



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 20, 2023
Client: Lake Conway
Address: 7 Meadow Ln
Vernon, NJ 07462

Analytical Results

Sample Matrix:	Lake	Lab Sample Number:	230619029-001
Sample Location:	Lake Conway Beach		
Sampled By:	S. Trojanowski		
Sample Date/Time:	6/19/2023	14:15	

Parameters	Method	Results	Units	NJDOH WQS	Date Analyzed	Time Analyzed	Analyst	Reporting Limit	Dilution Factor
E. Coli	Colilert-18 Multiwell	1	MPN/100ml	320	6/19/2023	17:50	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 20, 2023



CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

23061909
230619029

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 ₂ S ₂ O ₃	Cl ₂ : _____
	Vernon, NJ, 07462			Phone: (973) 989-0010	# HNO ₃	pH: _____
Customer Contact:	Angelo Romano	lakeconwaycommunity@gmail.com		Fax: (973) 989-0156	# H ₂ SO ₄	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 ₂ or PO ₄
230619029-001	Lake Conway Beach	6/19/23	1415	X		L	1	Na ₂ S ₂ O ₃ <i>mm</i>	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. Trojanski</i>	NJDEP Laboratory Certification (Dover, NJ) #14013		[Redacted]	
	NJDEP Laboratory Certification (Marlboro, NJ) #13033		[Redacted]	
Reporting Requirements (Check Box):	Standard	NJ Reduced	Other (Specify)	Cooler Temperature Upon Receipt at lab: <i>0.1</i>

Sample Custody Exchanges (Please use full legal signature)						Comments:
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
<i>[Signature]</i>	6/19/23	1700	<i>[Signature]</i>	6/19/23	1701	
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