



**Environmental and Laboratory Services**

**Dover Location:**

90 1/2 West Blackwell St., Dover, NJ 07801  
Phone: (973) 989-0010, Fax (973) 989-0156

**Marlboro Location:**

8A Railroad Ave, Marlboro, NJ 07746  
Phone: (732) 308-3500, Fax (732) 308-3503

Date: August 30, 2023  
Client: Lake Conway  
Address: 7 Meadow Ln  
Vernon, NJ 07462

## Analytical Results

Sample Matrix:	Lake	Lab Sample Number:	230828020-001
Sample Location:	Lake Conway Beach		
Sampled By:	S. Trojanowski		
Sample Date/Time:	8/29/2023 9:35		

Parameters	Method	Results	Units	NJDOH WQS	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
E. Coli	Colilert-18 Multiwell	< 1	MPN/100ml	320	8/29/2023	16:31	THN	1	1

NJ Lab ID# 14013 (Dover)  
NJ Lab ID# 13033 (Marlboro)

WQS = Water Quality Standard  
cfu = colony forming units

Any method followed by an asterisk (\*) was analyzed by the Agra-Marlboro laboratory.  
All other methods, unless otherwise specified, were analyzed by the Agra-Dover laboratory.

I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection.

Michael J Furrey, President

August 30, 2023



# CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

2308280  
230828020

Customer Name:	Lake Conway Association	Report to:	Angelo Romano	Agra Environmental Services	# Asc./HCl Vials	pH: _____
Location:				90 1/2 West Blackwell Street	# HCl Vials	pH: _____
Address:	7 Meadow Ln			Dover, NJ 07801	# Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Cl <sub>2</sub> : _____
	Vernon, NJ, 07462			Phone: (973) 989-0010	# HNO <sub>3</sub>	pH: _____
Customer Contact:	Angelo Romano	lakeconwaycommunity@gmail.com		Fax: (973) 989-0156	# H <sub>2</sub> SO <sub>4</sub>	pH: _____
Phone: Work/Cell	973-764-5139 / 973-222-7668	mchirico@sussex.nj.us			# NaOH	pH: _____
					# unpreserved	_____
					# other	_____
					# other	_____

Matrix Abbreviations: DW - Drinking water    GW - Ground Water    RAW-GW - DW RAW GW    WW/NPW - Wastewater    SL - Sludge    P - Pool    L - Lake    Page 1 of 1

Project: Lake Conway Beach		Collection		PWSID#					for laboratory use only	Field Analysis	
Sample ID	Location	Date	Time	Grab	Comp	Matrix	# of Bottles	Preservative	ANALYSIS REQUESTED	pH / Temp	Cl <sub>2</sub> or PO <sub>4</sub>
230828020-001	Lake Conway Beach	8/29/23	0935	X		L	1	Na2S2O3	E.Coli MW Colilert-18		

Sampled By (name/company):	Are these samples for compliance? (circle one):	Yes	or	No	Indicate laboratory location where analysis request was performed
<i>S. Trajanzowski</i>					
	NJDEP Laboratory Certification (Dover, NJ) #14013				
	NJDEP Laboratory Certification (Marlboro, NJ) #13033				
Reporting Requirements (Check Box):	Standard	NJ Reduced	Other (Specify)	Cooler Temperature Upon Receipt at lab: <i>7:30C</i>	

<b>Sample Custody Exchanges (Please use full legal signature)</b>						Comments:
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
<i>[Signature]</i>	8/29/23	16:05	<i>[Signature]</i>	8/29/23	16:10	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Date Faxed _____
						Invoice Number _____
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	Is sample known to be hazardous? (circle one)
						Yes or No