

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 242
Hailesboro, NY 13645

Client ID 7607185
Attention: Jon R. Jackson
Report Date 09/16/2016

Sample ID: 01608920 Sample Type: Lake Water
Sample Date: 09/14/16 Sample Time: 1010 Sample Site: Hotel Bay
Received Date: 09/14/16 Received Time: 1224 Sampled By: CLIENT

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT
TOTAL COLIFORM	98.5 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT

Sample ID: 01608921 Sample Type: Lake Water
Sample Date: 09/14/16 Sample Time: 1017 Sample Site: Old Beach
Received Date: 09/14/16 Received Time: 1224 Sampled By: CLIENT

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT
TOTAL COLIFORM	165.0 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT

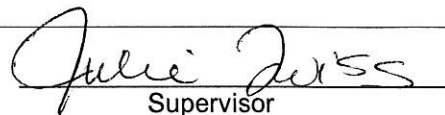
Sample ID: 01608922 Sample Type: Lake Water
Sample Date: 09/14/16 Sample Time: 1021 Sample Site: Outlet
Received Date: 09/14/16 Received Time: 1224 Sampled By: CLIENT

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	1.0 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT
TOTAL COLIFORM	114.5 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	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


Supervisor



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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Sylvia Lake Association
P.O. Box 242
Hailesboro, NY 13645

Client ID 7607185
Attention: Jon R. Jackson
Report Date 09/16/2016

Sample ID: 01608923 Sample Type: Lake Water
Sample Date: 09/14/16 Sample Time: 1029 Sample Site: Pumphouse Bay
Received Date: 09/14/16 Received Time: 1224 Sampled By: CLIENT

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	2.0 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT
TOTAL COLIFORM	193.5 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT

Sample ID: 01608924 Sample Type: Lake Water
Sample Date: 09/14/16 Sample Time: 1034 Sample Site: Robinson's Bay
Received Date: 09/14/16 Received Time: 1224 Sampled By: CLIENT

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	<1.0 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	JLT
TOTAL COLIFORM	112.6 MPN/100ml	SM-21-9223B	10708	9/14/2016	1310	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


Supervisor



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Chain of Custody

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Client Address: <u>SYLVIA LAKE ASSOC.</u> <u>P.O. BOX 242</u> <u>HALESBORO NY 13645</u>		Client Project ID / PO#: <u>Hard copy also</u>		Matrix Codes DW= Drinking Water GW=Ground Water WW=Wastewater SL=Sludge SW=Surface Water SO=Soil		Sample Information: <input type="checkbox"/> Finished <input type="checkbox"/> Raw <input type="checkbox"/> Chlorinated <input type="checkbox"/> UV OTHER: <u>LAKE</u>	
Phone #: <u>315-287-4398</u> Cell #: <u>315-286-3312</u>		E-Mail address: <u>JUST DUCKIE36@VERIZON.NET</u>		Preservative Codes 1= Na ₂ S ₂ O ₃ 2= HCl 3= H ₂ SO ₄ 4= HNO ₃ 5= NaOH 6= Asorbic Acid 7= NH ₄ CL 8= Unpres 9=		PLEASE NOTE: Reports will be forwarded to your DOH.	
Contact/Report to: <u>JON JACKSON</u>		Sampler:		Chlorine Residual		NOTES TO LABORATORY Normal TAT <input type="checkbox"/> Rush TAT <input type="checkbox"/> Date Needed: <u> </u> a.m. / p.m.	
G = Grab C = Composite		Matrix - see codes above		List Preservative Code Below		ANALYSIS / TEST REQUESTED	
Sample Identification		Time Collected		Date		SAMPLE ID # (lab use only)	
9/14/16 10:00AM HOTEL BAY		10:00AM		9/14/16		COLIFORM	
9/14/16 10:17AM OLD BEACH		10:17AM		9/14/16		8921	
9/14/16 10:21AM OUTLET		10:21AM		9/14/16		8922	
9/14/16 10:29AM PUMPHOUSE BAY		10:29AM		9/14/16		8923	
9/14/16 10:34AM ROBINSON'S BAY		10:34AM		9/14/16		8924	
Relinquished by: <u>Jon Jackson</u>		Date: <u>9/14/16</u>		Time: <u>12:24</u>		Received by: <u>Sue Hoffman</u>	
Date: <u>9/14/16</u>		Time: <u>12:24</u>		Date: <u>9/14/16</u>		Time: <u>1:24</u>	
Rec'd Temp: <u>10°</u>		ICED? <u>(Yes) No</u>		AUTHORIZED RECIPIENTS & CONTACT INFO.		SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS <u>YES</u> NO IF NO, SEE ATTACHED SHEET	

Doc. # 357
1/19/2015
Rev. # 115
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Amt. Due: Amt. Paid:
Cash Check# CC

Initial Review: Sib 9/14/16
Transcriptural Rev.: 9/16/16
Final Review: 9/16/16