

ABS ENVIRONMENTAL GROUP, LLC

January 16, 2025

Mr. Mark Prusina
New Beginning School
28 Dwight Place
Fairfield, NJ 07004
mtnmmp@gmail.com

**RE: *Lead & Copper In Drinking Water Results ~ Potable Water Sources
New Beginnings School, 28 Dwight Place, Fairfield, NJ***

Dear Mr. Prusina:

We are hereby pleased to provide you with the lead and copper in water testing results that were taken of the New Beginnings School on December 4, 2024.

We conducted this water testing in order to document the amount of lead and copper in drinking water outlets throughout the school.

During our testing, a total of 23 samples were taken from sinks, fountains, ice makers etc. Analysis was performed by EMSL Analytical, Inc., 200 Route 130 North, Cinnaminson, NJ.

FINDINGS

The Lead EPA Action Level of greater than 15 ug/L = 15 parts per billion and Copper Action greater than 1,300 PPB ug/L.

The lab did not detect any lead concerns nor did they detect copper concentrations greater than the EPA Action Level listed above.

If you need to discuss these findings, please call me at 973-583-8500. It has been a pleasure to provide you with this service.

Sincerely,

ABS ENVIRONMENTAL GROUP, LLC



Scott Higgins

**CHMM ~ Certified Hazardous Materials Manager
NJ Lead Inspector/Risk Assessor #039608
NJ Lead Supervisor #040431
Lead Evaluation Contractor #00812-E
USEPA Lead Supervisor LBP-S-1524-1**

PO Box 483
Glenwood, NJ 07418
absenv@warwick.net

**EMSL ANALYTICAL INC.
200 ROUTE 130 NORTH
CINNAMINSON, NJ 08077**

POTABLE WATER RESULTS

CERTIFICATE OF ANALYSIS

012439466

**NEW BEGINNINGS SCHOOL
28 DWIGHT PLACE
FAIRFIELD, NJ**

JANUARY 09, 2025

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
 Telephone: 856-858-4800 Fax: 856-786-5974
 EMSL-CIN-01

EMSL Order ID: 012439466**LIMS Reference ID:** AC39466**EMSL Customer ID:** ABSG36

Attention: Scott Higgins
 ABS Environmental Group, LLC [ABSG36]
 PO Box 483
 Glenwood, NJ 07418
 (973) 583-8500
 absenv@warwick.net

Project Name: New Beginnings School , 28 Dwight Place,
 Fairfield, NJ

Customer PO:
EMSL Sales Rep: Justin Monturano
Received: 12/05/2024 09:00
Reported: 01/09/2025 20:27

Analytical Results**(Continued)**

Analyte	Result	Q	DF	RL	Units	Prepared Date/Time	Analyzed Date/Time	Analyst Initials	Prep /Analytical Method
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Sample: ABS-NB-08 (Continued) Lims Reference ID: AC39466-08 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals (Continued)

Copper	ND	1	35	µg/L	12/11/24 10:12	12/12/24 22:00	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:00	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-09 Lims Reference ID: AC39466-09 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

Copper	110	1	35	µg/L	12/11/24 10:12	12/12/24 22:03	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:03	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-10 Lims Reference ID: AC39466-10 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

Copper	180	1	35	µg/L	12/11/24 10:12	12/12/24 22:05	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:05	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-11 Lims Reference ID: AC39466-11 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

Copper	160	1	35	µg/L	12/11/24 10:12	12/12/24 22:07	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:07	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-12 Lims Reference ID: AC39466-12 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

Copper	100	1	35	µg/L	12/11/24 10:12	12/12/24 22:14	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:14	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-13 Lims Reference ID: AC39466-13 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

Copper	170	1	35	µg/L	12/11/24 10:12	12/12/24 22:16	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:16	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-14 Lims Reference ID: AC39466-14 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

Copper	140	1	35	µg/L	12/11/24 10:12	12/12/24 22:23	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND	1	1.00	µg/L	12/11/24 10:12	12/12/24 22:23	JW1	EPA 200.8 (DA)/EPA 200.8

Sample: ABS-NB-15 Lims Reference ID: AC39466-15 Matrix: Drinking Water Sampled: 11/30/24 10:00:00

