

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
1 Indian Head Trail
Gouverneur, NY 13642

Client ID 7607185
Attention: William deLorraine
Report Date 08/21/2017

Sample ID: 01708392 Sample Type: Lake Water
Sample Date: 08/14/17 Sample Time: 0825 Sample Site: PUMPHOUSE BAY
Received Date: 08/14/17 Received Time: 1105 Sampled By: B.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	2.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT
TOTAL COLIFORM	290.9 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT

Sample ID: 01708393 Sample Type: Lake Water
Sample Date: 08/14/17 Sample Time: 0830 Sample Site: INLET BAY
Received Date: 08/14/17 Received Time: 1105 Sampled By: B.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	2.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT
TOTAL COLIFORM	461.1 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT

Sample ID: 01708394 Sample Type: Lake Water
Sample Date: 08/14/17 Sample Time: 0835 Sample Site: ROBINSONS POINT
Received Date: 08/14/17 Received Time: 1105 Sampled By: B.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	2.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT
TOTAL COLIFORM	365.4 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	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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* Laboratory Report Form *

Sylvia Lake Association
1 Indian Head Trail
Gouverneur, NY 13642

Client ID 7607185
Attention: William deLorraine
Report Date 08/18/2017

Sample ID: 01708395 Sample Type: Lake Water
Sample Date: 08/14/17 Sample Time: 0840 Sample Site: HOTEL BAY
Received Date: 08/14/17 Received Time: 1105 Sampled By: B.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	2.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT
TOTAL COLIFORM	159.7 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT

Sample ID: 01708396 Sample Type: Lake Water
Sample Date: 08/14/17 Sample Time: 0844 Sample Site: OLD BEACH
Received Date: 08/14/17 Received Time: 1105 Sampled By: B.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	1.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT
TOTAL COLIFORM	65.7 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT

Sample ID: 01708397 Sample Type: Lake Water
Sample Date: 08/14/17 Sample Time: 0847 Sample Site: OUTLET CREEK
Received Date: 08/14/17 Received Time: 1105 Sampled By: B.D.

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E. COLI	2.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	JLT
TOTAL COLIFORM	96.0 MPN/100ml	SM-21-9223B	10708	8/14/2017	1230	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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(315) 788-8388 www.converselabs.com

Chain of Custody

Page ___ of ___

Client Address: <u>William deloraine</u> <u>1 Indian Head Trail</u> <u>500 Verneur, NY 13642</u>		Client Project ID / PO#: _____	
Phone #: <u>315-287-4652</u>	Cell #: <u>315-775-6286</u>		
E-Mail address: <u>wdellie@gmail.com</u>			
Contact/Report to: <u>Bill deloraine</u>			
Sampler: <u>Bill deloraine</u>		PLEASE NOTE: Reports will be forwarded to your DOH.	
		SAMPLE ID # (lab use only) <u>83912</u>	
Date Collected		ANALYSIS / TEST REQUESTED	
8-14-17		MPN	
" 8:25 AM		"	
" 8:30		"	
" 8:35		"	
" 8:40		"	
" 8:44		"	
" 8:47		"	
Date		Date	
8-14-17		8/14/17	
Time		Time	
8:25 AM		11:05 AM	
Sample Identification		Date	
<u>Pumphouse Bay</u>		8/14/17	
<u>Inlet Bay</u>			
<u>Robinsons Point</u>			
<u>Hotel Bay</u>			
<u>Old Beach</u>			
<u>Outlet Creek</u>			
Date		Date	
8-14-17		8/14/17	
Time		Time	
8:25 AM		11:05 AM	
Sample Identification		Date	
<u>Pumphouse Bay</u>		8/14/17	
<u>Inlet Bay</u>			
<u>Robinsons Point</u>			
<u>Hotel Bay</u>			
<u>Old Beach</u>			
<u>Outlet Creek</u>			
Date		Date	
8-14-17		8/14/17	
Time		Time	
8:25 AM		11:05 AM	
Sample Identification		Date	
<u>Pumphouse Bay</u>		8/14/17	
<u>Inlet Bay</u>			
<u>Robinsons Point</u>			
<u>Hotel Bay</u>			
<u>Old Beach</u>			
<u>Outlet Creek</u>			
Date		Date	
8-14-17		8/14/17	
Time		Time	
8:25 AM		11:05 AM	
Sample Identification		Date	
<u>Pumphouse Bay</u>		8/14/17	
<u>Inlet Bay</u>			
<u>Robinsons Point</u>			
<u>Hotel Bay</u>			
<u>Old Beach</u>			
<u>Outlet Creek</u>			

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

Preservative Codes:
 1= Na₂S₂O₃ 2= HCl 3= H₂SO₄
 4= HNO₃ 5= NaOH
 6= Asorbic Acid 7= NH₄CL
 8= Ulinpres. 9=

List Preservative Code Below
 1 2 3 4 5 6 7 8

Matrix - see codes above
 G = Grab C = Composite
 Chlorine Residual

Sample Information:
 Finished
 Chlorinated
 OTHER: _____
 Raw
 UV

Normal TAT
 Rush TAT
 Date Needed: _____ a.m. / p.m.

NOTES TO LABORATORY
Subcontracted

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

Amt. Due: 180 Amt. Paid: 0 Amt. Received: 180

Initial Review: Sjh 8/14/17
 Transcriptional Rev.: DGZ 8/21/17
 Final Review: DGZ 8/21/17

Authorized Recipients & Contact Info:
 Relinquished by: William deloraine Date: 8-14-17 Time: 11:05 AM
 Received by: Sue Dwyer Date: 8/14/17 Time: 11:05 AM

ICED?
 Yes/No Yes No

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