



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6H0725

HOLLAND BOARD OF HEALTH

Project Name: MASSACONET SHORES

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 08/22/2016 14:40
Reported: 08/23/2016 11:41

Analytical Testing Parameters

Client Sample ID: MASSACONET SHORES
Lab Sample ID: W6H0725-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 08/22/16
Collection Time: 09:35

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, 08/22/16 1537, 08/23/16 1001, MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 15.3°C

Cooler Inspection Checklist

Checklist table with 4 columns: Item, Yes, No, Yes. Items: 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
08/23/2016 11:41

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 #:



W6H0725

E-MAIL Copy of Report To

CUSTOMER:

ADDRESS:

SAMPLER: TOM BALTAZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE: 508-245-5252 Fax:

Billing Information

BILL TO: TOWN OF HOLLAND BOIT

ADDRESS: 27 SURBRIDGE ROAD

HOLLAND, MA 01521

PURCHASE ORDER #

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7108x112

PHONE:

FAX:

Sample Identification	Date 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 STURES	08-22-16																
2 CRAIG ROAD BEACH	09:51																
3 COLLETTE DRIVE BEACH	10:40																
4 HOLLAND POND	11:00																
5 BRANDON ROAD	11:18																
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

°C Upon Receipt at lab

15.3

CUSTOMER TRANSFER	DATE	Time
RELINQUISHED: Tom Baltazar	08-22-16	
RECEIVED:	8/22/16	1440
RELINQUISHED:		
RECEIVED:		
RELINQUISHED:		
RECEIVED:		