



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 09, 2023
Client: Lake Conway
Address: 7 Meadow Ln
Vernon, NJ 07462

Analytical Results

Sample Matrix:	Lake	Lab Sample Number:	230805036-001
Sample Location:	Lake Conway Beach		
Sampled By:	S. Trojanowski		
Sample Date/Time:	8/7/2023	12:40	

Parameters	Method	Results	Units	NJDOH WQS	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
E. Coli	Colilert-18 Multiwell	6	MPN/100ml	320	8/7/2023	16:08	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 09, 2023



CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

230805036

Customer Name: Lake Conway Association
 Location: 7 Meadow Ln
 Address: Vernon, NJ, 07462
 Customer Contact: Angelo Romano
 Phone: Work/Cell 973-764-5139 / 973-222-7668
 Report to: Angelo Romano
 lakeconwaycommunity@gmail.com
 mchirico@sussex.nj.us
 Agra Environmental Services
 90 1/2 West Blackwell Street
 Dover, NJ 07801
 Phone: (973) 989-0010
 Fax: (973) 989-0156

Matrix Abbreviations: DW - Drinking water GW - Ground Water RAW-GW - DW RAW GW WW/NPW - Wastewater SL - Sludge P - Pool L - Lake
 Project: Lake Conway Beach
 Collection PWSID#
 for laboratory use only
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Sample ID	Location	Date	Time	Grab	Comp	Matrix	# of Bottles	Preservative	ANALYSIS REQUESTED	pH / Temp	Cl ₂ or PO ₄
230805036-001	Lake Conway Beach	8/7/23	1245	X		L	1	Na ₂ S ₂ O ₃	E.Coli MW Colilert-18		

Sampled By (name/company): S-T's greco h
 Are these samples for compliance? (circle one): Yes or No
 NJDEP Laboratory Certification (Dover, NJ) #14013
 NJDEP Laboratory Certification (Marlboro, NJ) #13033
 Reporting Requirements (Check Box): Standard NI Reduced Other (Specify) _____
 Indicate laboratory location where analysis request was performed
 Cooler Temperature Upon Receipt at lab: 1. (

Sample Custody Exchanges (Please use full legal signature)
 Relinquished By: [Signature] Date: 8/7/23 Time: 1425 Received By: [Signature] Date: 8/7/23 Time: 1453
 Relinquished By: [Signature] Date: [] Time: [] Received By: [Signature] Date: [] Time: []
 Relinquished By: [Signature] Date: [] Time: [] Received By: [Signature] Date: [] Time: []
 Comments: _____
 Date Faxed _____
 Invoice Number _____
 Is sample known to be hazardous? (circle one) Yes or No