Metals

**EMSL Analytical, Inc.**

200 Route 130, Cinnaminson, NJ, 08077
 Telephone: 856-858-4800 Fax: 856-786-5974
 EMSL-CIN-01

EMSL Order ID: 012439466

LIMS Reference ID: AC39466

EMSL Customer ID: ABSG36

Attention: Scott Higgins
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 (973) 583-8500
 absenv@warwick.net

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 Fairfield, NJ

Customer PO:
EMSL Sales Rep: Justin Monturano
Received: 12/05/2024 09:00
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Analytical Results

(Continued)

Analyte	Result	Q	DF	RL	Units	Prepared Date/Time	Analyzed Date/Time	Analyst Initials	Prep /Analytical Method
Sample: ABS-NB-15 (Continued) Lims Reference ID: AC39466-15 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals (Continued)									
Copper	160		1	35	µg/L	12/11/24 10:12	12/12/24 22:26	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/11/24 10:12	12/12/24 22:26	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-16 Lims Reference ID: AC39466-16 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									
Copper	200		1	35	µg/L	12/11/24 10:12	12/12/24 22:28	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/11/24 10:12	12/12/24 22:28	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-17 Lims Reference ID: AC39466-17 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									
Copper	260		1	35	µg/L	12/11/24 10:12	12/12/24 22:30	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/11/24 10:12	12/12/24 22:30	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-18 Lims Reference ID: AC39466-18 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									
Copper	68		1	35	µg/L	12/11/24 10:12	12/12/24 22:32	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/11/24 10:12	12/12/24 22:32	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-19 Lims Reference ID: AC39466-19 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									
Copper	38		1	35	µg/L	12/11/24 10:12	12/12/24 22:35	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/11/24 10:12	12/12/24 22:35	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-20 Lims Reference ID: AC39466-20 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									
Copper	40		1	35	µg/L	12/11/24 10:12	12/12/24 22:37	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/11/24 10:12	12/12/24 22:37	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-21 Lims Reference ID: AC39466-21 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									
Copper	74		1	35	µg/L	12/12/24 17:37	12/12/24 21:03	JW1	EPA 200.8 (DA)/EPA 200.8
Lead	ND		1	1.00	µg/L	12/12/24 17:37	12/12/24 21:03	JW1	EPA 200.8 (DA)/EPA 200.8
Sample: ABS-NB-22 Lims Reference ID: AC39466-22 Matrix: Drinking Water Sampled: 11/30/24 10:00:00									
Metals									



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Received: 12/05/2024 09:00
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Analytical Results
(Continued)

Analyte	Result	Q	DF	RL	Units	Prepared Date/Time	Analyzed Date/Time	Analyst Initials	Prep /Analytical Method	
Sample: ABS-NB-22 (Continued)			Lims Reference ID: AC39466-22 Matrix: Drinking Water				Sampled: 11/30/24 10:00:00			
Metals (Continued)										
Copper	250	1		35	µg/L	12/12/24 17:37	12/12/24 21:06	JW1	EPA 200.8 (DA)/EPA 200.8	
Lead	ND	1		1.00	µg/L	12/12/24 17:37	12/12/24 21:06	JW1	EPA 200.8 (DA)/EPA 200.8	
Sample: ABS-NB-23			Lims Reference ID: AC39466-23 Matrix: Drinking Water				Sampled: 11/30/24 10:00:00			
Metals										
Copper	250	1		35	µg/L	12/12/24 17:37	12/12/24 21:08	JW1	EPA 200.8 (DA)/EPA 200.8	
Lead	ND	1		1.00	µg/L	12/12/24 17:37	12/12/24 21:08	JW1	EPA 200.8 (DA)/EPA 200.8	



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Certified Analyses included in this Report

Analyte	Certifications
EPA 200.8 in Drinking Water	
Copper	NJDEP
Lead	NJDEP

List of Certifications

Code	Description	Number	Expires
PADEP	Pennsylvania Department of Environmental Protection	68-00367	11/30/2025
NYSDOH	New York State Department of Health	10872	04/01/2025
NJDEP	New Jersey Department of Environmental Protection	03036	06/30/2025
MADEP	Massachusetts Department of Environmental Protection	M-NJ337	06/30/2025
CTDPH	Connecticut Department of Public Health	PH-0270	06/23/2026
California ELAP	California Water Boards	1877	06/30/2025
AIHA LAP	EMSL Analytical, Inc. Cinnaminson, NJ AIHA-LAP, LLC-ELLAP Accredited	100194	01/01/2025
A2LA	A2LA Environmental Certificate	2845.01	07/31/2026

Please see the specific Field of Testing (FOT) on www.emsl.com <<http://www.emsl.com>> for a complete listing of parameters for which EMSL is certified.



