



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6G0690

HOLLAND BOARD OF HEALTH

Project Name: MASSACONET SHORES

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 07/25/2016 12:30
Reported: 07/26/2016 10:45

Analytical Testing Parameters

Client Sample ID: MASSACONET SHORES
Lab Sample ID: W6G0690-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 07/25/16
Collection Time: 08:48

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 7.0, 1.0, MPN/100 mL, 07/25/16 1530, 07/26/16 1010, MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 13.1°C

Cooler Inspection Checklist

Table with 4 columns: Item, Yes, No, Yes. Rows: 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:

Elizabeth Sjogren
Technician
07/26/2016 10:45

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. For any feedback concerning our services, please contact Elizabeth Sjogren, Project Manager at elizabeth.sjogren@microbac.com. You may also contact Manish Shekhawat, Laboratory Director at manish.shekhawat@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.



Microbac Laboratories, Inc.

CHAIN OF CUSTODY FORM

100 Barber Avenue • Worcester MA 01606

Tel: (508) 595-0010 • Fax: (508) 595-0008

Lab WO #:



W6G0690

**E-Mail Copy of Report To**

**Billing Information**

CUSTOMER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DELIVERY: TOM BALZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE: 508-245-2525 Fax: \_\_\_\_\_

BILL TO: TOWN OF HOLLAND BOH

ADDRESS: 27 STURBRIDGE ROAD  
HOLLAND, MA 01521

PURCHASE ORDER # \_\_\_\_\_

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7108 x112

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis				Preservatives		
			COMPOSITE	GRAB			H <sub>2</sub> SO <sub>4</sub>	HCL	HNO <sub>3</sub>	NON-PRES		Mixed	
① MASSACONET SHORES	07-25-16	09:48											
② <del>CATG ROAD BEACH</del>		09:05											
③ COLLETTE DRIVE BEACH		09:21											
④ HOLLAND POND		09:42											
⑤ BRANDON ROAD		10:03											
PLEASE E-MAIL EACH TEST ON ONE PAGE													

TURNAROUND (INDICATE IN CALENDAR DAYS):

FAX  HARD COPY  E-MAIL

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

COMMENTS:

CONDITIONS UPON RECEIPT: (CHECK ONE) COMPLIANT

COOLED  AMBIENT  13.1 °C Upon Receipt at lab

CUSTOMY TRANSFER	DATE	Time
MPLER: <u>Tom Balzar</u>	07-25-16	
CEIVED: <u>[Signature]</u>	7/25/16	1330
LINQUISHED:		
CEIVED:		
LINQUISHED:		
RECEIVED:		