



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D1G0508

Holland Board of Health

Beaches Program
27 Sturbridge Road
Holland, MA 01521

Project Name: Brandon Road

Project / PO Number: N/A
Received: 07/06/2021
Reported: 07/10/2021

Analytical Testing Parameters

Client Sample ID: **Brandon Road**
Sample Matrix: **Recreational Water**
Lab Sample ID: **D1G0508-01**

Collected By: **Tom Baltazar**
Collection Date: **07/06/2021 11:29**

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert Quanti-Tray)-2004								
Escherichia coli	34.5	235	1	MPN/100mL		07/06/21 1550	07/07/21 1600	DCH

Results in **bold** have exceeded a limit defined for this project. Limits are provided for reference but as regulatory limits change frequently, Microbac Laboratories, Inc. advises the recipient of this report to confirm such limits and units of concentration with the appropriate Federal, state or local authorities before acting on the data.

Definitions

MPN/100mL Most Probable Number per 100 Milliliters
RL: Reporting Limit

Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville
M-CT008

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.

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. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.**

Reviewed and Approved By:

Melisa L. Montgomery
Quality Assurance Officer
Reported: 07/10/2021 18:43

Microbac Laboratories, Inc.

61 Louisa Viens Drive | Dayville, CT 06241 | 860.774.6814 p | www.microbac.com

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Microbac Laboratory
61 Louisa Viens
Dayville, CT 06



D 1 G 0 5 0 8

Holland Board of Health

page _____ of _____

WO #:

Project Manager:

CUSTOMER: TOWN OF HOLLAND

ADDRESS:

BILL TO: TOWN OF HOLLAND 150H

ADDRESS: 27 STURBRIDGE ROAD

HOLLAND, MA 01521

ATTN: KYLE MEROLLA

PHONE: 413-245-7108 x112

E-MAIL: BOH@HOLLANDMA.ORG

E-MAIL:

PHONE:

FAX:

Project Mgr:

IN CASE WE HAVE ANY QUESTIONS WHEN SAMPLES ARRIVE WE SHOULD CALL:

PURCHASE ORDER #:

Sample Identification

Date Collected: 07/04/21 Time Collected: 11:29

Sample Matrix

Composite

Grab

Bottle Qty

5 BRANDON ROAD

E-COLI

NON-PRES HCL HNO₃ H₂SO₄ OTHER

TURNAROUND TIME REQUESTED (select):

Standard

RUSH

Day

SAMPLER: TOM BALTAZAR

RECEIVED:

RELINQUISHED: TOM BALTAZAR

RECEIVED:

RELINQUISHED:

RECEIVED:

E-MAIL

HARD COPY

OTHER

Circle Delivery Method:

12:17 AND 7/7/21

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED

AMBIENT

11.7

*C Upon receipt at lab