



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6H0538

HOLLAND BOARD OF HEALTH

Project Name: MASSACONET SHORES

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: MASSACONET SHORES
Lab Sample ID: W6H0538-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 08/15/16
Collection Time: 10:00

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 110, 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

Checklist table with 4 columns: Item, Yes, Item, Yes. Items include Custody Seals Intact, COC/Labels Agree, Received on Ice.

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
08/16/2016 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.



Microbac Laboratories, Inc.

CHAIN OF CUSTODY FORM

100 Barber Avenue • Worcester MA 01606

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



W6H0538

E-Mail Copy of Report To

Billing Information

CUSTOMER:

BILL TO: TOWN OF HOLLAND BOH

ADDRESS:

ADDRESS: 27 SURBRIDGE ROAD  
HOLLAND, MA 01521

SAMPLER: TOM BALTAZAR

PURCHASE ORDER #

E-MAIL: TAZAR4@HOTMAIL.COM

ATTENTION: DAVE KOVALSKI

PHONE: 508-245-2528 Fax:

PHONE: 413-245-7100 X112

E-MAIL:

PHONE:

FAX:

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis										
			COMPOSITE	GRAB			Sodium Thio	H <sub>2</sub> SO <sub>4</sub>	HCL	HNO <sub>3</sub>	NON-PRES	Mixed					
① MASSACONET SHORES	08-15-16	10:00															
② CRAIG ROAD BEACH		10:14															
③ COLLETTE DRIVE BEACH		10:32															
④ HOLLAND POND		11:07															
⑤ BRANDON ROAD		11:02															
PLEASE E-MAIL EACH TEST ON ONE PAGE																	

TURNAROUND (INDICATE IN CALENDAR DAYS):

Time

DATE

CUSTOMY TRANSFER

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

COMMENTS:

CONDITIONS UPON RECEIPT: (CHECK ONE) COMPLIANT

COOLED  AMBIENT  15.0 °C Upon Receipt at lab

RELINQUISHED: Tom Baltazar

RECEIVED: 8-15-16 1330

ELINQUISHED:

RECEIVED:

ELINQUISHED:

RECEIVED: