

## CERTIFICATE OF ANALYSIS

NY Lab ID 11534

Project Name:	SLIPD	Workorder: C	C055750
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Karl Hardcastle Saratoga Lake Improvement & Protection PO Box 2551 Ballston Spa, NY 12020

Project Name and Number: **SLIPD** 

July 29, 2020

Dear Karl Hardcastle,

This report relates only to the sample(s) as received by the laboratory. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your CNA Environmental project coordinator or laboratory manager listed at the bottom of this report at (518) 884-0800.

Note: This coverpage is included as part of the Analytical Report and must be retained as a permanment record thereof.

Laboratory Manager

CNA Environmental, LLC

Matthe a. D.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Matthew Dougan For Johannes Helgren, Field Coordinator



crobiological Parameters							<b>Date Received:</b> 07/27/20 10:27			
Sample					Sample					
ID#	Analysis	Method	Results	RL	Units	MCL	Point	Sampled	Analyzed	Note
C055750-01	Fecal Coliform	SM 9222 D-06	3	2	Colonies/100ml	1000	Nielson Ave	7/27/20 09:00	7/27/20 12:02	E, M11
C055750-02	Fecal Coliform	SM 9222 D-06	500	10	Colonies/100ml	1000	Lake Lonely	7/27/20 09:00	7/27/20 12:02	
C055750-03	Fecal Coliform	SM 9222 D-06	10	10	Colonies/100ml	1000	Manning Cove	7/27/20 09:00	7/27/20 12:02	E, M11
C055750-04	Fecal Coliform	SM 9222 D-06	26	2	Colonies/100ml	1000	Rosy Lane	7/27/20 09:00	7/27/20 12:15	E, M11
C055750-05	Fecal Coliform	SM 9222 D-06	800	100	Colonies/100ml	1000	Cold Spring	7/27/20 09:00	7/27/20 12:15	E, M11
C055750-06	Fecal Coliform	SM 9222 D-06	940	9	Colonies/100ml	1000	Brown Beach	7/27/20 09:00	7/27/20 12:15	E, M11
C055750-07	Fecal Coliform	SM 9222 D-06	2000	100	Colonies/100ml	1000	Sucker Brook	7/27/20 09:00	7/27/20 12:40	
C055750-08	Fecal Coliform	SM 9222 D-06	12	2	Colonies/100ml	1000	Pump Station	7/27/20 09:00	7/27/20 12:40	E, M11
C055750-09	Fecal Coliform	SM 9222 D-06	18	2	Colonies/100ml	1000	Lee Campground	7/27/20 09:00	7/27/20 12:40	E, M11
C055750-10	Fecal Coliform	SM 9222 D-06	44	2	Colonies/100ml	1000	Waterfront Park	7/27/20 09:00	7/27/20 13:07	E, M11
C055750-11	Fecal Coliform	SM 9222 D-06	8	2	Colonies/100ml	1000	Waters Edge	7/27/20 09:00	7/27/20 13:07	E, M1
C055750-12	Fecal Coliform	SM 9222 D-06	42	2	Colonies/100ml	1000	Kayaderosseras	7/27/20 09:00	7/27/20 13:07	
Sample							Sample			
ID#	Analysis	Method	Results	RL	Units	MCL	Point	Sampled	Analyzed	Note
C055750-01	E. Coli Confirmation	SM 9222 G	ND	2	Colonies/100ml	240	Nielson Ave	7/27/20 09:00	7/27/20 12:02	E
C055750-02	E. Coli Confirmation	SM 9222 G	500	10	Colonies/100ml	240	Lake Lonely	7/27/20 09:00	7/27/20 12:02	
C055750-03	E. Coli Confirmation	SM 9222 G	ND	10	Colonies/100ml	240	Manning Cove	7/27/20 09:00	7/27/20 12:02	E
C055750-04	E. Coli Confirmation	SM 9222 G	7	2	Colonies/100ml	240	Rosy Lane	7/27/20 09:00	7/27/20 12:15	E, M11
C055750-05	E. Coli Confirmation	SM 9222 G	100	100	Colonies/100ml	240	Cold Spring	7/27/20 09:00	7/27/20 12:15	E, M11
C055750-06	E. Coli Confirmation	SM 9222 G	940	9	Colonies/100ml	240	Brown Beach	7/27/20 09:00	7/27/20 12:15	E, M11
C055750-07	E. Coli Confirmation	SM 9222 G	300	100	Colonies/100ml	240	Sucker Brook	7/27/20 09:00	7/27/20 12:40	
C055750-08	E. Coli Confirmation	SM 9222 G	10	2	Colonies/100ml	240	Pump Station	7/27/20 09:00	7/27/20 12:40	E, M11
C055750-09	E. Coli Confirmation	SM 9222 G	8	2	Colonies/100ml	240	Lee Campground	7/27/20 09:00	7/27/20 12:40	E, M11
C055750-10	E. Coli Confirmation	SM 9222 G	44	2	Colonies/100ml	240	Waterfront Park	7/27/20 09:00	7/27/20 13:07	E, M11
0000700 10										E M1:
C055750-11	E. Coli Confirmation	SM 9222 G	8	2	Colonies/100ml	240	Waters Edge	7/27/20 09:00	7/27/20 13:07	E, M1

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Watth a Day



## **Notes and Definitions**

M11 Plate count was outside method reporting range. Result is an Estimate.

