Converse Laboratories, Inc.
800 Starbuck Ave. Suite B101
Watertown, NY 13601
(315) 788-8388

N.Y.S. Approved ELAP
ID: 10708

U.S.P.H. Certified
36144

* Laboratory Report Form *

Sylvia Lake Association
1 Indian Head Trail
Gouverneur, NY 13642

Client ID 7607185
Attention: William deLorraine
Report Date 06/06/2018

Sample ID: 01804903 Sample Type: Lake Water
Sample Date: 06/04/18 Sample Time: 0820 Sample Site: Pumphouse Bay
Received Date: 06/04/18 Received Time: 0950 Sampled By: W.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	16.0 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT
TOTAL COLIFORM	410.6 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT

Sample ID: 01804904 Sample Type: Lake Water
Sample Date: 06/04/18 Sample Time: 0735 Sample Site: Outlet
Received Date: 06/04/18 Received Time: 0950 Sampled By: W.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	7.4 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT
TOTAL COLIFORM	435.2 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT

Sample ID: 01804905 Sample Type: Lake Water
Sample Date: 06/04/18 Sample Time: 0740 Sample Site: Old Beach
Received Date: 06/04/18 Received Time: 0950 Sampled By: W.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	4.1 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT
TOTAL COLIFORM	260.3 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT

Key: mg/L - Milligrams Per Liter
ml/L - Milliliters Per Liter
100 ml - Size of Coliform Container
CFU/ml - Colony Forming Units per Milliliter
ND - None Detected
TNTC - Too Numerous to Count

All times shown in 24 hour format

E - Estimated Value

Donna K. Zang
Supervisor KMR3

KM Rooney
Authorized Review

ACCREDITED IN ACCORDANCE WITH nelac

The information in this report is accurate to the best of our knowledge and ability.
In no event shall our liability exceed the cost of these services.
I certify that these results conform to New York State Department of Health Standards and requirements (10 NYCRR Subpart 55 - 2).

Sample results are based on samples as they are received, unless sampled by Converse Laboratories, Inc. This report shall not be reproduced, except in full, without written Approval from Converse Laboratories, Inc.

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* Laboratory Report Form *

Sylvia Lake Association
1 Indian Head Trail
Gouverneur, NY 13642

Client ID 7607185
Attention: William deLorraine
Report Date 06/06/2018

Sample ID: 01804906
Sample Date: 06/04/18 Sample Time: 0745
Received Date: 06/04/18 Received Time: 0950

Sample Type: Lake Water
Sample Site: Hotel Bay
Sampled By: W.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	12.0 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT
TOTAL COLIFORM	365.4 MPN/100ml	SM-21-9223B	10708	6/4/2018	1035	JLT

Key: mg/L - Milligrams Per Liter
ml/L - Milliliters Per Liter
100 ml - Size of Coliform Container
CFU/ml - Colony Forming Units per Milliliter
ND - None Detected
TNTC - Too Numerous to Count

All times shown in 24 hour format

E - Estimated Value

Authorized Review

Supervisor

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CONVERSE LABORATORIES, INC
800 Starbuck Ave., Suite B101, Watertown, NY 13601
(315) 788-8388 www.converselabs.com

Chain of Custody

Page _____ of _____

Sylvia Lake Assoc. c/o William deLorraine
Client Address: 1 Indian Head Trail
Gouverneur, NY 13642

Client Project ID / PO# :

Matrix Codes
DW= Drinking Water
GW=Ground Water WW=Wastewater
SL=Sludge SW=Surface Water SO=Soil

Sample Information:
☐ Finished ☐ Raw
☐ Chlorinated ☐ UV
☐ OTHER: _____

Phone #: 315-287-4652 Cell # 315-775-6286
E-Mail address: wdellie@gmail.com
Contact/Report to: William deLorraine
Sampler: " "

Preservative Codes
1= $Na_2S_2O_3$ 2= HCl 3= H_2SO_4
4= HNO_3 5= NaOH
6= Asorbic Acid 7= NH_4CL
8= Unpres. 9=

PLEASE NOTE: Reports will be forwarded to your DOH.

NOTES TO LABORATORY
Normal TAT ☐
Rush TAT ☐
Date Needed: _____ a.m. / p.m.

Date Collected	Time Collected	Sample Identification	G = Grab C = Composite	Matrix - see codes above	Chlorine Residual	List Preservative Code Below 1	2	3	4	5	6	7	8	Subcontracted Y/N	ANALYSIS / TEST REQUESTED	SAMPLE ID # (lab use only)
6/4/18		Sylvia Lake												N	E.coli MPN	4903
	8:20	Pumphouse Bay	G	SW									1			4903
	7:35	Outlet											1			4904
	7:40	Old Beach											1			4905
	7:45	Hotel Bay											1			4906
		~~Robinson's Bay~~														
		B.D.														

Relinquished by:	Date	Time	Received by:	Date	Time	Rec'd Temp°	ICED?	AUTHORIZED RECIPIENTS & CONTACT INFO.
William deLorraine	6/4/2018	9:50	KMBurney	6/4/18	0950	6°	Yes / No	

SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS
YES NO
IF NO, SEE ATTACHED SHEET

Doc. # 357
1/19/2015
Rev. # 115
Page 1 of 1

Amt. Due: _____ Amt. Paid: _____

Cash _____ Check# _____ CC _____

Initial Review: KMB 6/4/18
Transcriptual Rev.: SJW 6/6/18
Final Review: KMB 6/6/18