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Notes and Definitions

Item	Definition
D	Analyte was reported from a dilution run.
(Dig)	For metals analysis, sample was digested.
[2C]	Reported from the second channel in dual column analysis.
DF	Dilution Factor
MDL	Method Detection Limit.
ND	Analyte was NOT DETECTED at or above the detection limit.
NR	Spike/Surrogate showed no recovery.
Q	Qualifier
RL	Reporting Limit
Wet	Sample is not dry weight corrected.

Measurement of uncertainty and any applicable definitions of method modifications are available upon request. Per EPA NLLAP policy, sample results are not blank corrected.

Owen McKenna Laboratory Manager or other approved signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted.



Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

EMSL ANALYTICAL, INC.

EMSL Analytical, Inc.
200 RL 130 N
Cinnaminson, NJ 08077

PHONE: (800) 220-3675
EMAIL: EnvChemistry2@EMSL.com

AC 39466

Customer ID: <u>ABF-G-36</u>		Billing ID:												
Company Name: <u>ABF Service on mental Group</u>		Company Name:												
Contact Name: <u>Scott Heggans</u>		Billing Contact:												
Street Address: <u>PO Box 483 Cleonard NJ</u>		Street Address:												
City, State, Zip: <u>PO Box 483 Cleonard NJ</u>		City, State, Zip:												
Country: <u>USA</u>		Country:												
Phone: <u>(908) 583-8500</u>		Phone:												
Email(s) for Report: <u>ABFenv@tuanusck.net</u>		Email(s) for Invoice:												
Project Name/No: <u>New Beginning School 28 Dought Place Fable Field</u>		Purchase Order:												
EMSL LIMS Project ID: (If applicable, EMSL will provide)		State of Connecticut (CT) must select project location: Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable) <input type="checkbox"/>												
Samples for Compliance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		PWS ID: <input type="checkbox"/> Yes <input type="checkbox"/> No												
If Yes, for NPDES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		State Reporting Required? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Samples Collected by (Check One): <input type="checkbox"/> EMSL <input checked="" type="checkbox"/> CLIENT		Sample(s) Temperature Upon Receipt (LAB ONLY)												
Sampled By Name: <u>Scott Heggans</u>		No. of Samples in Shipment												
Standard Turn-Around-Time: <input checked="" type="checkbox"/> 2 Weeks		1 Week <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 1 Day <input type="checkbox"/>												
The following TAT's are subject to Lab approval. Call lab to confirm TAT before submittal.														
List Test(s) Needed (Write in test below, then check on sample line.)														
Client Sample ID	Date / Time Collected	Grab	Comp	Matrix	Preservative	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8	Comments
<u>ABF-NB-01</u>	<u>11/08/24</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DW</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>COND upper</u>
<u>02</u>	<u>10 AM</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>↓</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<u>03</u>	<u>↓</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>↓</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<u>04</u>	<u>↓</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>↓</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Reporting Requirements: <input checked="" type="checkbox"/> Results Only <input type="checkbox"/> Results and QC		Reduced Deliverables <input type="checkbox"/> HZ results EDD <input type="checkbox"/> Excel <input type="checkbox"/> Other (Describe Above) <input type="checkbox"/>												
Method of Shipment: <u>Hand Delivered</u>		Sample Condition Upon Receipt: <input type="checkbox"/> Received on Ice? <input type="checkbox"/> Check if Yes: <input type="checkbox"/>												
Relinquished by: <u>cr</u>		Received by: <u>OPC</u>												
Relinquished by: <u>cr</u>		Date/Time: <u>12/4/2024 2:43 PM</u>												
Controlled Document - COC-07 Chemistry R13 05/31/2024		Date/Time: <u>12/4/2024 2:43 PM</u>												

