



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6H0540

HOLLAND BOARD OF HEALTH

Project Name: COLLETTE DRIVE BEACH

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 08/15/2016 13:30
Reported: 08/16/2016 16:09

Analytical Testing Parameters

Client Sample ID: COLLETTE DRIVE BEACH
Lab Sample ID: W6H0540-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 08/15/16
Collection Time: 10:32

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 16, 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 16:09

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

Lab WO #



W6H0540

e-Mail Copy of Report To

CUSTOMER: _____
ADDRESS: _____
SAMPLER: TOM BALTAZAR
E-MAIL: TALAZAR4@HOTMAIL.COM
PHONE: 508-245-2525 Fax: _____

Billing Information

BILL TO: TOWN OF HOLLAND BOH
ADDRESS: 27 SURPRISE ROAD
HOLLAND, MA 01521
PURCHASE ORDER # _____
ATTENTION: DAVE KOVALSKI
PHONE: 413-245-7100 x112

PHONE: _____
FAX: _____

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Preservatives										
			COMPOSITE	GRAB			Sodium Thio	H ₂ SO ₄	HCL	HNO ₃	NON-PRES	Mixed					
① MASSACONNET 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):

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	DATE	Time
RECEIVED: <u>Tom Baltazar</u>	<u>08-16-16</u>	<u>13:30</u>
RECEIVED: <u>[Signature]</u>	<u>8-15-16</u>	<u>13:30</u>
RECEIVED: _____		
RECEIVED: _____		
RECEIVED: _____		