

06/08/2015

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

Subject: LT2 R2 Event 9/ASI #50728

Dear: Mike Farraro

Enclosed please find the test result(s) for sample(s) received at Analytical Services, Inc. (ASI) on 06/05/2015.

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. Figg

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: 06/08/2015 5:52
 Analysis End: 06/08/2015 9:39
 Analyst: Shan Reynolds

ASI Sample ID No.: 50728-01

 Method 1623.1 Batch No.: 1126 HV 1623.1
 Cryptosporidium QC ID No.: 2981
 Giardia QC ID No.: 2982

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: | 06/04/2015 14:20 |
| Turbidity (NTU): | 0.5 |

Volume and Filtration Information

| | |
|---|-----------|
| Filter Type: | Gelman HV |
| No of Filters Used: | 1 |
| Volume Filtered (L): | 56.99 |
| 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): | 56.99 |

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

| | | | |
|---|--------------------|-------------------------------------|--|
| Submitted By: <u>Westchester County</u> <u>DEF</u> | | Report To: _____ _____ _____ | |
| Phone: <u>914 231 1286</u> Fax: _____ | | Phone: _____ Fax: _____ | |
| Project Name | <u>WWD#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>6-4-15</u> | <u>14:20</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <u>Raw Water</u> | <u>6-4-15</u> | <u>14:30</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
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*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>6/4/15 15:45</u> | <u>[Signature]</u> | <u>6/5/15 1000</u> |
| Field Comments: | | Lab Comments: | |
| | | | |

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| | | | |
|---|--------------------|-------------------------|--|
| Submitted By: <u>Westchester County</u> <u>DEF</u> | | Report To: _____ | |
| Phone: <u>914-231-1286</u> Fax: _____ | | Phone: _____ Fax: _____ | |
| Project Name | <u>WWD#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>6-4-15</u> | <u>14:40</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
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| Relinquished By (signature) | Date/Time | Received By (signature) | Date/Time |
| <u>[Signature]</u> | <u>6/4/15 15:45</u> | <u>[Signature]</u> | <u>6/5/15 1000</u> |
| Field Comments: | | Lab Comments: | |

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|--|--------------------|---|--|
| Submitted By: <u>Westchester County</u> <u>DEF</u> Phone: <u>914-231-1286</u> Fax: _____ | | Report To: _____ _____ Phone: _____ Fax: _____ | |
| Project Name | <u>WWD#1 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>6-4-15</u> | <u>14:45</u> | ✓ | | | | | | |
| <u>Raw Water</u> | <u>6-4-15</u> | <u>14:50</u> | ✓ | | | | | | |
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| | | | |
|-----------------------------|---------------------|-------------------------|--------------------|
| Relinquished By (signature) | Date/Time | Received By (signature) | Date/Time |
| <u>[Signature]</u> | <u>6/4/15 15:45</u> | <u>[Signature]</u> | <u>6/5/15 1000</u> |
| Field Comments: | | Lab Comments: | |
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