



11/30/2015

Westchester County Dept. of Env Facilities  
Mike Farraro  
35 Woods Road  
Vahalla, NY 10595  
[maf6@westchestergov.com](mailto:maf6@westchestergov.com)

Subject: LT2 R2 Event 34/ASI #52293

Dear: Mike Farraro

Enclosed please find the test result(s) for sample(s) received at Analytical Services, Inc. (ASI) on 11/24/2015.

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.

A handwritten signature in cursive script that reads 'Carolyn M. Fogg'.

for Carolyn M. Fogg  
Technical Director



PKS

**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: 11/25/2015 7:30  
 Analysis End: 11/30/2015 7:44  
 Analyst: Danielle Gregoire

**ASI Sample ID No.: 52293-01**

 Method 1623.1 Batch No.: 1237 1623.1  
 Cryptosporidium QC ID No.: 3208  
 Giardia QC ID No.: 3209

**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:	11/22/2015 7:30
Turbidity (NTU):	0.6

**Volume and Filtration Information**

Filter Type:	Gelman HV
No of Filters Used:	1
Volume Filtered (L):	56.55
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):	56.55

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

Submitted By: <u>AWD 1</u> Phone: <u>914 231 1286</u> Fax: _____		Report To: _____ Phone: _____ Fax: _____	
Project Name	<u>AWD 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>11-22-15</u>	<u>0730</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>[Signature]</u>	<u>11-23-15 0900</u>	<u>[Signature]</u>	<u>11/24/15 1020</u>
Field Comments:		Lab Comments:	
		<u>1.3°C</u>	

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## CHAIN OF CUSTODY RECORD

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Submitted By: <u>Woods 1</u>		Report To: _____	
Phone: <u>914 231 1284</u> Fax: _____		Phone: _____ Fax: _____	
Project Name	<u>WOODS 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>11-22-15</u>	<u>0745</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CRYPTO</u>				
<u>RAW WATER</u>	<u>"</u>	<u>0800</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</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>11-23-15 0900</u>	<u>[Signature]</u>	<u>11/24/15 1020</u>
Field Comments:		Lab Comments:	
		<u>0.900</u>	

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**CHAIN OF CUSTODY RECORD**

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 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>WWD 1</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
			check one						
	Date	Time	Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other	
<u>RAW WATER</u>	<u>11-22-15</u>	<u>0815</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>CRYPTO</u>				
<u>RAW WATER</u>	<u>11</u>	<u>0830</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>"</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>11-23-15 0900</u>	Received By (signature) <u>[Signature]</u>	Date/Time <u>11/24/15 1020</u>
Field Comments:		Lab Comments: <u>1.4<sup>oc</sup></u>	

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