

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

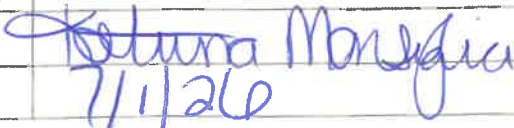
Name of Child Care Center:		License ID: <u>007TU7T9001</u>	
Tutor Time			
Site Address	Building # and Street:	Municipality:	County:
of Center:	481 Northfield Ave	West Orange	Essex
Sponsor/Sponsor Representative:		Phone Number:	Email:
Katrina Marsiglia		(973)731-2590	kmarsiglia@tutortime.com

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

Sampling Date(s): <u>6/13/2025</u>	
1.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
List of NJ Certified Laboratories: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?isExternal=y&getCategory=y&catName=Certified+Laboratories	
2.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is there an onsite water outlet assessment in accordance with technical guidance?
Drinking Water Outlet Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx	
3.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is there a floor plan in accordance with technical guidance?
Example Floor Plan	
4.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Sample Date: <u>6/13/25</u> 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?
Types of Water Outlets: https://www.epa.gov/dwre/3ts-reducing-lead-drinking-water-testing	
5.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: <u>6/13/25</u> Were at least 50% of all indoor water faucets utilized by the center sampled?
6.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?
Sampling Order Vignette	
8.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
Water Stagnation Vignette: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx	
9.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf	
10.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
Sample Collection Vignette: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf	
11.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were only cold water samples collected?

12.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?	Pre Stagnation Flushing Log: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx
13.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?	Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx
14.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 µg/L)?	
15.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was use of all drinking water outlets immediately discontinued?	
16.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was bottled water provided for drinking and food preparation?	
17.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?	
18.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) have a follow-up flush sample conducted?	
19.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was the local health office notified of results?	
20.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1500 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?	Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc
21.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?	
22.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?	
23.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?	
24.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A Sample Date:	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.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?	
26.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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)	Katrina Marsiglia
Signature:	
Signature Date:	7/1/20

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

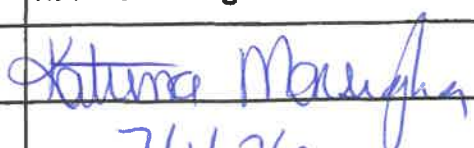
DRINKING WATER TESTING STATEMENT OF ASSURANCE

• PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM •

Name of Child Care Center: Tutor Time		License ID: 00TTUTO 001
Site Address (Building # and Street): 481 Northfield Ave		
Municipality: West Orange	County: Essex	
Sponsor/Sponsor Representative: Katrina Marsiglia		Phone #: (973) 731-2590
Sponsor/Sponsor Representative Email: kmarsiglia@tutortime.com		
Additional Contact Person:		Phone #:
Title: Director	Email: kmarsiglia@tutortime.com	

1. The center, as described 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 described 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)	Katrina Marsiglia
Signature:	
Signature Date:	7/1/26

Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Tutor Time

Address: 481 Northfield Ave, West Orange, NJ 07052

Grade Levels: Infant - Kindergarten

Year School Constructed: _____

Renovated/Additions: _____

Individual school project officer Name/Signature: _____

Date Completed: 6/13/25

#1	Type	Location	Code	Operational ² (Y/N)	Signs of Corrosion ³ (Y/N)	Filter ⁴ (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator or Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
1	Kitchen Sink	Kitchen	1 KS	Y	N	N	Y	Y	N	N			
2	Kitchen Hand Sink	Kitchen	2 - HS	Y	N	N	Y	Y	N	N			
3	Hand Sink	Classroom 126	3 KS	Y	N	N	Y	Y	N	N			
4	Hand Sink	Classroom 118	4 KS	Y	N	N	Y	Y	N	N			
5	Kitchen Sink	Pantry	5 - HS	Y	N	N	Y	Y	N	N			
6	Hand Sink	Classroom 112	6 KS	Y	N	N	Y	Y	N	N			
7	Hand Sink	Classroom 115	7 KS	Y	N	N	Y	Y	N	N			
8	Kitchen Sink	Village	8 - KS	Y	N	N	Y	Y	N	N			

¹ Number outlets starting at the closest outlet to the Point of Entry (POE).

