

06/01/2016

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

Subject: LT2 R2 Event 60/ASI #53921

Dear: Mike Farraro

Enclosed please find the test result(s) for sample(s) received at Analytical Services, Inc. (ASI) on 05/26/2016.

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: 05/27/2016 7:40  
 Analysis End: 05/31/2016 8:23  
 Analyst: Shan Reynolds

**ASI Sample ID No.: 53921-01**

 Method 1623.1 Batch No.: 1353 1623.1  
 Cryptosporidium QC ID No.: 3440  
 Giardia QC ID No.: 3441

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:	05/24/2016 8:50
Turbidity (NTU):	0.5

Volume and Filtration Information	
Filter Type:	Gelman HV
No of Filters Used:	1
Volume Filtered (L):	55.93
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):	55.93

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).

## 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](http://www.analyticalservices.com)

Submitted By: <u>WCWD #1</u>		Report To: _____	
Phone: _____ Email: _____		Phone: _____ Email: _____	
Project Name	<u>WWD1 LT2</u>	Invoice To: _____	
Job Site	<u>Kensico Dam</u>	_____	
P.O. Number	_____	Phone: _____ Email: _____	

Sample Identification*	Sample Collection			Sample Matrix						Analysis Requested	Lab Use Only Temp (°C)	
	Date (Start)	Time (Start)	Sampler Initials	check one								
				Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other			
<u>Raw Water</u>	<u>5/24/16</u>	<u>0850</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Crypto</u>	<u>7.9</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)	Date/Time	Received By (signature)	Date/Time
<u>[Signature]</u>	<u>5/25/16 0900</u>	<u>[Signature]</u>	<u>5/26/16 1130</u>
Field Comments:		Lab Comments:	

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Submitted By: _____ <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">WCWD #1</div>		Report To: _____ _____ _____	
Phone: _____ Email: _____		Phone: _____ Email: _____	
Project Name	WWD1 LT2	Invoice To: _____ _____ _____ Phone: _____ Email: _____	
Job Site	Kensico Dam		
P.O. Number			

Sample Identification*	Sample Collection			Sample Matrix						Analysis Requested	Lab Use Only
	Date (Start)	Time (Start)	Sampler Initials	check one							
				Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other		
Raw Water	5/24/16	0900	AS	✓						Crypto	8.3
Raw Water	5/24/16	0910	AS	✓						Crypto	8.3

\*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
	5/25/16 0900		5/26/16 1130
Field Comments:		Lab Comments:	

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

Sample Identification*	Sample Collection			Sample Matrix						Analysis Requested	Lab Use Only
	Date (Start)	Time (Start)	Sampler Initials	check one							
				Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other		
<i>Raw Water</i>	<i>5/24/16</i>	<i>0920</i>	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Crypto</i>	<i>7.9</i>				
<i>Raw Water</i>	<i>5/24/16</i>	<i>0930</i>	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Crypto</i>	<i>8.0</i>				

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Relinquished By (signature)	Date/Time	Received By (signature)	Date/Time
<i>[Signature]</i>	<i>5/25/16</i> <del>5/25/16</del> <i>0930</i>	<i>[Signature]</i>	<i>5/26/16</i> <i>1130</i>
Field Comments:		Lab Comments:	

*ps/s*