

2020-2021 Lead Testing Program Statement of Assurance-Non-Lead Testing Year

Complete this SOA if your school district, charter school, renaissance school, jointure commission, educational services commission, approved private school for students with disabilities acting under contract to provide educational services on behalf of New Jersey public school districts, state-funded early childcare facilities (included contracted child care and Head Start programs) pursuant to N.J.A.C. 6A:13A, and receiving schools as defined by N.J.A.C. 6A:14-7.1(a) has not conducted lead testing in the 2020-2021 school year.

You will be required to enter the date of the most recent lead testing conducted in accordance with the technical guidelines established by the NJ Department of Environment Protection.

nter Your Name *								
Dan Castles								
2. Enter Today's Date *								
06/22/2021	1111							
3. Entity Type *								
APSSD								
including ESC & Jointures) Charter/Renaissance								
Early Childcare Facility								
County ID - District, ESC, Jointures & Charter/Renaissance Schools								
4. County ID - District (including ESC & Jointures) For Charter/Renaissance schools, select "CHARTERS (80)" *								
ATLANTIC (1)								
BERGEN (3)								
BURLINGTON (5)								
CAMDEN (7)								

	CAPE MAY (9)
	CHARTERS (80)
	CUMBERLAND (11)
	ESSEX (13)
	GLOUCESTER (15)
	HUDSON (17)
	HUNTERDON (19)
	MERCER (21)
	MIDDLESEX (23)
	MONMOUTH (25)
	MORRIS (27)
	OCEAN (29)
	PASSAIC (31)
	SALEM (33)
	SOMERSET (35)
	SUSSEX (37)
	UNION (39)
	WARREN (41)
HUD	SON (17)
5. Sel	ect your Entity (District; ESC; Jointures) *
	BAYONNE CITY (220)
	EAST NEWARK BORO (1200)
	GUTTENBERG TOWN (1850)
	HARRISON TOWN (2060)
	HOBOKEN CITY (2210)
	HUDSON COUNTY VOCATIONAL (2295)
	JERSEY CITY (2390)
	KEARNY TOWN (2410)
	NORTH BERGEN TWP (3610)
	SECAUCUS TOWN (4730)
	UNION CITY (5240)
	WEEHAWKEN TWP (5580)
	MEST NEW YORK TOWN (5670)

Statement of Assurance - (Non-Lead Testing Year)

The school district, charter school, renaissance school, jointure commission, educational services commission, approved private school for students with disabilities acting under contract to provide educational services on behalf of New Jersey public school districts, state-funded early childcare facilities pursuant to N.J.A.C. 6A:13A, and receiving schools as defined by N.J.A.C. 6A:14-7.1(a) (hereinafter collectively referred to as "Covered Entity"), has reviewed N.J.A.C 6A:26 requiring testing for lead in drinking water and has provided assurance that the development and implementation of a testing program has been completed in accordance with the technical guidelines established by the NJ Department of Environmental Protection. Additionally, all
guidelines established by the NJ Department of Environmental Protection. Additionally, all notifications of test results have been provided consistent with this subchapter, including the requirement to make the test results publicly available on the District's website.

7.	The	Covered	Entity	will	continue	to fu	Illy in	plement	the	N.J.A	A.C.	6A:26-	12.4	regulation	ons.

8	. The Covered Entity will maintain compliance with all applicable laws, codes, and regulations
	governing the provision of potable drinking water and testing of drinking water for lead
	including, but not limited to, N.J.A.C. 6A:26-12.4; the Safe Drinking Water Act, N.J.S.A. 58:12A-1 et
	seq., and the rules promulgated pursuant thereto, N.J.A.C. 7:10 and N.J.A.C. 6A:26-6, Planning and
	Construction Standards for School Facilities.

9	P. The date of the most recent lead testing conducted in accordance with the technical	guidelines
	established by the NJ Department of Environment Protection was: *	

	10/5/2016	
10.	0. Website Where Your Lead Testing Results are Posted *	
	www.bboed.org	
11.	1. Address of Covered Entity (Street, City, State, Zip Code): *	
	669 Avenue A Bayonne City NJ 07002	
12.	2. Name of Covered Entity Lead or Superintendent *	
	Dan Castles	

13. Telephone #: *

	201-858-5800
14.	Email: *
	dcastles@bboed.org
15.	Alternate Contact Person: *
	Tom Fogu
16.	Alternate Telephone #: *
	201-858-5802
17.	Alternate Title: *
	Assistant Business Administrator
18.	Alternate Email: *
	tfogu@bboed.org
	Certification: By selecting "yes" below, the Covered Entity Lead or Superintendent certifies that all statements above are true and correct: *
	Yes - All statements above are true and correct
	○ No
This	content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the acy or security practices of its customers, including those of this form owner. Never give out your password.
The	ered by Microsoft Forms owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive

 $https://forms.office.com/Pages/ResponsePage.aspx?id=EnNPSwndWUm2ZtW6bcj0tOKetE_2CnhKrBNrET4eCAVUQVJRMIA3TTNJWVk3V1IzT0RG...$

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