² Document if permanently or temporarily out of service on the Attachment B- Plumbing Profile.

³ Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.

⁴ Document on Attachment D- Filter Inventory.

9	Hand Sink	Classroom 212	9 - KS	Y	N	N	N	Y	Y	N	N				
10	Hand Sink	Classroom 211	10 - HS	Y	N	N	N	Y	Y	N	N				
11	Hand Sink	Classroom 208	11 - HS	Y	N	N	N	Y	Y	N	N	Y	N	N	N
12	Hand Sink	Classroom 203	12 - HS	Y	N	N	N	Y	Y	N	N	Y	N	N	N
13	Hand Sink	Classroom 204	13 - HS	Y	N	N	N	Y	Y	N	N	Y	N	N	N

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

CERTIFICATE OF ANALYSIS

Sarah Holle

McGowan Well Water Compliance

Mgt. LLC

213 Lakeview Avenue

Rinowood, NJ 07456

Project Name and Number:

Daycare PbCu Samples / Tutor Time W. Orange

Workorder:

25F1692

Purchase Order:

July 01, 2025

This report relates only to the sample(s) as received by the laboratory on June 13, 2025. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your Pace Analytical Services, LLC-Fairfield project coordinator.

Note: This cover page is included as part of the Analytical Report and must be retained as a permanent record thereof.



Sherry A. Flyte, Project Manager

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25F1692-01

Matrix: Drinking Water

Date Collected: 06/13/2025 00:11

Sample ID: 1KS

Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0293		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 07:59	07/01/2025 07:59	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 07:59	07/01/2025 07:59	1

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Lab ID: 25F1692-02
Sample ID: 2HS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:12
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0203		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 08:04	07/01/2025 08:04	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 08:04	07/01/2025 08:04	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-03
Sample ID: 3KS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:13
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0113		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 08:08	07/01/2025 08:08	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 08:08	07/01/2025 08:08	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25F1692-04
Sample ID: 4 KS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:14
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0226		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 08:13	07/01/2025 08:13	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 08:13	07/01/2025 08:13	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-05

Matrix: Drinking Water

Date Collected: 06/13/2025 00:15

Sample ID: SKS

Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0156		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 08:18	07/01/2025 08:18	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 08:18	07/01/2025 08:18	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-06

Matrix: Drinking Water

Date Collected: 06/13/2025 00:16

Sample ID: 6KS

Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0225		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 08:23	07/01/2025 08:23	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 08:23	07/01/2025 08:23	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-07
Sample ID: 7KS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:17
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0162		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 10:55	07/01/2025 10:55	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 10:55	07/01/2025 10:55	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-08
Sample ID: 8KS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:18
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0214		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 11:00	07/01/2025 11:00	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 11:00	07/01/2025 11:00	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-09
Sample ID: 9KS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:19
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0289		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 11:05	07/01/2025 11:05	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 11:05	07/01/2025 11:05	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-10
Sample ID: 10KS

Matrix: Drinking Water

Date Collected: 06/13/2025 00:20
Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0212		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 11:09	07/01/2025 11:09	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 11:09	07/01/2025 11:09	1

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Lab ID: 25F1692-11

Matrix: Drinking Water

Date Collected: 06/13/2025 00:21

Sample ID: 11KS

Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0186		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 11:14	07/01/2025 11:14	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 11:14	07/01/2025 11:14	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-12

Matrix: Drinking Water

Date Collected: 06/13/2025 00:22

Sample ID: 12KS

Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0308		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 11:19	07/01/2025 11:19	1
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 11:19	07/01/2025 11:19	1

