

Converse Laboratories Inc.
800 Starbuck Ave. Suite B101
Watertown, NY 13601

NYS Approved ELAP
ID# 10708

USPH Certified
ID# 36144

Client: Town of Fowler
87 Little York Rd.
Gouverneur, NY 13642

Report Date:
8/20/2024

Laboratory Report

Sample ID: 2409846

Sample Type: Lake Water

Sample Date/Time: 8/19/2024 0815

Sample Site: Sylvia Lake

Date/Time Received: 8/19/2024 0915

Sampler: RN

Analysis	Result	Units	Method Code	Lab ID	Date/Time/Tech Tested
E. Coli	12.2	100ml	SM 23-9223B(MPN)	10708	8/19/2024 1330 SAC

Reviewed by/Supervisor: Kathryn Bromberg

Key: 100ml- Amount of Water Tested

The information in this report is accurate to the best of our knowledge and capability. In no event shall our liability exceed the cost of these services. I certify that these results conform to NYS Department of Health Standards and requirements (10 NYDDR Subpart 55-2)

Sample results are based on samples as they are received, unless sampled by CLI.
This report shall not be reproduced, except in full, without written approval from CLI.



CONVERSE LABORATORIES, INC.
800 Starbuck Ave., Suite B101, Watertown, NY 13601
(315) 788-8388 www.converselabs.com

Chain of Custody

Client Name: TOWN OF FOWLER			Sample / Well Information:			PLEASE NOTE: Samples are accepted at drop-off locations on behalf of Converse Laboratories and must be dropped off no later than 9:30 am. Payment by cash or check, in the exact amount, must be made upon submission. <i>Thank you!</i>				
Client Address: 87 Little York Rd			<input type="checkbox"/> Drilled	<input type="checkbox"/> Dug						
Gouverneur NY 13642			<input type="checkbox"/> Spring	<input type="checkbox"/> UV						
Phone #: 315 287-0045		Cell #: 315 771-2194		<input type="checkbox"/> Driven Point	<input type="checkbox"/> R/O					
E-Mail address: fowlerclerk@centralny.twcbc.com			Chl _____ ppm			<input checked="" type="checkbox"/> Other _____				
Contact/Report to: TAMI GALE			1-UT/2-THIO # of containers Subcontracted: NY			NOTES TO LABORATORY				
Sampler: R.N.						Normal Turn Around Time for written report is 7-10 business days				
						Normal TAT <input type="checkbox"/> RUSHI				
						Rush TAT <input checked="" type="checkbox"/> Date needed: _____ am / pm				
						ANALYSIS REQUESTED (Indicate)				
						SAMPLE ID# (lab use only)				
Date Collected	Time Collected	SAMPLE LOCATION		1-UT/2-THIO	# of containers	Subcontracted: NY				
8/19/24	8:15AM	SYLVIA LAKE		1	1	N	Coliform - MPN	9846mpn		
Notes to Laboratory:						ON ICE: (Y) N				
Relinquished by:		Date	Time	Received by:		Date	Time	Rec'd Temp °C		
<i>Ruby D. Juson</i>		8/19/24	9:15	<i>Laurie Stultz</i>		8/19/24	0915	21.9		
Authorized Recipients & Contact Info:						PRICING				
						Total Coliform/E. Coli as Pos/Neg \$37.00				
						Total Coliform/E. Coli as Count \$47.00				
						Complete Analysis \$210.00				
						Nitrate \$27.00				
						Lead \$27.00				
						SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS (Y/N) *If no, see attached sheet				

Doc. # 311g
Eff. 1/9/2024
New Doc
1 of 1

Amt. Due: 50 Amt. Pd. 50
Cash Check # _____ CC _____

Initial Review: LDS - 8/19/24
Trans. Review: WMT 8/20/24
Final Review: Wmm 8/20/24