

# Microbac Laboratories, Inc. - Dayville

## CERTIFICATE OF ANALYSIS

D2F2487

**Holland Board of Health** 

**Project Name: Brandon Road** 

Beaches Program 27 Sturbridge RD Holland, MA 01521 Project / PO Number: N/A Received: 06/28/2022 Reported: 06/30/2022

#### **Analytical Testing Parameters**

Client Sample ID: Brandon Road
Sample Matrix: Aqueous

Lab Sample ID: D2F2487-01

Collected By: Tom Baltazar
Collection Date: 06/28/2022 12:32

Microbiology Result Limit(s) RL Units Note Prepared Analyzed Analyst Method: SM 9223 B (Colilert Quanti-Tray)-2016 235 1 MPN/100mL Escherichia coli 66.3 06/28/22 1647 06/29/22 1720 **IRG** 

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 <a href="https://www.microbac.com/standard-terms-conditions">https://www.microbac.com/standard-terms-conditions</a>.

Reviewed and Approved By:

Ronald L. Warila Director

Reported: 06/30/2022 14:15

Microbac Laboratories, Inc.

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www.microbac.com 800-334-0103

D 2 F 2 4 8 7
Holland Board of Health

Project Mgr: in case we have any questions when samples arrive we should call. **OTHER** Day "OS<sup>z</sup>H "C Upon receipt at lab НИО3 HCF NON-PRES RUSH Standard HARD COPY E-MAIL: PHONE: Project: FAX: Location: 9 DITIONS UPON RECEIPT: (CHECK ONE) (select): E-MAIL TURNAROUND TIME REQUESTED Circle Delivery Method: Pholosip Both RERIOGE RUAD 10,M4 01521 -1108×112 MAND. ORG FROLA Page 2

**AMBIENT** 

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