



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6G0351

HOLLAND BOARD OF HEALTH

Project Name: CRAIG ROAD BEACH

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 07/11/2016 13:30
Reported: 07/13/2016 15:13

Analytical Testing Parameters

Client Sample ID: CRAIG ROAD BEACH
Lab Sample ID: W6G0351-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 07/11/16
Collection Time: 09:31

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 6.0, 1.0, MPN/100 mL, 07/11/16 1540, 07/12/16 1100, MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 12.0°C

Cooler Inspection Checklist

Checklist table with 4 columns: Item, Yes, No, Yes. Items: Custody Seals Intact and/or No Evidence of Tampering, COC/Labels Agree, Received on Ice (or not required)

Project Requested Certification(s)

Microbac Laboratories, Inc. - Massachusetts
M-MA003

Massachusetts Department of Environmental Protection

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Reviewed and Approved By:

Handwritten signature of Manish Shekhawat

Manish Shekhawat For Elizabeth Sjogren
Technician
07/13/2016 15:13

Go Green: Contact Elizabeth Sjogren to set up email reporting and invoicing options.

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included.



W6G0351

CHAIN OF CUSTODY FORM

100 Barber Avenue • Worcester MA 01606
Tel: (508) 595-0010 • Fax: (508) 595-0008



Microbac Laboratories, Inc.

E-MAIL Copy of Report To

CUSTOMER:

ADDRESS:

SAMPLER: TOM BALTAZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE: 508-245-2525 Fax:

Billing Information

BILL TO: TOWN OF HOLLAND BOH

ADDRESS: 27 SUESBRIDGE ROAD

HOLLAND, MA 01521

PURCHASE ORDER #

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7108 X 112

Lab

Pro:

Contact Pers:

IN CASE WE HAVE ANY QUESTIONS WHEN SAMPLES ARRIVE WE SHOULD CALL:

E-MAIL:

PHONE:

FAX:

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis					Preservatives					
			COMPOSITE	GRAB			H ₂ SO ₄	HCL	HNO ₃	NON-PRES	Mixed						
1) MASSACONNET STAIRS	07-11-16	09:15															
2) CRAIG ROAD BEACH		09:13															
3) COLLETTE DRIVE BEACH		09:14															
4) HOLLAND POND		09:10															
5) BRANDON ROAD		09:14															
PLEASE E-MAIL CASH TEST ON ONE PAGE. THANK YOU																	

TURNAROUND (INDICATE IN CALENDAR DAYS):

FAX HARD COPY E-MAIL

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

COMMENTS:
ON FILE

CONDITIONS UPON RECEIPT: (CHECK ONE) COMPLIANT AMBIENT Upon Receipt at lab

CUSTOMY TRANSFER	DATE	Time
LINQUISHED: <u>TOM BALTAZAR</u>	<u>07-11-16</u>	<u>12:00</u>
CEIVED: <u>MRX</u>	<u>07/11/16</u>	<u>12:00</u>
LINQUISHED:		
CEIVED:		
LINQUISHED:		
CEIVED:		