loose Other/Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_  
 Standard Report + E2 PWSID#: \_\_\_\_\_

SUBCONTRACTED WORK  
 SEND TO: \_\_\_\_\_  
 DATE/TIME: \_\_\_\_\_  
 METHOD OF SHIPMENT: \_\_\_\_\_

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other: \_\_\_\_\_

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): <b>NICK CIOCHINO</b>	Signature: <i>Nick Ciocchino</i>	Date/Time: <b>04/25/2005 10:46</b>
Client/Client's Representative (PRINT): <b>MICHAEL G SMALEY</b>	Signature: <i>Michael G Smalley</i>	Date/Time: <b>4/29/05 10:04</b>
1. Received/Relinquished by (PRINT): <b>LINDA SCHNEIDER</b>	Signature: <i>Linda Schneider</i>	Date/Time: _____
2. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____

The Labby of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 Main Lab certified by NJ Dept. of Health, NJDEP-TNL NY Dept. of Health #11550 and PADEP #68-03680

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT! PRINTED NAMES & SIGNATURES ARE REQUIRED

# 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 Sparla Avenue, Sparla, NJ 07871 Tel: 973-729-1827  
 West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel: 908-537-7474

### CLIENT INFORMATION (DEPENDENT TO BENEFIT)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: (856-719-9180)

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: ARCHWAY ADMINISTRATION (280 JACKSON RD) ATCO NJ 08004

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP/REC'D AT LAB: 4/29/25 10:04 NJ EOC

GSL CLIENT # ARCOIL

MICRO #  
 CHEM # 25 G M 29 C 35 - 25

SAMPLE REC'D BY  
 GSL FIELD SAMPLER/PICK-UP  
 PICK-UP AT DROP-OFF LOCATION  
 DELIVERED BY CLIENT

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X	PBCUS DOWNSTAIRS KITCHEN SINK	04-25-2025	13	X		<input type="checkbox"/> Lead (First Draw)		1	P	250ml	A	
X						<input type="checkbox"/> Lead (First Draw)	(N.S)	1	P	250ml	A	
X						<input type="checkbox"/> Lead (First Draw)	(N.S)	1	P	250ml	A	
X						<input type="checkbox"/> Lead (First Draw)	(N.S)	1	P	250ml	A	
X						<input type="checkbox"/> Lead (First Draw)	(N.S)	1	P	250ml	A	

Container type: P = Plastic G = Glass A = Amber Glass I = Sterile I/ro 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 Iodosulfate H = Ascorbic Acid I = Locked Other/Specify:

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by:  
 REPORT FORMAT:  Standard Report  Other/Specify:  
 Standard Report + E2 PWSID#:

SUBCONTRACTED WORK  
 SEND TO:  
 DATE/TIME:  
 METHOD OF SHIPMENT:

**PAYMENT INFORMATION**  
 Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other: \*

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): NICK CIRCHINO Signature: [Signature] Date/Time: 04-25-2025 10:38 AM  
 Client/Client's Representative (PRINT): MICHAEL G. SMALLEY Signature: [Signature] Date/Time: 4/29/25 10:04  
 1. Received/Relinquished by (PRINT): LINDA SCHNEIDER Signature: [Signature] Date/Time: 4/29/25 10:04  
 2. Received/Relinquished by (PRINT): Signature: [Signature] Date/Time:

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 Main Lab certified by NJ Dept. of Health, NJDEP-TN1, NY Dept. of Health #11550 and PADEP #68-03680

CHAIN OF CUSTODY RECORD: PRESS HARD AND PRINT CLEARLY. USE BALL POINT PEN. IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED.

# 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: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: (856) 719-9180

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: ARCHWAY ADMINISTRATION 280 JACKSON RD ATCO NJ 08004

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		FIELD BLANK	01/25/25	8:07			Lead (First Draw)	1	P	250ml	A	
X		PBCU1 DOWNSTAIR WOMEN'S	04/25/25	8:08	X		Lead (First Draw)	1	P	250ml	A	
X		PBCU2 DOWNSTAIRS MEN'S	04/25/25	8:08	X	MS	Lead (First Draw)	1	P	250ml	A	
X		PBCU3 UPSTAIRS WOMEN'S	04/25/25	8:10	X	MS	Lead (First Draw)	1	P	250ml	A	
X		PBCU4 UPSTAIRS MEN'S	04/25/25	8:11	X	MS	Lead (First Draw)	1	P	250ml	A	

