



**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: June 28, 2023  
Client: Lake Conway  
Address: 7 Meadow Ln  
Vernon, NJ 07462

## Analytical Results

Sample Matrix:	Lake	Lab Sample Number:	230625016-001
Sample Location:	Lake Conway Beach		
Sampled By:	S. Trojanowski		
Sample Date/Time:	6/26/2023 14:25		

Parameters	Method	Results	Units	NJDOH WQS	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
E. Coli	Colilert-18 Multiwell	39	MPN/100ml	320	6/26/2023	18:00	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

June 28, 2023



# CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

2306250  
230625016

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>
230625016-001	Lake Conway Beach	6/26/23	1425	X		L	1	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> None	E.Coli MW Colilert-18		

Sampled By (name/company): S. Trajanich Are these samples for compliance? (circle one): Yes or **No**

NJDEP Laboratory Certification (Dover, NJ) #14013  
 NJDEP Laboratory Certification (Marlboro, NJ) #13033

Indicate laboratory location where analysis request was performed

Reporting Requirements (Check Box): Standard  NJ Reduced  Other (Specify)

Cooler Temperature Upon Receipt at lab: 1-0°C

**Sample Custody Exchanges (Please use full legal signature)**

Relinquished By: <u>[Signature]</u>	Date: <u>6/26/23</u>	Time: <u>1700</u>	Received By: <u>[Signature]</u>	Date: <u>6/26/23</u>	Time: <u>1704</u>	Comments:  Date Faxed _____ Invoice Number _____  Is sample known to be hazardous? (circle one) Yes or No
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	