

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 09/23/2014

Sample ID: 01408990 Sample Type: Lake Water  
Sample Date: 09/16/14 Sample Time: 1000 Sample Site: #1 INLET  
Received Date: 09/16/14 Received Time: 1400 Sampled By: JAMES JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E.COLI	3.1 MPN/100ml	SM-20-9223B	10708	9/16/2014	1430	JLT

Sample ID: 01408991 Sample Type: Lake Water  
Sample Date: 09/16/14 Sample Time: 1005 Sample Site: #2 MIDDLE  
Received Date: 09/16/14 Received Time: 1400 Sampled By: JAMES JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E.COLI	<1.0 MPN/100ml	SM-20-9223B	10708	9/16/2014	1430	JLT

Sample ID: 01408992 Sample Type: Lake Water  
Sample Date: 09/16/14 Sample Time: 1010 Sample Site: #3 EAST SHORE  
Received Date: 09/16/14 Received Time: 1400 Sampled By: JAMES JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E.COLI	<1.0 MPN/100ml	SM-20-9223B	10708	9/16/2014	1430	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. Gang*  
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 186  
Hailesboro, NY 13645

Client ID 7607185  
Attention: James E. Jackson  
Report Date 09/24/2014

Sample ID: 01408993 Sample Type: Lake Water  
Sample Date: 09/16/14 Sample Time: 1015 Sample Site: #5 OUTLET  
Received Date: 09/16/14 Received Time: 1400 Sampled By: JAMES JACKSON

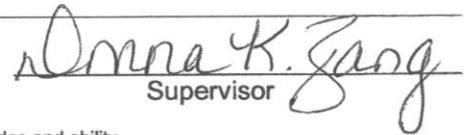
Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E.COLI	1.0 MPN/100ml	SM-20-9223B	10708	9/16/2014	1430	JLT

Sample ID: 01408994 Sample Type: Lake Water  
Sample Date: 09/16/14 Sample Time: 1020 Sample Site: #4 BEACH  
Received Date: 09/16/14 Received Time: 1400 Sampled By: JAMES JACKSON

Analysis	Results	Method Code	Lab ID	Date	Time	Tech
E.COLI	2.0 MPN/100ml	SM-20-9223B	10708	9/16/2014	1430	JLT

Key: mg/L - Milligrams Per Liter  
m/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 RECORD

SULLY LAKE WATER TESTING 1 OF 1

**CLI**  
800 STARBUCK AVE.  
SUITE B-101  
WATERTOWN, NY 13601  
PHONE (315) 788-8388

**CONVERSE LABORATORIES INC.**

CHLORINATED?  Y /  N

SAMPLE DESCRIPTION: DRILLED DUG SPRING

SULLY LAKE WATER TESTING

SAMPLE MATRIX: DW WW MW SOIL OTHER \_\_\_\_\_  
GRAB COMP. OTHER \_\_\_\_\_

UNTREATED
SODIUM THIOSULFATE
HCL (pH >2)
HNO3 (pH <2)
H2SO4 (pH >2)
NAOH (pH >12)
NAOH & Zn ACETATE
ASCOBIC ACID & HCL
NH4CL

SUBCONTRACTED

NAME: James S Jackson  
MAILING: PO Box 109  
ADDRESS: 44585500 NY 13605  
PHONE: 315 286 9348  
FAX NO.: \_\_\_\_\_  
EMAIL: jjackson@comcast.net  
P.O.#/PROJECT: \_\_\_\_\_

DATE & TIME OF SAMPLE COLLECTION	SAMPLE SITE	NUMBER OF CONTAINERS	ANALYSIS / TESTS REQUESTED	SAMPLE ID NUMBER
9/16/14 10:00	#1 FULLET	1	ECOL	8990
9/16/14 10:05	#2 MIDDLE	1	ECOL	8991
9/16/14 10:10	#3 EASTSADRE	1	ECOL	8992
9/16/14 10:15	#4 BEACH	1	ECOL	8993
9/16/14 10:20	#5 OUTLET	1	ECOL	8994

NOTES TO LABORATORY: TURN AROUND TIME

RELINQUISHED BY:	DATE / TIME	ACCEPTED BY:	DATE/TIME	TEMP
SAMPLER: James S Jackson	9/16/14 2:00 PM	Mary Shunk	9/16/14 14:00	14°C
AUTHORIZED RECIPIENTS: <u>on ice</u> SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SEE ATTACHED SHEET				

Doc. # 357  
1/3/2013  
Rev. # 10

Amt. Due: Bill  
Amt. Paid: \_\_\_\_\_  
Cash: \_\_\_\_\_  
Check#: \_\_\_\_\_  
Credit: \_\_\_\_\_

Initial Review: MD9/16/14  
Transcriptural Review: MD9/16/14  
Final Review: MD9/16/14