\*Container Type: P=Plastic G=Glass A=Amber Glass T=Sterile Thru 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 Iodide H=Ascorbic Acid I=Lead Other/Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_  
 Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other: \_\_\_\_\_  
 Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

SAMPLE CUSTODY EXCHANGE MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION  
 PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT): NICK CICHINO	Signature: <i>Nick Cichino</i>	
Client/Client's Representative (PRINT): MICHAEL G. SMALEY	Signature: <i>Michael G. Smalley</i>	Date/Time: 04-25-2025 10:48 AM
1. Received/Relinquished by (PRINT): Stephen Morshan	Signature: <i>Stephen Morshan</i>	Date/Time: 4/29/25 10:04
2. Received/Relinquished by (PRINT):	Signature:	Date/Time:

CHAIN OF CUSTODY RECORD - PRINTS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT - PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY  
 DATE/TIME/TEMP. REC'D AT LAB: 4/29/25 10:04 NO EOC  
 Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # **ARC011**  
 MICRO # \_\_\_\_\_  
 CHEM # **250429035-26-30**  
 SAMPLE REC'D BY: \_\_\_\_\_  
 GSI FIELD SAMPLER/PICK-UP  
 PICK-UP AT DROP-OFF LOCATION  
 DELIVERED BY CLIENT

# 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: 1050 Route 31 North, Glen Gardner, NJ 08826 Tel: 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB

4/29/25 10:04 No EOC

Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # **ARCOIL**

MICRO #

CHEM # **250429035-31-35-3**

SAMPLE REC'D BY:

FIELD SAMPLER/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

### CLIENT INFORMATION (ORIGIN TO BE SENT TO)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley

Mailing Address: 280 Jackson Rd. Phone: 267-400-1808

City/State/Zip: Atco, NJ 08004 Fax: **(856) 719-9180**

### SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION **ARCHWAY OT/SPEECH 280B JACKSON RD ATCO NJ 08004**

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X	FIELD BLANK	04/25/25	8:01	X		<input type="checkbox"/>		1	P	250ml	A	
X	PBCU1 HALL BATHROOM	04/25/25	8:02	X	M.S.	<input type="checkbox"/>		1	P	250ml	A	
X	PBCU2 KITCHEN SINK	04/25/25	8:03	X	M.S.	<input type="checkbox"/>		1	P	250ml	A	
X						<input type="checkbox"/>		1	P	250ml	A	
X						<input type="checkbox"/>		1	P	250ml	A	

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 Iodide H=Ascorbic Acid I=Lead Other/Specify: \_\_\_\_\_

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

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

Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

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

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

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): <b>NICK LICCHINO</b>	Signature: <i>[Signature]</i>	Date/Time: <b>04-25-2025 10:49</b>
Client/Client's Representative (PRINT): <b>MICHAEL G. SMALLEY</b>	Signature: <i>[Signature]</i>	Date/Time: <b>4/29/25 10:04 AM</b>
1. Received/Relinquished by (PRINT): <b>Stephen Marchon</b>	Signature: <i>[Signature]</i>	Date/Time: _____
2. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT - PRINTED NAMES & SIGNATURES ARE REQUIRED

# Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #10044  
 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: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: (856)-719-9180

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: ARCHWAY LIFE SKILLS (LOWER) 280 JACKSON RD ATCO NJ 08004

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X		FIELD BLANK 3	04/25/25	8:56	X		<input type="checkbox"/>		1	P	250ml	A	
X		PBCU1 UPSTAIRS ENTRY BATHROOM	04/25/25	8:57	X	MS	<input type="checkbox"/>		1	P	250ml	A	
X		PBCU2 UPSTAIRS KITCHEN STAIR	04/25/25	8:59	X	MS	<input type="checkbox"/>		1	P	250ml	A	
X		PBCU3 UPSTAIRS HALL BATHROOM	04/25/25	9:01	X	MS	<input type="checkbox"/>		1	P	250ml	A	
X							<input type="checkbox"/>		1	P	250ml	A	

\*Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile I/Ino 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 = Locked Other/Specify: \_\_\_\_\_

TURNAROUND TIME:  Standard  Rush (IF RUSH REQUESTED) Rush Due by: \_\_\_\_\_  
 REPORT FORMAT:  Standard Report  Other/Specify: \_\_\_\_\_  
 Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