Pace Analytical Services, LLC-Fairfield
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Lab ID: 25F1692-13

Matrix: Drinking Water

Date Collected: 06/13/2025 00:23

Sample ID: 13KS

Date Received: 06/13/2025 13:30

Total Metals - Pace Analytical Services, LLC-Fairfield

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0442		mg/L	0.00220	0.00600	EPA 200.8	07/01/2025 11:24	07/01/2025 11:24	1
Lead	0.00239		mg/L	0.000492	0.00200	EPA 200.8	07/01/2025 11:24	07/01/2025 11:24	1

Pace Analytical Services, LLC-Fairfield
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Qualifiers

U Compound not detected

Abbreviations

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the Reporting Detection Limit (RDL)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
<	Less than reporting limit
≤	Less than or equal to reporting limit
>	Greater than reporting limit
≥	Greater than or equal to reporting limit
MDL	Method Detection Limit
RDL	Reporting Detection Limit
MCL/AL	Maximum Contaminant Level/Action Level
mg/kg wet	Results reported as wet weight
TTL	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

Pace Analytical Services, LLC-Fairfield
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Laboratory Certification List for this report.

Laboratory	Certification				
	NJ	NY	PA	CT	
Pace Analytical Services, LLC Ewing 812 Silvia Street Ewing, NJ 08628	11005	12046	68-05417		
Pace Analytical Services, LLC-Fairfield 1275 Bloomfield Ave, Ste 37D Fairfield, NJ 07004	07010	11634	68-02903		



Sample Condition U Form (SCUR)

25F1692

Affix Sample I

Date and Initials of person:

Examining contents:

Label:

Deliver to location:

pH:

Thermometer Used 111205 Date 6/13/25 Time 16:23 Initials: DAD

State of Origin NJ

Cooler #1 Temp: °C 5.2 (Visual) 0 (Correction Factor) 5.2 (Actual) ☐ Samples on ice cooling process has begun

Courier: ☐ Fed Ex ☐ UPS ☒ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☐ Ground

☐ Other

Tracking #

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals Intact: ☐ Yes ☐ No Ice: ☐ Wet ☐ Blue ☐ Melted ☐ None

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other

Samples were collected by Pace employee ☐ Yes ☒ No ☐ N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampler Name and Signature on COC	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Rush TAT requested on COC	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Sufficient Volume	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Correct Containers Used	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Containers Intact	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sample Vials match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Exceptions: Vials, Microbiology, O&G, Metals			
Headspace in VOA Vials? (>6mm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Additional Log-In Comments:

Client notification/Resolution

Person Contacted:

Comments/Resolution:

Date/Time



25F1692
McGowan Well Water Compliance Nitr. LL
Daycare Pb/Cu Samples Tutor Time W. Ora
169204 Water Off Color for reproduction

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CHAIN-OF-CUSTODY Analytical Request Document
Customer Name: McGowan Water Compliance LLC
Customer Address: 1147 Greenwood Lane, Turlock, CA 95354
Customer Phone: 519 941 4411
Customer Email: info@mcgowanwater.com

Sample Name: Tutor Time W. Orange
Sample ID: 169204
Sample Volume: 100 mL
Sample Date: 6/13/25
Sample Time: 13:09
Sample Location: 1147 Greenwood Lane, Turlock, CA 95354

Customer Signature: [Signature]
Customer Title: [Title]
Customer Company: McGowan Water Compliance LLC

Analyst Signature: [Signature]
Analyst Title: [Title]
Analyst Company: [Company]

Sample Comments:

Sample ID	Sample Name	Sample Volume	Sample Date	Sample Time	Sample Location	Sample Comments
169204	Tutor Time W. Orange	100 mL	6/13/25	13:09	1147 Greenwood Lane, Turlock, CA 95354	

