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

NYS Approved ELAP
ID# 10708

USPH Certified
ID# 36144

Client: Watertown, Town of
22867 CR 67
Watertown, NY 13601

Report Date:
8/18/2025

Laboratory Report

Sample ID: 2511050
Sample Date/Time: 8/15/2025 1102
Date/Time Received: 8/15/2025 1125
Sample Type: Finished, Chl.-0.18
Sample Site: 21912 Birch Lane
Sampler: WRB/CLI-Doc 314

Analysis	Result	Units	Method Code	Lab ID	Date/Time/Tech Tested
Coliform, Total	NEG	100ml	SM 23-9223B	10708	8/15/2025 1140 BRM

Sample ID: 2511051
Sample Date/Time: 8/15/2025 1112
Date/Time Received: 8/15/2025 1125
Sample Type: Finished, Chl.-0.14
Sample Site: 21945 Birch Lane
Sampler: WRB/CLI-Doc 314

Analysis	Result	Units	Method Code	Lab ID	Date/Time/Tech Tested
Coliform, Total	NEG	100ml	SM 23-9223B	10708	8/15/2025 1140 BRM

BACTERIOLOGICALLY
SATISFACTORY

Reviewed by/Supervisor: Kathryn Bramley

Key: 100ml - Amount of water tested

The information in this report is accurate to the best of our knowledge and capablity.
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.

FORWARDED TO THE
DEPARTMENT OF HEALTH
BY CLI

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

Chain of Custody

Page 1 of 1

Client Name:	Town of Watertown SD#1
Client Address:	22867 CR 67
	Watertown, NY 13601
Phone #:	Cell #
E-Mail address:	
Contact/Report to:	
Sampler:	Bill Baker

Client Project ID / PO# :

Matrix Codes
DW= Drinking Water
GW=Ground Water WW=Wastewater
SL=Sludge SW=Surface Water SO=Soil

Sample Information:
☐ Finished ☐ Raw
☑ Chlorinated ☐ UV
☐ OTHER: _____

Preservative Codes
1= $Na_2S_2O_3$ 2= HCl 3= H_2SO_4
4= HNO_3 5= NaOH 6= Asorbic Acid 7= NH_4CL 8= Unpres. 9=_____

DW RESULTS WILL BE FORWARDED TO NYS DOH.

NOTES TO LABORATORY
Normal TAT ☐
Rush TAT ☐
Date Needed: _____ a.m. / p.m.

Date Collected	Time Collected	Sample Identification	G = Grab C = Composite	Matrix - see codes above	Chlorine Residual	List Preservative Code Below 1	2	3	4	5	6	7	8	Subcontracted Y / N	ANALYSIS / TEST REQUESTED	SAMPLE ID # (lab use only)
		~~Manhole~~		ww										N	~~D.O.~~	
		~~Outside Manhole~~	G	ww		1								N	~~Fecal Coliform~~	
8/15/25	11:02	21912 Birch Lane			'18											1050
8/15/25	11:12	21945 Birch Lane			'14											1051

Relinquished by:	Date	Time	Received by:	Date	Time	Rec'd Temp°	ICED?	AUTHORIZED RECIPIENTS & CONTACT INFO
Bill Baker	8/15/25	11:25	Laurie Shelton	8/15/25	1125	21.5	(Yes) No	

SAMPLE(S) AS RECEIVED CONFORM TO NELAC STANDARDS
(YES) NO
IF NO, SEE ATTACHED SHEET

Amt. Due: _____ Amt. Paid: _____

Cash _____ Check# _____ CC _____

Initial Review: LDS 8/15/25
Transcriptual Rev.: [illegible] 8/18/25
Final Review: [illegible] 8/19/25