Sampling/Pick-up Fee: \$  Composite Fee: \$  Rush Fee: \$ Amount Due: \$  
 Payment Method:  Credit Card Type:  Check #  Other: \_\_\_\_\_

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): <b>NICK CICCCHINO</b>	Signature: <i>Nick Cicchino</i>	
Client/Client's Representative (PRINT): <b>MICHAEL G. SMALLEY</b>	Signature: <i>Michael G. Smalley</i>	Date/Time: <b>04-25-2015 10:54 AM</b>
1. Received/Relinquished by (PRINT): <b>Stephen Marshon</b>	Signature: <i>Stephen Marshon</i>	Date/Time: <b>4/29/25 10:04</b>
2. Received/Relinquished by (PRINT):	Signature:	Date/Time:

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 Main Lab certified by NJ Dept. of Health, NJDEP-TN1, NY Dept. of Health #11550 and PADEP #68-03680

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT - PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY  
 DATE/TIME/TEMP. REC'D AT LAB: **4/29/25 10:04 10:05**  
 Page: \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT #: **ARCO1L**  
 MICRO # \_\_\_\_\_  
 CHEM #: **250429035-34-35-3**  
 SAMPLE REC'D BY: \_\_\_\_\_  
 GSL FIELD SAMPLER/PICK UP  
 PICK UP AT DROP OFF LOCATION  
 DELIVERED BY CLIENT

# 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 311 North, Glen Gardner, NJ 08826 Tel: 908-337-7414

### CLIENT INFORMATION (DEPOT TO BE SENT TO)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: 856-719-9180

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: ARCHWAY LOWER PRESCHOOL 196 JACKSON RD BERLIN NJ 08009

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
		Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X	FIELD BLANK 35-38	04/25/09	09:07	X		Lead (First Draw)	1	P	250ml	A	
X	PBCU1 KITCHEN SINK 35-36	04/25/09	09:09	X	MS	Lead (First Draw)	1	P	250ml	A	
X	PBCU2 HALL ADA BATHROOM	04/25/09	09:11	X	MS	Lead (First Draw)	1	P	250ml	A	
X	PBCU3 FRONT CLASS EAST BATH	04/25/09	09:12	X	MS	Lead (First Draw)	1	P	250ml	A	
X	PBCU4 FRONT CLASS WEST BATH	04/25/09	09:16	X	MS	Lead (First Draw)	1	P	250ml	A	

Container Type: P=Plastic G=Glass A=Amber Glass T=Sterile Tiro 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=Cooled Urine/Specify:

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

REPORT FORMAT:  Standard Report  Other/Specify:

Standard Report + E2 PWSID#:

### PAYMENT INFORMATION

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

Payment Method:  Credit Card Type:  Check #  Other:

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): NICK CIOCHINO	Signature: <i>Nick Ciochino</i>	
Client/Client's Representative (PRINT): MICHAEL G. SMALLEY	Signature: <i>Michael G. Smalley</i>	Date/Time: 04-25-2009 10:52 AM
1. Received/Relinquished by (PRINT): Stephen Morsha	Signature: <i>Stephen Morsha</i>	Date/Time: 4/25/09 10:04
2. Received/Relinquished by (PRINT):	Signature:	Date/Time: 04/24/09

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEANLY - USE BALL POINT PEN - IMPORTANT - PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 4/24/09 10:09 Mo. BOC

Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # : ARC011

MICRO # : \_\_\_\_\_

CHEM # : 250429035-38 35-6

SAMPLE REC'D BY : 35-6

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

# 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

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB

4/29/25 10:00 AM No. 806

**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: 908-357-7414

Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # **ARC01L**

MICRO # \_\_\_\_\_

CHEM # **25-179-35-38-35**

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: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: **(856) 719-9180**

**SAMPLE INFORMATION**

SAMPLE TYPE: DW  
 SAMPLE LOCATION: **ARCHWAY LOWER PRESCHOOL 196 JACKSON RD BERLIN NJ 08009**

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab #
		Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X	PBCU5 REAR CLASS EAST BATH	04/25/2025	09:17	X	MS	<input checked="" type="checkbox"/>	1	1	P	250ml	A	
X	PBCU6 REAR CLASS WEST BATH	04/25/2025	09:20	X	MS	<input checked="" type="checkbox"/>	1	1	P	250ml	A	
X						<input checked="" type="checkbox"/>	1	1	P	250ml	A	
X						<input checked="" type="checkbox"/>	1	1	P	250ml	A	
X						<input checked="" type="checkbox"/>	1	1	P	250ml	A	

Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thru 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 Inosinate H = Ascorbic Acid I = Lead Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

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

SEND TO: \_\_\_\_\_

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

DATE/TIME: \_\_\_\_\_

Standard Report + E2 PWSID#: \_\_\_\_\_

METHOD OF SHIPMENT: \_\_\_\_\_

**PAYMENT INFORMATION**

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

Payment Method:  Credit Card Type:  Check #  Other:

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): <b>NICK CICCHINO</b>	Signature: <i>Nick Cicchino</i>	Date/Time: <b>04-25-2025 10:53 AM</b>
Client/Client's Representative (PRINT): <b>MICHAEL G. SMALLEY</b>	Signature: <i>Michael G. Smalley</i>	Date/Time: <b>4/29/25 10:04</b>
1. Received/Relinquished by (PRINT): <b>Stephen Marston</b>	Signature: <i>Stephen Marston</i>	Date/Time: _____
2. Received/Relinquished by (PRINT): _____	Signature: _____	Date/Time: _____

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.  
 Main Lab certified by NJ Dept. of Health, NJDEP-TN, NY Dept. of Health #11550 and PADEP #68-03680

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED



# 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 (PLEASE PRINT)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley

Mailing Address: 280 Jackson Rd. Phone: 267-400-1808

City/State/Zip: Atco, NJ 08004 Fax: 856-719-7180

### SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION: ARCHWAY UPPER SCHOOL 185 RAYMOND AVE ELISHAM NJ 08053

Grab	Comp.	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab #
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		FIELD BLANK	04/25/25	07:03	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU1 CAFETERIA KIT SINK 1	04/25/25	07:05	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU2 CAFETERIA KIT SINK 2	04/25/25	07:07	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU3 CAREER KIT SINK	04/25/25	07:09	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU4 MIDDLE HALL BUBBLER	04/25/25	07:16	X	(MS)	Lead (First Draw)	1	P	250ml	A	

Container type: P=Plastic G=Glass A=Amber Glass T=Sterile Thru 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 Itriosulfate H=Ascorbic Acid I=Lead Other/Specify: \_\_\_\_\_

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

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

Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

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

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

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): NICK CUCCHINO	Signature: <i>Nick Cucchino</i>	
Client/Client's Representative (PRINT): MICHAEL G SMALLEY	Signature: <i>Mike Smalley</i>	Date/Time: 04/25/25 10:42 AM
1. Received/Relinquished by (PRINT): Megan Howanich	Signature: <i>Megan Howanich</i>	Date/Time: 4/25/25 10:04 AM
2. Received/Relinquished by (PRINT):	Signature:	Date/Time: 4/25/25

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT - PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY  
 DATE/TIME/TEMP. REC'D AT LAB: 4/25/25 10:04 No. 600  
 Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # ARCD11  
 MIGRO #  
 CHEM. # 25042-1035-41-45  
 SAMPLE REC'D BY:  
 GSL FIELD SAMPLER/PICK-UP  
 PICK-UP AT DROP OFF LOCATION  
 DELIVERED BY CLIENT

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 Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab. Cert. #15037  
 Tel: 908-273-8901/908-688-8900 Fax: 908-688-8966 www.gslabs.com info@gslabs.com

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB

4/29/25 10:04 No. 500

### Office and Drop off Locations

North Jersey Office: 425 Sparta Avenue, Sparta, NJ 07871 Tel: 913-729-1827  
 West Jersey Office: 2050 Route 31, North, Glen Gardner, NJ 08826 Tel: 908-537-7414

### CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley  
 Mailing Address: 280 Jackson Rd. Phone: 267-400-1808  
 City/State/Zip: Atco, NJ 08004 Fax: 856-719-9180