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic means. I agree to the terms and conditions of EMSL Analytical, Inc. constituting the entire agreement for the collection, analysis, and reporting of samples to EMSL Analytical, Inc. constituting the entire agreement for the collection, analysis, and reporting of samples to EMSL Analytical, Inc.)

acc preserved



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

AC 39466

EMSL Analytical, Inc.
200 Rt. 130 N
Cinnaminson, NJ 08077

PHONE: (800) 220-3675
EMAIL: EnvChemistry@EMSL.com

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information.
Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix DW=Drinking Water WW=Waste Water S=Soil A=Air SL=Sludge O=Other	Preservative 1 HCl 2 HNO3 3 H2SO4 4 ICE 5 Other <small>Describe below in Special Instructions</small>	List Test(s) Needed (Write in test below, then check on sample line:)								Comments		
						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8			
NS-NS-05	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/30/04	DW	2	low copper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
06	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/04		2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
07	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
08	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
09	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Method of Shipment: hand delivered

Relinquished by: [Signature] Date/Time: 12/4/2004 2:42pm

Relinquished by: [Signature] Date/Time: 12/4/2004 2:42pm

Received on lot? Check if Yes:

Controlled Document - COC-07 Chemistry R13 05/31/2004

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

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						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8	Test 9	Test 10			
105-NB-13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/30/04	DW	2	Lead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/04		2	Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Method of Shipment:

Hand delivered

Relinquished by:

Sample Condition Upon Receipt:

Received on Ice? Check if Yes:

Relinquished by:

Received by:

Date/Time

Date/Time

12/4/2004 2:42pm

Controlled Document - C00-07 Chemistry R13 05/31/2024

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.



Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

EMSL Analytical, Inc.
200 Rt. 130 N
Cinnaminson, NJ 08077

EMSL ANALYTICAL, INC.

PHONE: (800) 220-3675
EMAIL: EnvChemistry2@EMSL.com

AC 39466

Customer Information

Customer ID: AB5-6-36

Company Name: New Beginning School

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Country: _____

Email(s) for Report: _____

Billing Information

Billing ID: _____

Company Name: _____

Billing Contact: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Country: _____

Email(s) for Invoice: _____

Project Name/No: New Beginning School

EMSL LIMS Project ID: _____

(If applicable, EMSL will provide)

Samples for Compliance? Yes No

If Yes, for NPDES? Yes No

Other (Specify) _____

Samples Collected by (Check One): EMSL CLIENT

Samples Received Chilled? Yes No

Sampled By Name: A. Sub...

Sampled By Signature: _____

US State where samples collected: _____

State of Connecticut (CT) must select project location: Commercial (Taxable) Residential (Non-Taxable)

PWS ID: _____

State Reporting Required? Yes No

Sample(s) Temperature Upon Receipt (LAB ONLY) _____

No. of Samples in Shipment: _____

Turn-Around-Time (TAT)

Standard Turn-Around-Time: 2 Weeks 1 Week 3 Days 4 Days 2 Days 1 Day

The following TAT's are subject to Lab approval. Call lab to confirm TAT before submittal.

List Test(s) Needed (Write in test below, then check on sample line:)

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed							Comments		
						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7		Test 8	
<u>AB5-NB-21</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>11/30/24</u>	<u>DW</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<u>22</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1/10/25</u>	<u>DW</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<u>23</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>DW</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.):

Reporting Requirements:

Method of Shipment: Results Only Results and QC Reduced Deliverables HZresults EDD Excel Other (Describe Above)

Relinquished by: [Signature]

Relinquished by Date/Time: 1/17/25

Received by: [Signature]

Received by Date/Time: 12/14/2024 2:42pm

Received on Ice?

