

04/13/2015

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

Subject: LT2 R2 Event 1 MS 1/ASI #50242

Dear: Mike Farraro

Enclosed please find the test result(s) for sample(s) received at Analytical Services, Inc. (ASI) on 04/09/2015.

Please note that the Cryptosporidium recovery efficiency of the matrix spike sample was below the established acceptance criteria (32– 100%). The purpose of the MS sample is to ensure that any gross matrix interferences that might cause false negative results are known, if they exist. Re-testing this site for Giardia and Cryptosporidium, along with another matrix spike, is recommended; however, neither the field or matrix spike samples need to be re-collected for LT2 compliance.

This report consists of nine (9) 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



PIK

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: 04/10/2015 2:20
 Analysis End: 04/10/2015 10:44
 Analyst: Shan Reynolds

ASI Sample ID No.: 50242-01

 Method 1623.1 Batch No.: 1087 HV 1623.1
 Cryptosporidium QC ID No.: 2903
 Giardia QC ID No.: 2904

Sample Information	
PWS or Client Name:	Kensico WWD 1
PWS ID:	5903488
Facility Name:	Kensico Dam Master Chlorination Facility
Facility ID:	No Data
Sample Collection Point Name:	Raw Tap
Sample Collection Point ID:	Raw Water/Date
Matrix:	Water-Raw Surface
Method:	EPA 1623.1
Analysis Type:	Field
Date / Time Collected:	04/07/2015 9:00
Turbidity (NTU):	1.2

Volume and Filtration Information	
Filter Type:	Gelman HV
No of Filters Used:	1
Volume Filtered (L):	56.16
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):	56.16

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).

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: 04/10/2015 2:20
 Analysis End: 04/10/2015 10:52
 Analyst: Shan Reynolds

ASI Sample ID No.: 50242-02

 Method 1623.1 Batch No.: 1087 HV 1623.1
 Cryptosporidium QC ID No.: 2903
 Giardia QC ID No.: 2904

Sample Information	
PWS or Client Name:	Kensico WWD 1
PWS ID:	5903488
Facility Name:	Kensico Dam Master Chlorination Facility
Facility ID:	No Data
Sample Collection Point Name:	Raw Tap
Sample Collection Point ID:	Raw Water/Date
Matrix:	Water-Raw Surface
Method:	EPA 1623.1
Analysis Type:	MS
Date / Time Collected:	04/07/2015 9:05
Turbidity (NTU):	1.2

Volume and Filtration Information	
Filter Type:	Gelman HV
No of Filters Used:	1
Volume Filtered (L):	56.04
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):	56.04

Analytical Results		Matrix Spike Results		
Analyte	Total (Oo) cysts/L	Recovered (Oo) cysts/L	Spike Dose (Oo) cysts/L	Percent Recovery
<i>Giardia</i>	0.34	0.34	1.78	19.0
<i>Cryptosporidium</i>	0.12	0.12	1.78	7.0

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).

Recovered (Oo)cysts/L (applies to Matrix Spikes only) = Total (Oo)cysts/L in Matrix Spike - Total (Oo)cysts/L in Field Sample.

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>Andy Donnelly</u> <u>WESTCHESTER COUNTY</u> <u>DEF.</u> Phone: <u>9142311286</u> Fax: _____		Report To: _____ _____ Phone: _____ Fax: _____	
Project Name	<u>WWD 1</u>	Invoice To: _____ _____ Phone: _____ Fax: _____	
Job Site	<u>KENSICO DAM.</u>		
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	
<u>RAW WATER</u>	<u>4/7/15</u>	<u>0900</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CRYPTO</u>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*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>Andy Donnelly</u>	Date/Time <u>0900 4/8/15</u>	Received By (signature) <u>Carolyn Fogg</u>	Date/Time <u>4/9/15 1000</u>
Field Comments:		Lab Comments:	

pull

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>Asley Donnelly</u> <u>WESTCHESTER DEF</u> Phone: <u>9142311286</u> Fax: _____		Report To: _____ _____ Phone: _____ Fax: _____	
Project Name	<u>WIND 1 LT2</u>	Invoice To: _____ _____ Phone: _____ Fax: _____	
Job Site	<u>KENSICO DAM</u>		
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>4/7/15</u>	<u>0910</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CRYPTO</u>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Relinquished By (signature) <u>Asley Donnelly</u>	Date/Time <u>0900 4/8/15</u>	Received By (signature) <u>Carolyn Fagg</u>	Date/Time <u>4/9/15 1000</u>
Field Comments:		Lab Comments:	

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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>Analy Downey</u> <u>WESTCHESTER DEF</u>		Report To: _____ _____ _____	
Phone: <u>914 231 1280</u> Fax: _____		Phone: _____ Fax: _____	
Project Name	<u>WUSA 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>4/7/15</u>	<u>0940</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CRYPTO</u>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*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>Carolann Fagg</u>	<u>4/9/15 1000</u>
Field Comments:		Lab Comments:	

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CHAIN OF CUSTODY RECORD

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Submitted By: <u>Andy Donnelly</u> <u>WESTCHESTER DEF</u> Phone: <u>9142311286</u> Fax: _____		Report To: _____ _____ Phone: _____ Fax: _____	
Project Name	<u>WWD 4 LT2</u>	Invoice To: _____ _____ Phone: _____ Fax: _____	
Job Site	<u>KESSICO DAM</u>		
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>4/7/15</u>	<u>0905</u>	✓						<u>CRYPTO</u>

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Relinquished By (signature)	Date/Time	Received By (signature)	Date/Time
<u>Andy Donnelly</u>	<u>0900 4/8/15</u>	<u>Tyler L...</u>	<u>4/9/15 1000</u>
Field Comments:		Lab Comments:	

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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>Andy Donnelly</u> <u>WESTCHESTER DEF.</u>		Report To: _____ _____ _____	
Phone: <u>9142311286</u> Fax: _____		Phone: _____ Fax: _____	
Project Name	<u>WIND 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>4/1/15</u>	<u>0920</u>	✓						<u>CRYPTO</u>

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Relinquished By (signature) <u>Andy Donnelly</u>	Date/Time <u>0900 4/1/15</u>	Received By (signature) <u>[Signature]</u>	Date/Time <u>4/9/15 1000</u>
Field Comments:		Lab Comments:	

p219

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>Andy Downesley</u> <u>WESTCHESTER DEF</u> Phone: <u>9142311286</u> Fax: _____		Report To: _____ _____ _____ Phone: _____ Fax: _____	
Project Name	<u>WWD 2 LT2</u>	Invoice To: _____ _____ _____ Phone: _____ Fax: _____	
Job Site	<u>Kensico Dam</u>		
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	
<u>RAW WATER</u>	<u>4/7/15</u>	<u>0930</u>	<input checked="" type="checkbox"/>						<u>CRYPTO</u>

6.16.3

*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
<u>Andy Downesley</u>	<u>0900 4/8/15</u>	<u>Carolyn Fogg</u>	<u>4/9/15 1310</u>
Field Comments:		Lab Comments:	

1919