7280 Caswell Street North Syracuse, NY 13212 Phone 315-478-2374 Fax 315-478-2107

REPORT OF ANALYSES

PROJECT NAME: Whiskey Hollow Spring DATE: 12/11/2024

933685 SAMPLE NUMBER-

SAMPLE ID- Whiskey Hollow Spring

DATE SAMPLED- 12/10/24

DATE RECEIVED- 12/10/24 SAMPLER- Client

TIME RECEIVED- 0908

DELIVERED BY-

SAMPLE MATRIX- WA TIME SAMPLED- 0833 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

METHOD ANALYSIS

ANALYSIS

TIME BY DATE

RESULT UNITS

Sample Receipt Temperature Total Coliform

Colilert

12/10/24 12/10/24 0940 BLO 13.8 Degrees C < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

Reverse Side) (Terms and

Barbara L. DuChene Laboratory Manager

Note: Reported result is negative.

The state sanitary code states that acceptable drinking water must contain no coliform bacteria. In order to be acceptable your sample must be "< 1". If your result is not "< 1" then you should call your local health department for advice on how to improve your water's quality. This sample meets NYS Standards for Total Coliform.

E-Coli Not Present