Analytical Services, Inc.

Microbiological Testing, Research and Consulting

130 Allen Brook Ln., Williston, VT 05495 USA
1.800.723.4432 / 802.878.5138 Fax: 802.878.6765
www.analyticalservices.com

05/06/2016

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

Subject: LT2 R2 Event 57/ASI #53737

Dear: Mike Farraro

Enclosed please find the test result(s) for sample(s) received at Analytical Services, Inc. (ASI) on 05/05/2016.

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

ACCREDITED IN ACCORDANCE WITH nelac

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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: 05/06/2016 3:44
Analysis End: 05/06/2016 10:20
Analyst: Shan Reynolds

ASI Sample ID No.: 53737-01

Method 1623.1 Batch No.: 1337 1623.1
Cryptosporidium QC ID No.: 3408
Giardia QC ID No.: 3409

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:	05/03/2016 11:00
Turbidity (NTU):	0.6

Volume and Filtration Information	
Filter Type:	Gelman HV
No of Filters Used:	1
Volume Filtered (L):	57.82
Packed Pellet Volume (mL):	0.50
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):	57.82

Analytical Results		Matrix Spike Results		
Analyte	**Total (Oo) cysts/L**	**Recovered (Oo) cysts/L**	**Spike Dose (Oo) cysts/L**	**Percent Recovery**
Giardia	**0.00**	**N/A**	**N/A**	**N/A**
Cryptosporidium	**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: WCWD #1	Report To:
Phone: ____ Email: ____	Phone: ____ Email: ____
Project Name: WWD1 LT2	Invoice To:
Job Site: Kensico Dam	
P.O. Number:	Phone: ____ Email: ____

Sample Identification*	Sample Collection			Sample Matrix (check one)						Analysis Requested	Lab Use Only
	Date (Start)	Time (Start)	Sampler Initials	Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other		Temp (°C)
Raw Water	5/3/16	11:00	JM	✓						Crypto	4.8
Raw Water	5/3/16	11:05	JM	✓						Crypto	5.2

*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
[signature]	5/4/16 0900	[signature]	5/5/16 1000

Field Comments:

Lab Comments:

White – To accompany samples • Yellow – Sampler Copy

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Submitted By: WCWD #1	Report To:
Phone: ____ Email: ____	Phone: ____ Email: ____
Project Name: WWD1 LT2	Invoice To:
Job Site: Kensico Dam	
P.O. Number:	Phone: ____ Email: ____

Sample Identification*	Sample Collection: Date (Start)	Time (Start)	Sampler Initials	Sample Matrix (check one): Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other	Analysis Requested	Lab Use Only: Temp (°C)
Raw Water	5/3/16	11:10	JM	✓						Crypto	5.4

*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
[signature]	5/4/16 0900	[signature]	5/5/16 1000

Field Comments:

Lab Comments:

White – To accompany samples • Yellow – Sampler Copy

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Submitted By: WWD #1	Report To:
Phone: ____ Email: ____	Phone: ____ Email: ____
Project Name: WWD 1 LT2	Invoice To:
Job Site: Kensico Dam	
P.O. Number:	Phone: ____ Email: ____

Sample Identification*	Sample Collection			Sample Matrix (check one)						Analysis Requested	Lab Use Only
	Date (Start)	Time (Start)	Sampler Initials	Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other		Temp (°C)
Raw Water	5/3/16	11:15	JM	✓						Crypto	5.0
Raw Water	5/3/16	11:20	JM	✓						Crypto	3.8

*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
[signature]	5/4/16 0900	[signature]	5/5/16 1000

Field Comments:

Lab Comments:

White – To accompany samples • Yellow – Sampler Copy

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