EXCEPT CANISTER OR BAG SAMPLES



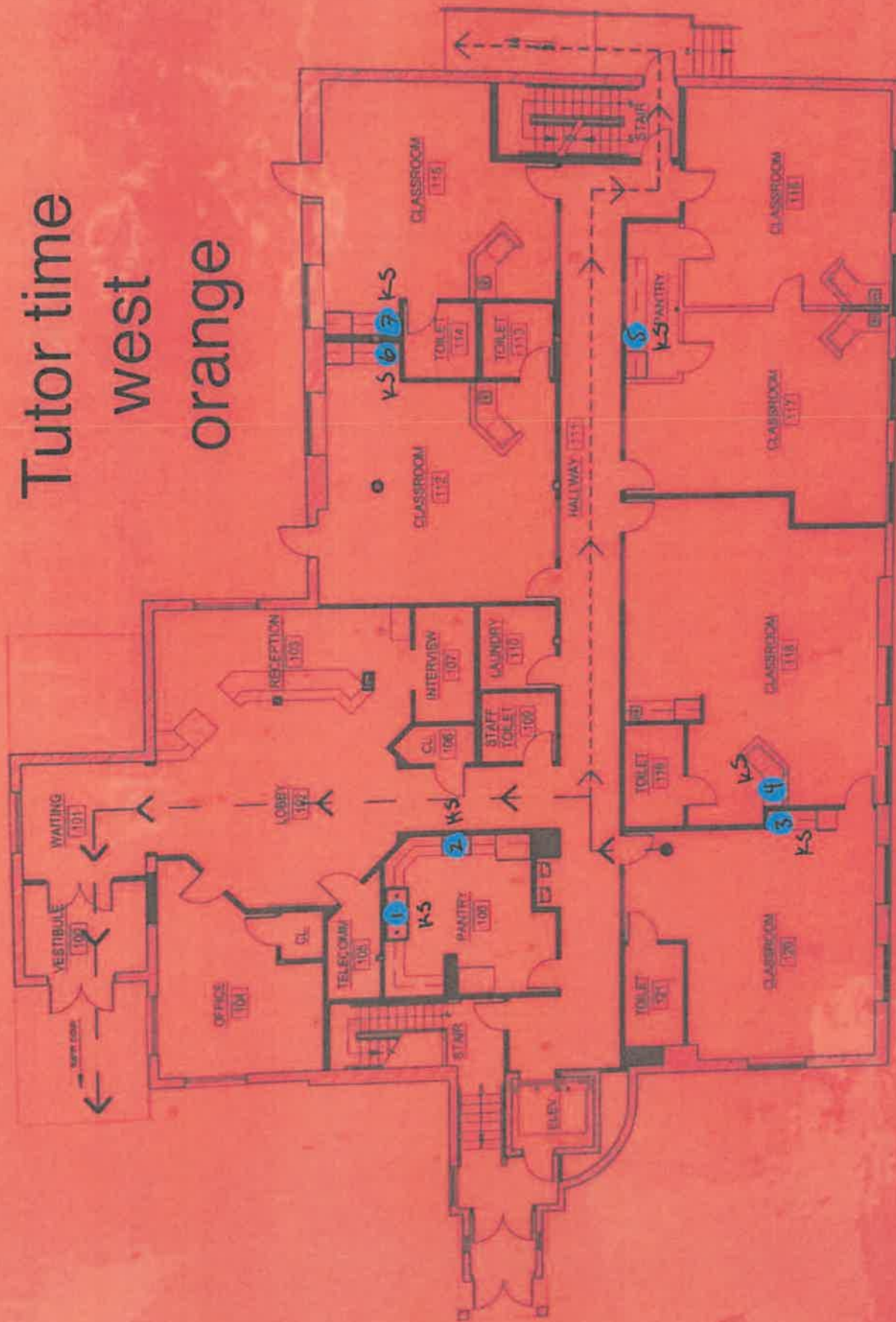
EXCEPT CANISTER OR BAG SAMPLES

[illegible]

Tutor time

west

orange



Tutor Time West Orange second floor