Check if Yes:



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

PHONE: (800) 220-3675
EMAIL: EnvChemistry2@EMSL.com

AC 39466

Customer ID: ABT-G-36 Billing ID: AB5536

Company Name: ABT Environmental Group Company Name:

Contact Name: Scott Heggson Billing Contact:

Street Address: P.O. Box 483 Glenwood NY Street Address:

City, State, Zip: 983-583-8500 City, State, Zip: Country: USA

Phone: ABTenv@tuanusd.net Phone:

Email(s) for Report: ABTenv@tuanusd.net Email(s) for Invoice:

Project Name/No: new beginning school 28 Dwyght Place FARRFIELD Purchase Order:

EMSL LIMS Project ID: State of Connecticut (CT) must select project location:
 Commercial (Taxable) Residential (Non-Taxable)

Samples for Compliance? Yes No PWS ID: State Reporting Required? Yes No

Samples Collected by (Check One): EMSL CLIENT Other (Specify)

Sampled By Name: Scott Heggson Sampled By Signature: [Signature]

Standard Turn-Around-Time: The following TAT's are subject to Lab approval. Call lab to confirm TAT before submital:

1 Week 2 Weeks 3 Days 4 Days 1 Day

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (Write in test below, then check on sample line.)							Comments	
						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7		Test 8
ABT-NB-01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11/05/24	DW	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10 AM	↓	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
03	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		↓	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		↓	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.):

Reporting Requirements: Results Only Results and QC Reduced Deliverables HZ results EDD Excel Other (Describe Above)

Method of Shipment: Hand Delivered Sample Condition Upon Receipt: Received on Ice? Check if Yes:

Relinquished by: [Signature] Date/Time: Received by: [Signature] Date/Time: 12/4/2024 2:42pm

Relinquished by: [Signature] Date/Time: Received by: [Signature] Date/Time: 12/4/2024 8:10 pm

Controlled Document - COC-07 Chemistry R13.0631/2024 AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes agreement to these terms and conditions.

Page 1 of 2

Rec'd preserved



EMSL ANALYTICAL, INC.

Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

AC 39466

EMSL Analytical, Inc.
200 Rt. 130 N
Cinnaminson, NJ 08077

PHONE: (800) 220-3675
EMAIL: EnvChemist72@EMSL.com

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix	Preservative	List Test(s) Needed (Write in test below, then check on sample line.)								Comments	
						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8		
NS-NB-05	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11/30/04	DW	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
06	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1/1/05		2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
07	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
08	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
09	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Method of Shipment: Hand delivered

Retinquired by: [Signature] Date/Time: 12/4/2004 2:42 PM

Retinquired by: [Signature] Date/Time: 12/4/2004 2:42 PM

Received on Ice? Check if Yes

Controlled Document - COC-07 Chemistry R13 05/31/2024

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Environmental Chemistry Chain of Custody

EMSL Order Number / Lab Use Only

AC 39466

EMSL Analytical, Inc.
200 Rt. 130 N
Cinnaminson, NJ 08077

PHONE: (800) 220-3675
EMAIL: EnvChemistry2@EMSL.com

EMSL ANALYTICAL, INC.

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information
Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

Client Sample ID	Comp	Grab	Date / Time Collected	Matrix DW=Drinking Water WW=Waste Water S=Soil A=Air SL=Sludge O=Other	Preservative 1 HCL 2 HNO3 3 H2SO4 4 ICE 5 Other <small>Describe below in Special Instructions</small>	List Test(s) Needed (Write in test below, then check on sample line.)								Comments	
						Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7	Test 8		
105-NB-13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/30/04	DW	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/02		2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Method of Shipment: Hand delivered

Relinquished by: _____ Date/Time: _____

Relinquished by: _____ Date/Time: _____

Sample Condition Upon Receipt: _____ Received by: [Signature] Date/Time: 12/14/2004 2:42pm

Received on Ice? Check if Yes: _____ Date/Time: _____

Controlled Document - CQC-07 Chemistry R13 05/31/2024

AGREE TO ELECTRONIC SIGNATURE (By checking, I consent to signing this Chain of Custody document by electronic signature.)

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**ABS ENVIRONMENTAL GROUP, LLC
PO Box 483, GLENWOOD, NJ 07418**

LICENSES & CERTIFICATIONS

CERTIFIED HAZARDOUS MATERIALS MANAGER

LEAD INSPECTOR/RISK ASSESSOR #039608

LEAD SUPERVISOR #040431

USEPA CERTIFICATION LBP-S-1524-1

USEPA LEAD SAFE CERTIFIED FIRM

**EPA/HUD MODEL LEAD BASED PAINT RENOVATION
REPAIR, RENOVATOR LICENSE**



THIS CERTIFIES THAT

Andrew Higgins

HAS SUCCESSFULLY MET ALL THE REQUIREMENTS OF EDUCATION, EXPERIENCE AND EXAMINATION, AND IS HEREBY DESIGNATED A

CERTIFIED HAZARDOUS MATERIALS MANAGER®

CHMM®

9/1/2009

DATE OF CERTIFICATION

04417

CREDENTIAL NUMBER

8/31/2029

CERTIFICATION EXPIRES

EUGENE A. GUILFORD, JR., CAE
EXECUTIVE DIRECTOR



VERIFIABLE AS AUTHENTIC AT https://online.chmm.org/hmmssa/censascustknp_query_page



