



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6H0369

HOLLAND BOARD OF HEALTH

Project Name: MASSACONET SHORES

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 08/08/2016 12:50
Reported: 08/10/2016 10:47

Analytical Testing Parameters

Client Sample ID: MASSACONET SHORES
Lab Sample ID: W6H0369-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 08/08/16
Collection Time: 08:30

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 3.0, 1.0, MPN/100 mL, 08/08/16 1535, 08/09/16 1000, MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 15.1°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:

Handwritten signature of Manish Shekhawat

Manish Shekhawat For Elizabeth Sjogren
Technician
08/10/2016 10:47

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.

CHAIN OF CUSTODY FORM

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



Microbac Laboratories, Inc.



W6H0369

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 SURREBROCK ROAD
HOLLAND, MA 01521

PURCHASE ORDER # _____

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7108 X112

E-MAIL: _____
PHONE: _____
FAX: _____

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis										
			COMPOSITE	GRAB			Sodium Thio	H ₂ SO ₄	HCL	HNO ₃	NON-PRES	Mixed					
① MASSACONET SHORES	08-08-16	08:30															
② CRAIG ROAD BEACH		08:46															
③ COLLETTE DRIVE BEACH		09:00															
④ HOLLAND POND		09:14															
⑤ BRANDON ROAD		09:30															
PLEASE E-MAIL EACH TEST ON ONE PAGE																	

E-COLI

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 15.1 °C Upon Receipt at lab

CUSTOMY TRANSFER	DATE	Time
ELINQUISHED: <u>Tom Baltazar</u>	08-08-16	12:50
ECEIVED: _____		
ELINQUISHED: _____		
ECEIVED: _____		
ELINQUISHED: _____		
ECEIVED: _____		