MICROBAC®

Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D0H2974

Holland Board of Health

Beaches Program
27 Sturbridge Road
Holland, MA 01521

Project Name: Massaconet Shores

Project / PO Number: N/A
Received: 08/31/2020
Reported: 09/02/2020

Analytical Testing Parameters

Client Sample ID: Massaconet Shores
Sample Matrix: Recreational Water
Lab Sample ID: D0H2974-01
Collected By: Tom Baltazar
Collection Date: 08/31/2020 11:53

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert)-1997								
Escherichia coli	1	235	1	MPN/100mL		08/31/20 1649	09/01/20 2047	KPP

*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: 09/02/2020 14:19

MICROBAC®

Microbac La
61 Louis
Dayvill

D 0 H 2 9 7 4

Holland Board of Health

page _____ of _____

Lab WO #:

Project Manager:

Copy of Report To

CUSTOMER: TOWN OF HOLLAND

ADDRESS:

DELIVERY: TOM BALTAZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE 508-245-2525 FAX:

Bill To

BILL TO: TOWN OF HOLLAND BOH

ADDRESS: 27 STURBRIDGE ROAD
HOLLAND, MA 01521

ATTN: DAVE KOWALSKI

PHONE: 413-245-7108 x112

E-MAIL: BOH@TOWNOFHOLLAND.COMMAIL.GMPHONE:

PURCHASE ORDER #:

Project Information

Project:

Location:

Project Mgr:

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

E-MAIL:

FAX:

Sample Identification	Date Collected	Time Collected	Sample Matrix	Sample Type: Composite	Sample Type: Grab	Bottle Qty	Analysis	Preservatives: NON-PRES	HCL	HNO_3	H_2SO_4	OTHER
1) MASSACONET SHORES	08-31-20	1153					E-COLI					

CUSTODY TRANSFER

	DATE	TIME
SAMPLER: TOM BALTAZAR	08-31-20	1332
RECEIVED:		
RELINQUISHED: TOM BALTAZAR	08-31-20	1336
RECEIVED:	8-31-2020	1332
RELINQUISHED:		
RECEIVED:		

TURNAROUND TIME REQUESTED (select): Standard RUSH ____ Day

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

Circle Delivery Method: E-MAIL HARD COPY OTHER

COMMENTS:

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED ☒ AMBIENT ☐ 10.8 °C Upon receipt at lab

Beach Sampling Field Data Revised 2018

Town/City: HOLLAND
Date Collected: 08-31-20
Collected by: TOM BALTAZAR

Time Delivered to Lab: 13:32
Delivered by: TOM BALTAZAR
Relinquished to: MICROBAC LAB

ID #	Sample Location (If beach has multiple samples, note location.)	Marine or Fresh	Sample Time	Water Clarity: Clear / Partly murky / Murky	Water Temp (°F)	Wave Intensity: Calm / Normal / Rough	Days Since Rain (0 if within 24 hrs)	Potential Pollution Sources - If none, check "none" — For people, birds, and dogs, indicate number. Use check mark for others.						
								# People in Water	# Birds	# Dogs	Algae	Trash	Animal/ Human waste	Wrack	None
[illegible]	Sandy Beach	M	9:30 am	C P (M)	68	(C) N R	0	0	5	0					
[illegible]	Sunset Pines	F	6:55 am	C (P) M	72	C (N) R	7	7	0	0		✓			
[illegible]	Excellent Point	F	1:00 am	(C) P M	70	C N (R)	2								✓
				C P M		C N R									
1	MASSACUNET SHORES	F	11:53	(C) P M	78.1	C (N) R	2	0	0	0					
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									
				C P M		C N R									

Cloud Cover: Clear (Partly Cloudy) Cloudy/Overcast

Comments: FOAM @ SHORELINE

A copy of this form must be included with the samples when they are submitted to the lab.