



**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 19, 2024  
Client: Lake Conway  
Address: 7 Meadow Ln  
Vernon, NJ 07462

## Analytical Results

Sample Matrix:	Lake	Lab Sample Number:	240612039-001
Sample Location:	Lake Conway Beach		
Sampled By:	S. Trojanowski		
Sample Date/Time:	6/17/2024 10:05		

Parameters	Method	Results	Units	NJDOH WQS	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
E. Coli	Colilert-18 Multiwell	6	MPN/100ml	320	6/17/2024	15:14	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 19, 2024



# CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

2406120  
240612039

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

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>
240612039-001	Lake Conway Beach	6/17/24	1005	X		L	1	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	E.Coli MW Colilert-18		

Sampled By (name/company): S. Raj Anandhi

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: 2.5C

Sample Custody Exchanges (Please use full legal signature)						Comments:
Relinquished By: <u>[Signature]</u>	Date: <u>6/17/24</u>	Time: <u>1405</u>	Received By: <u>[Signature]</u>	Date: <u>6/17/24</u>	Time: <u>1409</u>	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	

Date Faxed \_\_\_\_\_  
 Invoice Number \_\_\_\_\_  
 Is sample known to be hazardous? (circle one)  
 Yes or No