



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6H0539

HOLLAND BOARD OF HEALTH

Project Name: CRAIG ROAD BEACH

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 08/15/2016 13:30
Reported: 08/16/2016 16:10

Analytical Testing Parameters

Client Sample ID: CRAIG ROAD BEACH
Lab Sample ID: W6H0539-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 08/15/16
Collection Time: 10:14

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 22, 1.0, MPN/100 mL, 08/15/16 1645, 08/16/16 1055, MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 15.0°C

Cooler Inspection Checklist

Table with 4 columns: Item, Yes, Item, 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:

Manish Shekhawat For Elizabeth Sjogren
Technician
08/16/2016 16:10

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 #:



WV6H0539

E-Mail Copy of Report To

CUSTOMER:

ADDRESS:

SAMPLER: TOM BALTAZAR

E-MAIL: TAZAR4@hotmail.com

PHONE: 508-245-2528 Fax:

Billing Information

BILL TO: TOWN OF HOLLAND BOD

ADDRESS: 27 SURBERIDGE ROAD

HOLLAND, MA 01521

PURCHASE ORDER #

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7100 x112

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis					Preservatives						
			COMPOSITE	GRAB			Sodium Thio	H <sub>2</sub> SO <sub>4</sub>	HCL	HNO <sub>3</sub>	NON-PRES		Mixed					
1 MASSACHUSETT SHORES	08-15-16	10:00																
2 CRAIG ROAD BEACH		10:14																
3 COLLETTE DRIVE BEACH		10:30																
4 HOLLAND POND		11:02																
5 BRANDON ROAD		11:02																
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

15.0 °C Upon Receipt at lab

CUSTODY TRANSFER

INQUIRED/RECEIVED:	Signature	DATE	Time
INQUIRED/RECEIVED:	Tom Baltazar	08-15-16	1330
INQUIRED/RECEIVED:		8-15-16	1330
INQUIRED/RECEIVED:			
INQUIRED/RECEIVED:			
INQUIRED/RECEIVED:			