



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6H0729

HOLLAND BOARD OF HEALTH

Project Name: BRANDON ROAD

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

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

Analytical Testing Parameters

Client Sample ID: BRANDON ROAD
Lab Sample ID: W6H0729-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 08/22/16
Collection Time: 11:18

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 230, 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

Table with 4 columns: Item, Yes/No, Item, Yes/No. 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
08/23/2016 11:40

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 #:



W6H0729

**E-MAIL** Copy of Report To

CUSTOMER: **TOWN OF HOLLAND BOIT**  
ADDRESS: **27 SUBURBIDGUE ROAD  
HOLLAND, MA 01521**  
SAMPLER: **TOM BALTAZAR**  
E-MAIL: **TALAZAR1@HOTMAIL.COM**  
PHONE: **5082452525** Fax:

Billing Information

BILL TO: **TOWN OF HOLLAND BOIT**  
ADDRESS: **27 SUBURBIDGUE ROAD  
HOLLAND, MA 01521**  
PURCHASE ORDER #  
ATTENTION: **DAVE KOWALSKI**  
PHONE: **413-245-7108x112**

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 MASSACONET SHORES	08-22-16	09:35															
2 CRAIGFORD 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																	

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  15.3 °C Upon Receipt at lab

CUSTOMER TRANSFER	DATE	TIME
RECEIVED: Tom Baltazar	08-22-16	8:00 PM 1440
RECEIVED:		
RECEIVED:		
RECEIVED:		
RECEIVED:		