ANSI National Accreditation Board
ACCREDITED
PERSONNEL CERTIFICATION BODY


Accredited by the ANSI National Accreditation Board and the Council of Engineering and Scientific Specialty Boards



Lead Identification Permit

New Jersey Department of Health

ANDREW S. HIGGINS



Permit No.: 039608
ID No.: 000139
Expires: 6/11/2025


Authorization Signature: *Christina Tan*
Christina Tan, MD, M.P.H., Assistant Commissioner

Inspector/Risk Assessor

New Jersey Department of Health

ANDREW S HIGGINS

Lead Identification Permit




Permit No.: 040431
ID No.: 000139
Expires: 6/12/2023

Authorization Signature: *Christina Ten*
Christina Ten, MD, MPH, Assistant Commissioner

Supervisor - Housing & Public Buildings

CONGRATULATIONS

Andrew Scott Higgins

*has successfully completed the U.S. Department
of Housing and Urban Development,
Office of Healthy Homes and Lead Hazard Control* 

VISUAL ASSESSMENT COURSE

pursuant to 24 Code of Federal Regulations Part 35.

*Jonette G. Hawkins
Director, Program Management and Assurance Division
Office of Healthy Homes and Lead Hazard Control*



U.S. Department of Housing and Urban Development



PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

LOCATION
101 S BROAD ST
TRENTON NJ 08611

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

JACQUELYN A. SUAREZ
Acting Commissioner

MAILING ADDRESS
PO BOX 816
TRENTON NJ 08626

4/23/2024

00812-E

ABS ENVIRONMENTAL GROUP, LLC
4 E.GATE DRIVE, PO BOX 483
GLENWOOD NJ 07418

Dear ANDREW SCOTT HIGGINS

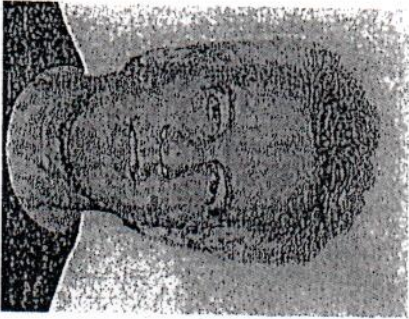
Enclosed is the certification necessary for your firm to work as a Lead Evaluation Contractor in New Jersey. If you have any questions or need additional information, please call at (609) 633-6224.

Sincerely,

O. Tex Falajiki
Supervisor of Certification
Lead Hazard Unit

United States Environmental Protection Agency

This is to certify that



Andrew S Higgins

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226 as:

Supervisor

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

This certification is valid from the date of issuance and expires

August 31, 2025

LBP-S-1524-1

Certification #

August 17, 2022

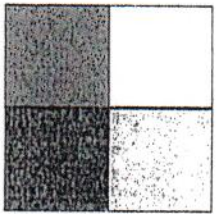
Issued On

A handwritten signature in black ink that reads "Ben Conetta".

Ben Conetta, Chief

Chemicals and Multimedia Programs Branch





JEW
CORPORATION

The Environmental Company SM

THIS CERTIFICATION OF ATTENDANCE AND SUCCESSFUL COMPLETION

Renovate, Repair, and Painting Refresher – English

Per 40 CFR Part 745.225

Andrew Higgins

PO Box 646
Glenwood, NJ 07418
Identification Number: R-R-18342-20-00005

Course Date: **1/21/2020**
Examination Date: **1/21/2020**
Date Issued: **1/21/2020**
Expiration Date: **1/21/2025**



LEW Corporation

181 US HIGHWAY 46 MINE HILL, NJ
PHONE: (908) 654-8068 FAX: (908) 654-8069

Lee Wasserman, Training Manager/Principal Instructor