E Estimate

DET Analyte DETECTED

ND Analyte NOT DETECTED at or above the Reporting Limit (RL)

NR Not Reported

dry Sample results reported on a dry weight basis

RPD Relative Percent Difference
< Less than reporting limit

Less than or equal to reporting limit
 Greater than reporting limit

 $\geq$  Greater than or equal to reporting limit

MDL Method Detection Limit

RL Reporting Limit-Lowest concentration level that is reportable

MCL/AL Maxium Contaminant Level\*/Action Level

mg/kg wet Results reported as wet weight
TTLC Total Threshold Limit Concentration
STLC Soluble Threshold Limit Concentration
TCLP Toxicity Characteristic Leachate Procedure

\*MCL values listed in this report are taken from the New York State Department of Health Part 5, Subpart 5-1 Public Water System Tables. A full list of parameters and their associated MCL values can be found on the New York Department of Health's website, www.health.ny.gov. Please note that some parameters tested may not have an associated MCL value. In other cases, a listed MCL value may refer to a recommended result limit or result equivalent to another parameter; as is the case for heterotrophic plate count (HPC). HPC results equal to or less than 500 colonies/mL is considered to be equivalent to a measurable free chlorine residual.

All work performed by CNA Environmental, LLC is subject to its terms and conditions of services viewable at our office and our website: www.cnawater.com/about-us/terms

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Matth a. Dog



## CNA Environmental LLC.

## 27 Kent Street Ballston Spa, NY 12020 (518) 884-0800

Main Office and Lab M-F 8:00 AM - 4:30 PM

Sat 10:00 AM - Noon Total Coliforms ONLY

172 Ridge Street Glens Falls, NY 12801 (518) 884-0800 ext 408

Monday 1pm-3pm, Friday 1pm-3pm
Tues, Wed. Thursday: 10am-2pm

Satellite Office (Sample Receipt)

Mailing/Billing Address: Samples were: Ship// Hand// Drop Containers Intact: X\_N CNA USE ONLY Sample Retention Times: Finished products are kept until code date unless otherwise advised. Environmental sporges, water, and any other samples that have a 'hold time' will not be saved after testing is complete, unless otherwise instructed by the regulatory body. Any atypical results: the client is contacted ASAP and CNA retains the sample based on the direction given by the client on how ... All other analyses will be forwarded to an NYS DOH ELAP/NELAC approved laboratory. CNA reserves the right to use an approved laboratory for any and all analyses in the event that CNA is unable to Relinquished by perform an analysis. CNA also conducts pH, Residual Chlorine, and Total Hardness on drinking water as well as dissolved oxygen on non-potable water Non-Potable water: BOD, Coliform (fecal and total), Conductivity, E. coli, Fluoride, Legionella, Nitrate, Nitrite, Solids (settleable and suspended), Standard Plate Count, Sulfate, and Turbidity Potable water: Alkalinity, Chloride, Coliform, Color, Conductivity, Corrosivity, E. coli, Fluoride, Legionella, Nitrate, Nitrite, Odor, Standard Plate Count, Sulfate, and Turbidity CNA Environmental, LLC's mission is to be certified by the New York State Dept. of Health to perform the following analyses: Relinquished by: Relinquished by: Client Name & Property Address of Site Sampled
SARATCH LALLE LA COLC (CNA Use) MOROCHUT Lab ID 1) Warder Sample Point THE PROPERTY 401 W. Š N 15 Labels Match COC: (Y) N Properly Preserved; Y)N COC Complete: Received by Laboratory in Ballstop, Spa: Received by: Received by: Date Raw = Untreated source water, NPW = Non-potable other (le lake), WW = waste water. 68 S 8/5 Water Types: DW = Drinking water (chlorination, UV system, residential well) SARATOSA , 800 Chain of Custody Form を Time Z/ Comments: ΑP \$ ڄ AP ΑP 2 A/P Ąρ AVP MG AW 3/2 Grab or Composite ハメダ H861 SMAR Water Type Š Sample Source (public water, well, pond, etc) Person taking sample(s)

HAQUEAS bottles # of Method of Payment: Bill On Ice/Cooling: (Y) Temp. Upon Receipt: Date/Time: Date/Time: での V 20 Paller 75 7000 Fecal 940 Feral/940 900 Required Analysis 725 9-38-2 Sh91 Fecal/ E 300 1500 E Page 4 of 4 C055750 CNA\_DW\_Summary2016 FINAL 07 29 20 1417 07/29/20 14:17:20

EMAIL KHARCLCASKNY CAP, RR. COM

Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Used: Y / Ŋ

Chlorine Residual (mg/l):