



Environmental and Laboratory Services

90 ½ West Blackwell St., Dover, New Jersey 07801

(973) 989-0010 P, (973) 989-0156 F

Analytical Results

Date: September 7, 2018

Client: Longwood Lake Cabin Owners Assoc.

Address: 37 Barry Dr
Rockaway, NJ 07866

Sample description: Drinking Water / 18083102-01

Location: Cabin #181 Blue Rd Pump #1

Sampled by: Client

Sample date: 08/30/18

Time: 08:40

Analyst: J. MacDonald

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Reporting Limit
Total Coliform	SM9223B	Absent	0	08/31/18	13:00	--
E. Coli	SM9223B	Absent	0	08/31/18	13:00	--

Sample description: Drinking Water / 18083102-02

Location: Cabin #160 Blue Rd Pump #2

Sampled by: Client

Sample date: 08/30/18

Time: 08:00

Analyst: J. MacDonald

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Reporting Limit
Total Coliform	SM9223B	Absent	0	08/31/18	13:00	--
E. Coli	SM9223B	Absent	0	08/31/18	13:00	--

Sample description: Lake Water / 18083102-03

Location: Cove – (Big) Blue Rd

Sampled by: Client

Sample date: 08/31/18

Time: 08:25

Analyst: M. Schrieks

Parameter	Method	Sample Result	NJDOH WQS	Date Analyzed	Time Analyzed	Reporting Limit
E. Coli	Hach 10029	13 cfu/100mL	320 cfu/100mL	08/31/18	12:20	2 cfu/100mL

Sample description: Lake Water / 18083102-04

Location: Cove – (Small) Red & Yellow Rd

Sampled by: Client

Sample date: 08/31/18

Time: 08:30

Analyst: M. Schrieks

Parameter	Method	Sample Result	NJDOH WQS	Date Analyzed	Time Analyzed	Reporting Limit
E. Coli	Hach 10029	5 cfu/100mL	320 cfu/100mL	08/31/18	12:20	2 cfu/100mL

WQS = Water Quality Standard
cfu = colony forming units

All testing was done within the required holding time.

I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection.

haurette Long (For SV)
Susan VanVeen, Lab Manager
NJ Laboratory Certification ID # 14013

September 7, 2018
Date

CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

_____ Asc./HCl Vials pH: _____
 # _____ HCl Vials pH: _____
 # 4 Na₂S₂O₃ Cl₂: _____
 # _____ HNO₃ pH: _____
 # _____ H₂SO₄ pH: _____
 # _____ NaOH pH: _____
 # _____ unpreserved _____
 # _____ other _____
 # _____ other _____

Customer Name: <u>LLCOA</u>	Report to: <u>Michael Rowe</u>	Agra Environmental Services
Address: <u>40 Margaret Rd</u>	<u>fish on forty@yahoo.com</u>	90 1/2 West Blackwell Street
<u>Oak Ridge, N.J. 07438</u>		Dover, NJ 07801
County/Municipality: <u>Morris/Jefferson</u>		Phone: (973) 989-0010
Phone: <u>973-479-4521</u>		Fax: (973) 989-0156
Work:		

Matrix Abbreviations: D - Drinking Water G- Groundwater W- Wastewater S- Soil SL- Sludge P-Pool L-Lake

Project:	Collection	PWSID#						for laboratory use only
Field ID	Date	Time	Grab	Comp	Matrix	# of Bottles	Preservative	ANALYSIS REQUESTED
<u>1883102</u>								
<u>Cabin #181 Blue Rd. Pump #1</u>	<u>8-30-18</u>	<u>8:50AM</u>				<u>1</u>		<u>TC/EC 8/31 300.5m</u> <u>(S)</u>
<u>Cabin #160 Blue Rd Pump #2</u>	<u>8-30-18</u>	<u>8:00AM</u>				<u>1</u>		<u>TC/EC</u> <u>+</u> <u>+</u> <u>+</u> <u>(S)</u>
<u>Cove - Big Blue Rd. (03)</u>	<u>8-31-18</u>	<u>8:25AM</u>				<u>1</u>		<u>Ecoli (Lake)</u> <u>13</u> <u>cfu/100mL</u> <u>8/31</u> <u>1220</u> <u>ms</u>
<u>Cove Small Red & Yellow Rd. (04)</u>	<u>8-31-18</u>	<u>8:30AM</u>				<u>1</u>		<u>Ecoli (Lake)</u> <u>5</u> <u>+</u> <u>+</u> <u>+</u> <u>+</u>

Sampled By (name/company): <u>Michael Rowe</u>	State Forms Needed (circle one): Yes or <u>No</u>	indicate laboratory location where analysis requested was performed
	NJDEP Laboratory Certification (Dover, NJ) #14013	
	NJDEP Laboratory Certification (Marlboro, NJ) #13033	
Reporting Requirements (Check Box):	Standard <input type="checkbox"/>	NJ Reduced <input type="checkbox"/>
		Other (Specify) <input type="checkbox"/>
		Cooler Temperature Upon Receipt at lab: <u>N/A</u>

Sample Custody Exchanges (Please use full legal signature)						Scanned _____
Relinquished By: <u>[Signature]</u>	Date: <u>8-31-18</u>	Time: <u>9:30AM</u>	Received By: <u>[Signature]</u>	Date: <u>8/31/18</u>	Time: <u>0930</u>	<u>(S)</u>
Relinquished By: <u>[Signature]</u>	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

1883102
410