



### CERTIFICATE OF ANALYSIS

**Customer :** Garden State Environmental  
555 South Broad Street, Suite K  
Glen Rock, NJ 07452

**Project ID :** Marion P. Thomas Select Academy #6712  
**PAS Project ID :** P17-1638

**Matrix :** Drinking Water  
**Report Date :** 4/25/2017

PAS Sample ID	Client ID	Analysis	Results	Units	DF	PQL	MDL	MCL	Method	Date Sampled	Date Analyzed
P17-1638-01	MA-1-WC-01A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:08	4/19/17 10:40
P17-1638-02	MA-1-WC-02A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:08	4/19/17 10:48
P17-1638-03	MA-1-S-03A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:10	4/19/17 11:01
P17-1638-04	MA-1-S-01A	Lead	3.08	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:13	4/19/17 11:14
P17-1638-05	MA-1-S-02A	Lead	1.97	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:15	4/19/17 11:18
P17-1638-06	MA-2-WC-03A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:18	4/19/17 11:22
P17-1638-07	MA-2-WC-04A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:18	4/19/17 11:26
P17-1638-08	MA-2-S-04A	Lead	0.859	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:20	4/19/17 11:30
P17-1638-09	MA-3-WC-05A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:23	4/19/17 11:35
P17-1638-10	MA-3-WC-06A	Lead	ND	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:24	4/19/17 11:39
P17-1638-11	MA-3-S-05A	Lead	18.3	ug/L	2	4.00	0.850	15.0 *	SM 3113 B	4/8/17 06:29	4/19/17 12:55
P17-1638-12	MA-3-S-06A	Lead	85.9	ug/L	10	20.0	4.25	15.0 *	SM 3113 B	4/8/17 06:30	4/19/17 13:00
P17-1638-13	MA-3-S-07A	Lead	155	ug/L	20	40.0	9.50	15.0 *	SM 3113 B	4/8/17 06:31	4/19/17 13:04
P17-1638-14	MA-4-8-F8A	Lead	0.593	ug/L	1	2.00	0.425	15.0 *	SM 3113 B	4/8/17 06:34	4/19/17 12:09

Except for the parameters tested, PAS makes no representation as to the fitness or quality of the water sample taken.

PQL = Practical Quantitation Limit  
MDL = Minimum Detection Limit  
MCL = Maximum Contaminant Level  
DF = Dilution Factor  
ND = Analyzed for but not detected  
J = Estimated result  
\* Federal Action Level

All samples are analyzed in accordance with New Jersey Department of Environmental Protection Protocol

Mark D. Feitelson, Lab. Director

# Johnson Controls

200 Forge Way  
 Rockaway, NJ 07866  
 (973) 586-4418 Fax (973) 586-4413

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT  
 BUREAU OF SAFE DRINKING WATER**

**Quarterly Physical Connection Test and Maintenance Report**

**For Physical Connection Permit No.**  
 (Please fill out form for each device)

1st  2nd  3rd  4th    
 QUARTER QUARTER QUARTER QUARTER INITIAL  
 4/2 / 6-30 7/2 / 9-30 10/1 / 12-31 1-1 / 3-31 TEST

4/12/19  
 DATE OF TEST

TO: \_\_\_\_\_  
WATER PURVEYOR

and TO: \_\_\_\_\_  
HEALTH AUTHORITY

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and certified to comply with these rules and regulations.

Make of Device AMES Size 3" - 1/2" SS  
 Model Number 4000-SS Located at 88-108 SHIPMAN ST  
 Serial Number 1255780911 NEWARK - MARION THOMAS  
 Type of Device  DC  RP CHARTER School - MECHANICAL  
ROOM CAPETERIA

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
1st check	2nd check				
Initial Test	DG-Closed Tight <input type="checkbox"/> DC- _____ psid RP- _____ psid Leaked <input checked="" type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/> SHUTOFF VALVE #2 Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Bypass used <input type="checkbox"/>	Opened at _____ psid	OK <input type="checkbox"/>  Failed <input type="checkbox"/>	OK <input type="checkbox"/>  Failed <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair Assembly	DC-Closed Tight <input type="checkbox"/> DC- _____ psid RP- _____ psid	Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	DC-Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>

The above is certified to be true.

Firm \_\_\_\_\_ and/or

WITNESSING AUTHORITY (ies)

Certified Tester Name Sallad Freeman  
TYPE OR PRINT

Health \_\_\_\_\_  
PRINT NAME TITLE

Cert. Tester No. 51 Exp. Date 12-30-20

Water \_\_\_\_\_  
SIGNATURE

Water \_\_\_\_\_  
PRINT NAME TITLE SIGNATURE

# Johnson Controls

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 Rockaway, NJ 07866  
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**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER SUPPLY ELEMENT  
 BUREAU OF SAFE DRINKING WATER  
 Quarterly Physical Connection Test and Maintenance Report**

For Physical Connection Permit No. \_\_\_\_\_  
 (Please fill out form for each device)

1st  2nd  3rd  4th    
 QUARTER QUARTER QUARTER QUARTER INITIAL  
 4/2 / 6-30 7/2 / 9-30 10/1 / 12-31 1-1 / 3-31 TEST

4/13/19  
 DATE OF TEST

TO: \_\_\_\_\_  
WATER PURVEYOR

and TO: \_\_\_\_\_  
HEALTH AUTHORITY

Attn: Physical Connection Section

The backflow prevention device hereon has been tested and maintained as required by N.J.A.C. 7:10-10.1 et seq. and certified to comply with these rules and regulations.

Make of Device AMES Size 12"  
 Model Number 2000 SS Located at 88-108 SHIPM W ST.  
 Serial Number 21N1398 NEWARK - M ROW THOMAS  
 Type of Device  DC  RP CHARTER SCHOOL - MECH. RM  
CAFETERIA

	PRESSURE TEST			INTERNAL INSPECTION	
	Reduced Pressure Devices			Double Check Devices	
	Double Check Devices		Relief Valve	1st check	2nd check
1st check	2nd check				
Initial Test	DC-Closed Tight <input checked="" type="checkbox"/> DC- <u>1.2</u> psid RP- _____ psid Leaked <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> <u>1.2</u> psid Leaked <input type="checkbox"/> SHUTOFF VALVE #2 Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> Bypass used <input type="checkbox"/>	Opened at _____ psid	OK <input type="checkbox"/>  Failed <input type="checkbox"/>	OK <input type="checkbox"/>  Failed <input type="checkbox"/>
Repairs and Materials Used			<u>E</u>		
Test After Repair Assembly	DC-Closed Tight <input type="checkbox"/> DC- _____ psid RP- _____ psid	Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	DC-Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>

The above is certified to be true.

Firm \_\_\_\_\_  
NAME  
 \_\_\_\_\_  
ADDRESS  
 Certified Tester Name Jared Egan  
TYPE OR PRINT  
 \_\_\_\_\_  
SIGNATURE

and/or

WITNESSING AUTHORITY (ies)

Health \_\_\_\_\_  
PRINT NAME TITLE  
 \_\_\_\_\_  
SIGNATURE  
 Water \_\_\_\_\_  
PRINT NAME TITLE  
 \_\_\_\_\_  
SIGNATURE

Cert. Tester No. 10056 Exp. Date 11-3