

N.Y.S. Approved ELAP  
ID: 10708

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

U.S.P.H. Certified  
36144

\* Laboratory Report Form \*

Sylvia Lake Association  
P.O. Box 186  
Hailesboro, NY 13645

Client ID 7607185  
Attention: James E. Jackson  
Report Date 07/22/2016

Sample ID: 01606658 Sample Type: Lake Water  
Sample Date: 07/20/16 Sample Time: 1005 Sample Site: HOTEL BAY  
Received Date: 07/20/16 Received Time: 1252 Sampled By: J. JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT
TOTAL COLIFORM	85.7 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT

Sample ID: 01606659 Sample Type: Lake Water  
Sample Date: 07/20/16 Sample Time: 1010 Sample Site: OLD BEACH  
Received Date: 07/20/16 Received Time: 1252 Sampled By: J. JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT
TOTAL COLIFORM	64.4 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT

Sample ID: 01606660 Sample Type: Lake Water  
Sample Date: 07/20/16 Sample Time: 1012 Sample Site: OUTLET  
Received Date: 07/20/16 Received Time: 1252 Sampled By: J. JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	1.0 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT
TOTAL COLIFORM	218.7 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	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



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  
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*Donna B. Zang*  
Supervisor



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Sylvia Lake Association  
P.O. Box 186  
Hailesboro, NY 13645

Client ID 7607185  
Attention: James E. Jackson  
Report Date 07/22/2016

Sample ID: 01606661 Sample Type: Lake Water  
Sample Date: 07/20/16 Sample Time: 1025 Sample Site: PUMPHOUSE BAY  
Received Date: 07/20/16 Received Time: 1252 Sampled By: J. JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT
TOTAL COLIFORM	123.6 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT

Sample ID: 01606662 Sample Type: Lake Water  
Sample Date: 07/20/16 Sample Time: 1030 Sample Site: ROBINSON'S BAY  
Received Date: 07/20/16 Received Time: 1252 Sampled By: J. JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	JLT
TOTAL COLIFORM	44.3 MPN/100ml	SM-21-9223B	10708	7/20/2016	1325	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



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*Donna K. Garg*  
Supervisor





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(315) 788-8388 www.converselabs.com

# Chain of Custody

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Client Address: <b>59 L VIA LAKE ASSOC.</b>		Client Project ID / PO#:	
P.O. Box 242			
Phone #: <b>315-287-4398</b>		Cell #: <b>315-286-3312</b>	
E-Mail address: <b>JUST DUCKIE 36@VELIZON.NET</b>			
Contact/Report to: <b>JOHN JACKSON</b>			
Sampler: <b>J</b>			
Date Collected	Time Collected	Sample Identification	G = Grab C = Composite
7/20/16	10:05	Hole 1 Bay	
7/20/16	10:10	Old Beach	
7/20/16	10:12	DUTLET	
7/20/16	10:25	Pumphouse Bay	
7/20/16	10:30	Robinson's Bay	
Relinquished by: <i>[Signature]</i>		Date	Time
		7/20/2016	12:52
Received by: <i>[Signature]</i>		Date	Time
		7/20/16	12:52
Rec'd Temp. °		ICED?	AUTHORIZED RECIPIENTS & CONTACT INFO.
9°		(Yes/No)	
SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS YES NO			
IF NO, SEE ATTACHED SHEET			
Subcontracted Y/N		PLEASE NOTE: Reports will be forwarded to your DOH.	
Y			
ANALYSIS / TEST REQUESTED		SAMPLE ID # (lab use only)	
COLIFORM		6658 MPN	
Normal TAT <input type="checkbox"/>		Rush TAT <input type="checkbox"/>	
Date Needed: _____		a.m. / p.m.	
NOTES TO LABORATORY			
Finished <input type="checkbox"/> Raw <input checked="" type="checkbox"/>		Chlorinated <input type="checkbox"/> UV <input type="checkbox"/>	
OTHER: <i>LAKE</i>			

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1/19/2015  
Rev. # 115  
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Amt. Due: *[Signature]*  
Amt. Paid: *[Signature]*  
Cash \_\_\_\_\_ Check# \_\_\_\_\_ CC \_\_\_\_\_

Initial Review: *[Signature]* 7/20/16  
Transcriptural Rev.: *[Signature]* 7/20/16  
Final Review: *[Signature]* 7/20/16