GSL CLIENT # **ARCOTL**

MICRO #

CHEM: **50429035-46-50**

SAMPLE REC'D BY

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

### SAMPLE INFORMATION

SAMPLE TYPE: DW  
 SAMPLE LOCATION: **ARCHWAY UPPER SCHOOL 185 RAYMOND AVE EVESHAM NJ 08053**

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)		CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM	<input type="checkbox"/> List attached	Total Pages	No.	Type*	Size	Pres.*	
X		PBCU5 CLASS 4 HS	04/25/25	07:19	X	(NS)	<input type="checkbox"/>		1	P	250ml	A	
X		PBCU6 CLASS 9 HS	04/25/25	07:21	X	(NS)	<input type="checkbox"/>		1	P	250ml	A	
X		PBCU7 NURSE RM ICE MAKER	04/25/25	07:24	X	(NS)	<input type="checkbox"/>		1	P	250ml	A	
X		PBCU8 GIRLS RR BY ROOM 4	04/25/25	07:27	X	(NS)	<input type="checkbox"/>		1	P	250ml	A	
X		PBCU9 BOYS RR BY ROOM 4	04/25/25	07:30	X	(NS)	<input type="checkbox"/>		1	P	250ml	A	

Container Type: P=Plastic G=Glass A=Amber Glass T=Sterile Thru 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 Trisulfate H=Ascorbic Acid I=Loose Other/Specify:

SUBCONTRACTED WORK

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

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

Standard Report + E2 PWSID#: \_\_\_\_\_

### PAYMENT INFORMATION

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

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

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

### 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): <b>NICK CICCHINDO</b>	Signature: <i>Nick Cicchindo</i>	
Client/Client's Representative (PRINT): <b>MICHAEL G SMALLEY</b>	Signature: <i>Michael G Smalley</i>	Date/Time: <b>04/25/2025 10:43 AM</b>
1. Received/Relinquished by (PRINT): <b>Megan Howanich</b>	Signature: <i>Megan Howanich</i>	Date/Time: <b>4/29/25 10:04</b>
2. Received/Relinquished by (PRINT):	Signature:	Date/Time:

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN - IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

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 West Jersey Office: 2050 Route 31, North Glen Gardner, NJ 08826 Tel: 908-337-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB

4/29/25 10:04 N. FOC

Page \_\_\_\_\_ of \_\_\_\_\_

GSL CLIENT # **ARC011**

MICRO #

CHEM # **250429035-51-55**

SAMPLE REC'D BY:

[GSL] FIELD SAMPLE/PICK-UP

PICK-UP AT DROP-OFF LOCATION

DELIVERED BY CLIENT

### CLIENT INFORMATION (PRINT TO BE SENT TO)

Name: Archway Schools Contact/Authorized by: Mike G. Smalley

Mailing Address: 280 Jackson Rd. Phone: 267-400-1808

City/State/Zip: Atco, NJ 08004 Fax: **856-719-9180**

### SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION **ARCHWAY UPPER SCHOOL 185 RAYMOND AVE EVESHAM NJ 08053**

Grab	Comp.	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION				Lab # Extension
			Date	Time	AM	PM		No.	Type*	Size	Pres.*	
X		PBCU15 GIRLS RR R BY ROOM 10	04/29/25	07:44	X		Lead (First Draw)	1	P	250ml	A	
X		PBCU16 BOYS RR R BY ROOM 10	04/29/25	07:45	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU17 BOYS RR C BY ROOM 10	04/29/25	07:46	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU18 GIRLS RR BY MEDIA CTR	04/29/25	07:47	X	(MS)	Lead (First Draw)	1	P	250ml	A	
X		PBCU19 BOYS RR BY MEDIA CTR	04/29/25	07:48	X	(MS)	Lead (First Draw)	1	P	250ml	A	

⇒ 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 = Loaded Other/Specify: \_\_\_\_\_

SUBCONTRACTED WORK

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

SEND TO:

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

DATE/TIME:

Standard Report + E2 PWSID#: \_\_\_\_\_

METHOD OF SHIPMENT:

### PAYMENT INFORMATION

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

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

Note: **LEAD SAMPLING FOR SCHOOL-BOE Regulations - \*IF BOTTLES ARE NOT FILLED TO THE 250ml LINE, THEY WILL BE REJECTED\***

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): <b>NICK CICCINO</b>	Signature: <i>Nick Ciccino</i>
Client/Client's Representative (PRINT): <b>MICHAEL G. SMALLEY</b>	Signature: <i>Michael G. Smalley</i> Date/Time: <b>04-25-2025</b>
1. Received/Relinquished by (PRINT): <b>Megan Howanich</b>	Signature: <i>Megan Howanich</i> Date/Time: <b>4/29/25 10:04</b>
2. Received/Relinquished by (PRINT):	Signature: _____ Date/Time: _____

CHAIN OF CUSTODY RECORD PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN  
 IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

