



Luke Schroeder

Lead Consulting and Inspection, Inc.

NJ Dept. of Health Lead Permits

Inspector/Risk Assessor #001615

Plan/Designer #001609

Supervisor/Housing & Public Building #001537

Supervisor/Commercial Bldg. & Steel Structures #007837

NJ Dept. of Community Affairs Lic. #00121-E

Water Certification

Name: Ellen Goldberg
JCC of Bayonne
1050 Kennedy Blvd.
Bayonne, NJ 07002
Phone:

Inspection Address: 1050 Kennedy Blvd
Bayonne, NJ 07002

Inspection date: January 15, 2021

Water Outlet Tested:

Lower Level	Right Bath	Sink	Pass
Lower Level	Left Bath	Sink	Pass
Lower Level	Teachers' Lounge	Sink	Pass
1 st floor	Men's Room	Right Sink	Pass
1 st floor	Men's Room	Left Sink	Pass
1 st floor	Gym	Fountain	Pass
1 st floor	Ladies Room	Right Sink	Pass
1 st floor	Ladies Room	Left Sink	Pass
1 st floor	Kitchen	Sink	Pass
2 nd floor	Ladies Room	Left Sink	Pass
2 nd floor	Ladies Room	Sink 3 rd from Left	Pass
2 nd floor	Hallway	Fountain	Pass

Certification: Drinking water meets EPA Standards
< Copper 1300 <PPB Lead 15 PPB
See reports from (Phoenix Environmental Laboratories, Inc.)

Operator License: 00121-E

G. Luke Schroeder
NJ dept of Health ID# 001537



PHILIP D. MURPHY
Governor

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
LEAD HAZARD UNIT

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

LOCATION
101 SOUTH BROAD STREET
TRENTON, NEW JERSEY 08618

MAILING ADDRESS
PO BOX 821
TRENTON, NJ 08625-0821

Certificate - Lead Evaluation Contractor

This is to certify that the Department of Community Affairs has

() CERTIFIED
(XX) RECERTIFIED

LEAD CONSULTING & INSPECTION
784 MORRIS TURNPIKE
SUITE 329
SHORT HILLS, NJ 07078

To act as a Lead Evaluation Contractor on the following projects

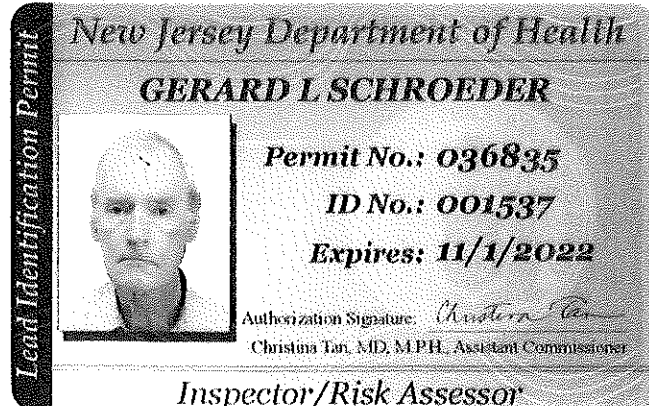
Residential
Public Buildings
Comm/Steel Structure

Cert # 00121 E

Effective Date: MAY 1, 2019

Date of Expiration: APRIL 30, 2021

Certificate Type: 2 YEAR



Sincerely,

O. Tex Falajiki
Supervisor of Certification
Lead Hazard Unit



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: JCC of Bayonne		License ID:	
Site Address of Center:	Building # and Street: 1050 Kennedy Blvd	Municipality: BAYONNE	County: Hudson
Sponsor/Sponsor Representative:		Phone Number:	Email:

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

Sampling Date(s):	JANUARY 15, 2021
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO VERBAL	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 1/15/21	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?
5. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date: 1/15/21	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?
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?
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?
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?
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input type="checkbox"/> YES <input type="checkbox"/> NO NO Flushing	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (15 µg/L) or copper (1300 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 (1300 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 (1300 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 (1300 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 (1300 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 (1300 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 (1300 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
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)	
Signature:	<i>Ellen Goldkey</i>
Signature Date:	9/1/2022

DRINKING WATER TESTING RESOURCES
<p>Schools - Lead Sampling Information http://www.nj.gov/dep/watersupply/schools.htm</p> <p>Lead Sampling in Schools Technical Guidance FAQs http://www.nj.gov/dep/watersupply/pdf/leadfaq.pdf</p> <p>3Ts for Reducing Lead in Drinking Water: Testing https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing</p> <p>Quick Reference Guide Sampling For Lead in Drinking Water in Schools: http://www.nj.gov/dep/watersupply/pdf/quickref.pdf</p> <p>List of NJ Certified Laboratories: https://www13.state.nj.us/DataMiner/Search/SearchByCategory?IsExternal=y&getCategory=y&catName=Certified+Laboratories</p> <p>Drinking Water Outlet Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx</p> <p>Sampling Water Use Certification: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx</p> <p>Filter Inventory Form: http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx</p> <p>Results Letter Template: http://www.nj.gov/dep/watersupply/doc/resultsletter.doc</p>

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: <i>Bayonne Jewish Community Center</i>		License ID: <i>09BAY0002</i>
Site Address (Building # and Street): <i>1050 Kennedy Boulevard</i>		
Municipality: <i>Bayonne</i>	County: <i>Hudson</i>	
Sponsor/Sponsor Representative: <i>Dr. Ellen Goldberg</i>		Phone #: <i>201.436.6900</i>
Sponsor/Sponsor Representative Email: <i>ellen@jccbayonne.org</i>		
Additional Contact Person:		Phone #:
Title:	Email:	

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)	<i>Dr. Ellen Goldberg</i>
Signature:	<i>Ellen Goldberg</i>
Signature Date:	<i>9/1/2022</i>