



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: Bogart Memorial School
265 Larch Avenue
Bogota, NJ 07603
Phone:

Inspection Address: 263 Larch Avenue
Bogota, NJ 07603

Inspection date: September 20, 2022

Water Outlet Tested:	1 st floor / Girls Bath / Left sink	Pass
	1 st floor / Kitchen / Left sink	Pass
	1 st floor / Kitchen / Right sink	Pass
	1 st floor / Hallway / Water fountain	Pass
	2 nd floor / Classroom 1 / Classroom sink	Pass

EPA Standard: Copper <1300 PPB Lead <15 PPB

Certification: Drinking water meets EPA Standards
See reports from *(Phoenix Environmental Laboratories, Inc.)*

Operator License: 00121-E

G. Luke Schroeder
NJ dept of Health ID# 001537



PHILIP D. MURPHY

GOVERNOR
LOCATION
101 S BROAD ST
TRENTON, NJ 08646

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

LEWIS AND CLARK

LEAD HAZARD UNIT
MAILING ADDRESS
101 S BROAD ST
TRENTON, NJ 08646

Certificate - Lead Evaluation Contractor

RECERTIFIED

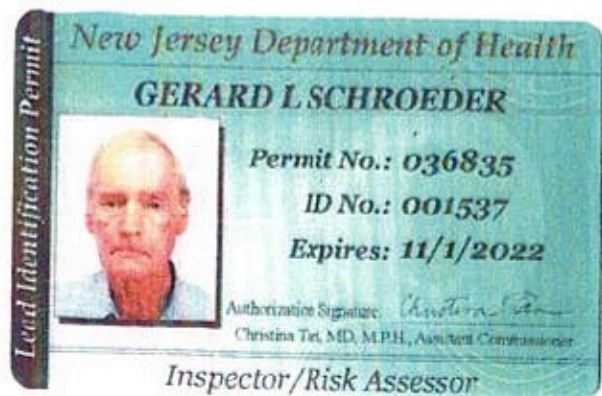
This is to certify that the Department of Community Affairs has certified

LEAD CONSULTING & INSPECTION
219 MAIN STREET PO BOX 814
CHATHAM NJ 07928

To act as a Lead Evaluation Contractor on the following Projects

Residential
Public Buildings
Comm/Steel Structure

Cert #: 00121-E
Effective Date: 6/1/2021
Expiration Date: 5/31/2023
Certificate Type: 2 YEAR



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: Bogart Memorial School		License ID:	
Site Address of Center:	Building # and Street: 265 LARCH AVENUE	Municipality: Bogota	County: BERGEN
Sponsor/Sponsor Representative:		Phone Number:	Email:

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

Sampling Date(s):	September 20, 2022
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: 9/20/22	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: 9/20/22	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 3 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 checked="" 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?