

02/15/2016

Westchester County Dept. of Env Facilities
Mike Farraro
35 Woods Road
Vahalla, NY 10595
maf6@westchestergov.com

Subject: LT2 R2 Event 45/ASI #52954

Dear: Mike Farraro

Enclosed please find the test result(s) for sample(s) received at Analytical Services, Inc. (ASI) on 02/12/2016.

This report consists of five (5) pages, including this cover page. The results reported herein relate only to the sample(s) included in this report. These results were generated under ASI's laboratory quality system, which is in accordance with the NELAC (TNI) standard. Deviations, if any, are noted. This report shall not be reproduced except in full without the written approval of the laboratory.

Thank you for using ASI for your testing needs. For additional information regarding this report, please contact ASI Client Services at 800-723-4432.

Sincerely,
ANALYTICAL SERVICES, INC.

Carolyn M. Fogg

for Carolyn M. Fogg
Technical Director



USEPA Method 1623.1 Analytical Report

 Westchester County Dept. of Env Facilities
 Mike Farraro
 35 Woods Road
 Vahalla, NY 10595
 maf6@westchestergov.com

Analysis Start: 02/12/2016 11:21

Analysis End: 02/12/2016 16:37

Analyst: Shan Reynolds

ASI Sample ID No.: 52954-01

Method 1623.1 Batch No.: 1285 1623.1

Cryptosporidium QC ID No.: 3304

Giardia QC ID No.: 3305

Sample Information	
PWS or Client Name:	Westchester County Water District #1
PWS ID:	5903488
Facility Name:	Kenisco Dam Master Chlorination Facility
Facility ID:	No Data
Sample Collection Point Name:	Raw Water Sample Tap
Sample Collection Point ID:	Raw Water
Matrix:	Water-Raw Surface
Method:	EPA 1623.1
Analysis Type:	Field
Date / Time Collected:	02/09/2016 12:15
Turbidity (NTU):	1.0

Volume and Filtration Information	
Filter Type:	Gelman HV
No of Filters Used:	1
Volume Filtered (L):	56.47
Packed Pellet Volume (mL):	0.40
Total Resuspended Concentrate Volume (mL):	5.0
Total Resuspended Concentrate Volume to IMS (mL):	5.0
Number of Sub-samples:	1
Total Sample Volume Examined (L):	56.47

Analytical Results		Matrix Spike Results		
Analyte	Total (Oo) cysts/L	Recovered (Oo) cysts/L	Spike Dose (Oo) cysts/L	Percent Recovery
<i>Giardia</i>	0.00	N/A	N/A	N/A
<i>Cryptosporidium</i>	0.00	N/A	N/A	N/A

Method: Samples processed, stained and examined using USEPA Method 1623.1: Cryptosporidium and Giardia in Water by Filtration/IMS/FA (USEPA Jan. 2012: EPA 816-R-12-001) (ASI SOP 224-9).

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CHAIN OF CUSTODY RECORD

Ship to: Analytical Services, Inc., 130 Allen Brook Lane, Williston, VT 05495, Attn: Sample Management
 Phone: 1-800-723-4432 or 802-878-5138 • Fax: 802-878-6765 Web site: www.analyticalservices.com

Submitted By: <u>WCD #1</u>		Report To: _____	
Phone: _____ Fax: _____		Phone: _____ Fax: _____	
Project Name	<u>WCD 1 LT2</u>	Invoice To: _____	
Job Site	<u>KENSICO DAM</u>	_____	
P.O. Number	_____	Phone: _____ Fax: _____	

Sample Identification*	Sample Collection		Sample Matrix						Analysis Requested
	Date	Time	check one						
			Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other	
<u>RAW WATER</u>	<u>2-9-16</u>	<u>1215</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Crypto</u>				
<u>"</u>	<u>"</u>	<u>1230</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</u>				

0.1
0.4

*Sample ID should match ID written on the sample containers and data sheets. Sample ID will appear on the report for identification.

Relinquished By (signature)	Date/Time	Received By (signature)	Date/Time
<u>[Signature]</u>	<u>2-10-16 0900</u>	<u>[Signature]</u>	<u>2/12/16 1000</u>
Field Comments:		Lab Comments:	

CHAIN OF CUSTODY RECORD

Ship to: Analytical Services, Inc., 130 Allen Brook Lane, Williston, VT 05495, Attn: Sample Management
 Phone: 1-800-723-4432 or 802-878-5138 • Fax: 802-878-6765 Web site: www.analyticalservices.com

Submitted By: <u>WCSWD #1</u>		Report To: _____	
Phone: _____ Fax: _____		Phone: _____ Fax: _____	
Project Name	<u>WCSWD 1 LT2</u>	Invoice To: _____	
Job Site	<u>Kensico Dam</u>	Phone: _____ Fax: _____	
P.O. Number	_____	_____	

Sample Identification*	Sample Collection		Sample Matrix						Analysis Requested
	Date	Time	check one						
			Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other	
<u>RAW WATER</u>	<u>2-9-16</u>	<u>1245</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CRYPTO</u>				

*Sample ID should match ID written on the sample containers and data sheets. Sample ID will appear on the report for identification.

Relinquished By (signature) <u>[Signature]</u>	Date/Time <u>12-10-16 0900</u>	Received By (signature) <u>[Signature]</u>	Date/Time <u>2/12/16 1006</u>
Field Comments:		Lab Comments: <u>0.3°C</u>	

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CHAIN OF CUSTODY RECORD

Ship to: Analytical Services, Inc., 130 Allen Brook Lane, Williston, VT 05495, Attn: Sample Management
 Phone: 1-800-723-4432 or 802-878-5138 • Fax: 802-878-6765 Web site: www.analyticalservices.com

Submitted By: _____ <i>WCSID #1</i>		Report To: _____ _____ _____	
Phone: _____ Fax: _____		Phone: _____ Fax: _____	
Project Name	<i>WCSID 1 LT2.</i>	Invoice To: _____ _____ _____	
Job Site	<i>Kensico Dam</i>	Phone: _____ Fax: _____	
P.O. Number			

Sample Identification*	Sample Collection		Sample Matrix						Analysis Requested
			check one						
	Date	Time	Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other	
<i>RAW WATER</i>	<i>2-9-16</i>	<i>1300</i>	<input checked="" type="checkbox"/>						<i>CMP-O</i>
<i>ll</i>	<i>ll</i>	<i>1315</i>	<input checked="" type="checkbox"/>						<i>ll</i>

OC
0.6
0.5

*Sample ID should match ID written on the sample containers and data sheets. Sample ID will appear on the report for identification.

Relinquished By (signature) <i>[Signature]</i>	Date/Time <i>2-10-16 0900</i>	Received By (signature) <i>[Signature]</i>	Date/Time <i>2/12/16 1006</i>
Field Comments:		Lab Comments:	

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