



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: Princeton Child Development Institute
300 Cold Soil Rd.

Princeton, NJ 08540

Laboratory Director:

Attention: Nicolette Kennedy

Client Number: PRI17C

Report Date: 03/27/2026

Sample ID: Princeton Child Development Institute 300 Cold Soil Rd, Princeton NJ 08540 / Field Blank
Lab Sample ID: 260323034-01

Site: Collection Date/Time: 03/20/2026 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	< 0.00100 mg/l	0.015	0.00100	0.00055	20044	03/26/26 13:25	

Sample ID: Princeton Child Development Institute 300 Cold Soil Rd, Princeton NJ 08540 / Central Kitchen Sink
Lab Sample ID: 260323034-02

Site: Collection Date/Time: 03/20/2026 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 200.8		1	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	03/26/26 15:25	

Sample ID: Princeton Child Development Institute 300 Cold Soil Rd, Princeton NJ 08540 / South wing Kitchen Sink
Lab Sample ID: 260323034-03

Site: Collection Date/Time: 03/20/2026 07:50

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	< 0.00100 mg/l	0.015	0.00100	0.00032	20044	03/26/26 15:29	

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

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Princeton Child Development Institute Contact/Authorized by: Nicolette Kennedy
 Mailing Address: 300 Cold Soil Rd. Phone: 609-924-6280
 City/State/Zip: Princeton, NJ, 08540 Fax:

SAMPLE INFORMATION

SAMPLE TYPE: DW
 SAMPLE LOCATION: Princeton Child Development Institute-300 Cold Soil Rd. Princeton, NJ, 08540

GrabComp	SAMPLE ID	SAMPLE COLLECTION			ANALYSIS REQUIRED (Print Legibly)			CONTAINER INFORMATION			Lab # Extension
		Date	Time	AM PM	List attached	Total Pages	No.	Type*	Size	Pres.*	
X	Field Blank	3/23/26	7:46	✓		34-01	1	P	250ml	A	
X	Central Kitchen Sink	3/20/26	7:48	✓		34-02	1	P	250ml	A	
X	South Wing Kitchen Sink	3/20/26	7:50	✓		34-03	1	P	250ml	A	

*Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Vial 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 = L-Ascorbic Acid J = L-Ascorbic Acid K = L-Ascorbic Acid L = L-Ascorbic Acid M = L-Ascorbic Acid N = L-Ascorbic Acid O = L-Ascorbic Acid P = L-Ascorbic Acid Q = L-Ascorbic Acid R = L-Ascorbic Acid S = L-Ascorbic Acid T = L-Ascorbic Acid U = L-Ascorbic Acid V = L-Ascorbic Acid W = L-Ascorbic Acid X = L-Ascorbic Acid Y = L-Ascorbic Acid Z = L-Ascorbic Acid

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

REPORT FORMAT: Standard Report Other/Specify: _____

PAYMENT INFORMATION

Sampling/Pick-up Fee: \$ _____ Composite Fee: \$ _____ Rush Fee: \$ _____ Other: _____
 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* (\$100 Pick Up/Delivery Fee Added)

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):	Signature:	Date/Time:
Nicolette Kennedy	Nicolette Kennedy	3/23/26 15:38
Nicolette Kennedy	Nicolette Kennedy	3/23/26 10:40
Florian Frank	Florian Frank	3/23/26 15:38
F. FRANKS	F. FRANKS	3/23/26 15:38

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 Main Lab certified by NJ Dept. of Health, NJDEP-TNI, NJ Dept. of Health #11550 and PADEP #68-03680

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 3/23/26 15:38 14C

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GSL CLIENT # PRI17C

MICRO #

CHEM. # 260523034-01-03

SAMPLE REC'D BY: [Signature]

GSL FIELD SAMPLER/PICK-UP

PICK-UP AT DROP OFF LOCATION

DELIVERED BY CLIENT

SEND TO: SUBCONTRACTED WORK

DATE/TIME: _____

METHOD OF SHIPMENT: _____

Amount Due: \$ 250

Chain of Custody Record - Press Hard and Print Clearly - Use Ball Point Pen

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED