



Garden State Laboratories, Inc.

Report of Analysis

410 Hillside Ave.
Hillside, NJ 07205

Telephone: 800-273-8901
Email: info@gsllabs.com
Internet: www.gsllabs.com

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 School - JM
280 Jackson Road

Atco, NJ 08004

Attention: Mike Smalley

Client Number: ARC01

Laboratory Director:

Report Date: 07/08/2025

Sample ID: Lab Sample ID: 250626054-01 PWSID Number: NJ0313300
Site: Cafeteria Kit Sink 1 Collection Date/Time: 06/23/2025 12:33 Facility ID: DS
Matrix: Potable water Sample Type: Grab Site Code: PBCU01

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0543 mg/l	1.3	0.0100	0.0048	20044	06/30/25 14:54	
Lead, Total Recoverable	EPA 200.9		1	0.00116 mg/l	0.015	0.00100	0.00055	20044	07/06/25 10:09	

Sample ID: Lab Sample ID: 250626054-02 PWSID Number: NJ0313300
Site: Cafeteria Kit Sink 2 Collection Date/Time: 06/23/2025 12:41 Facility ID: DS
Matrix: Potable water Sample Type: Grab Site Code: PBCU02

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0758 mg/l	1.3	0.0100	0.0048	20044	06/30/25 14:58	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	07/06/25 10:17	

Sample ID: Lab Sample ID: 250626054-03 PWSID Number: NJ0313300
Site: Career Kitchen Sink Collection Date/Time: 06/23/2025 12:46 Facility ID: DS
Matrix: Potable water Sample Type: Grab Site Code: PBCU03

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0313 mg/l	1.3	0.0100	0.0048	20044	06/30/25 15:02	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	07/06/25 10:20	

Sample ID: Lab Sample ID: 250626054-04 PWSID Number: NJ0313300
Site: Middle Hall Bubbler Collection Date/Time: 06/23/2025 12:51 Facility ID: DS
Matrix: Potable water Sample Type: Grab Site Code: PBCU04

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0946 mg/l	1.3	0.0100	0.0048	20044	06/30/25 15:06	
Lead, Total Recoverable	EPA 200.9		1	0.00237 mg/l	0.015	0.00100	0.00055	20044	07/06/25 10:23	



Garden State Laboratories, Inc.

Sample ID: Lab Sample ID: 250626054-05 PWSID Number: NJ0313300
Site: Class 4 HS Collection Date/Time: 06/23/2025 12:55 Facility ID: DS
Matrix: Potable water Sample Type: Grab Site Code: PBCU05

Analyte	Method	SM YR	DF	Sample Result	MCL	Rep. Limit	MDL	Lab Cert No.	Analysis Date/Time	Qualifiers
Copper, Total Recoverable	EPA 200.7		1	0.0229 mg/l	1.3	0.0100	0.0048	20044	06/30/25 15:09	
Lead, Total Recoverable	EPA 200.9		1	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	07/06/25 10:25	

*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: 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:

6/26/25 12:42 No EOC

Page _____ of _____

GSL CLIENT # ARC01C

MICRO #

CHEM. # 250626054-01-05

SAMPLE REC'D BY:

☐ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Archway School c/o Admin Building

Contact/Authorized by: Mike Smalley/McGowan

Mailing Address: 280 Jackson Road

Phone: 856-767-5705/Cell 267-400-1808

City/State/Zip: Atco, NJ 08004

Email: mike.smalley@archway

programs.org

SAMPLE INFORMATION

SAMPLE TYPE: DW

SAMPLE LOCATION: UPPER SCHOOL - 185 Raymond Ave, Evesham NJ 08083

Grab/Comp

SAMPLE ID

SAMPLE COLLECTION

Date Time AM PM

ANALYSIS REQUIRED (Print Legibly)

☐ List attached Total Pages _____

CONTAINER INFORMATION

No. Type* Size Pres.*

Lab #

X

PBCU01 CAF KIT SINK 1

6-23-25 12:33

✓

Lead & Copper (First Draw)

1

P

IL

A

X

PBCU02 CAF KIT SINK 2

6-23-25 12:41

✓

Lead & Copper (First Draw)

1

P

IL

A

X

PBCU03 CAREER KIT SINK

6-23-25 12:46

✓

Lead & Copper (First Draw)

1

P

IL

A

X

PBCU04 MIDDLE HALL BUBBLER

6-23-25 12:51

✓

Lead & Copper (First Draw)

1

P

IL

A

X

PBCU05 CLASS 4 HAS

6-23-25 12:55

✓

Lead & Copper (First Draw)

1

P

IL

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 Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

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

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify: _____

☒ Standard Report + E2 PWS NJ0313300

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$

☐ Composite Fee: \$

☐ Rush Fee: \$

Amount Due: \$

Payment Method: ☐ Credit Card Type: _____

☐ Check #

☐ Other: See Quote

Note:

Copy of Results to McGowan LLC *IF BOTTLES ARE NOT FILLED TO THE 1000ml 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): MICHAEL G. SMALEY

Signature: _____

Client/Client's Representative (PRINT): MICHAEL G. SMALEY

Signature: _____

Date/Time: 06-23-2025 14:00

1. Received/Relinquished by (PRINT): Andrew Balle

Signature: _____

Date/Time: 6-26-25 9:03

2. Received/Relinquished by (PRINT): Megan Howard

Signature: _____

Date/Time: 6/26/25 12:42

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-TNI, 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