



Microbac Laboratories, Inc. - Dayville
 CERTIFICATE OF ANALYSIS

D2G1665

Holland Board of Health

Project Name: **Massaconet Shores**

Beaches Program
 27 Sturbridge RD
 Holland, MA 01521

Project / PO Number: N/A
 Received: 07/19/2022
 Reported: 07/21/2022

Analytical Testing Parameters

Client Sample ID:	Massaconet Shores	Collected By:	Tom Baltazar
Sample Matrix:	Recreational Water	Collection Date:	07/19/2022 10:01
Lab Sample ID:	D2G1665-01		

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert Quanti-Tray)-2016								
Escherichia coli	38.9	235	1	MPN/100mL		07/19/22 1430	07/20/22 1450	LRG

*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: 07/21/2022 15:16

Microbac Laboratories, Inc.

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

650



D 2 G 1 6 6 5
Holland Board of Health

Chain of Custody
www.microbac.com
800-334-0103

Microbac Laboratories, Inc.
61 Louisa Viens Drive
Dayville, CT 06241



CUSTOMER: Town of Holland
ADDRESS:

BILL TO: Town of Holland Boh
ADDRESS: 27 STURBRIDGE ROAD
ATTN: KYLE MEROLLA
PHONE: 413-245-7100 x112
E-MAIL: Boh@HOLLANDMA.ORG

DELIVERY: TOM BALTAZAR
E-MAIL: TAZAR1@HOTMAIL.COM
PHONE: 508-245-3065 FAX:

Project:
Location:
Project Mgr:
E-MAIL:
PHONE:
FAX:

IN CASE WE HAVE ANY QUESTIONS WHEN SAMPLING AT ADDRESS PLEASE CALL

PURCHASE ORDER #:

Sample Identification

Date Collected: _____
Time Collected: _____
Sample Matrix: _____

① MASSACHUSETT STAGES 07-19-00 10:01

E-Cell

PHYSICAL

TURNAROUND TIME REQUESTED (select): Standard RUSH Day

Circle Delivery Method: E-MAIL HARD COPY OTHER

07-09-02 12:17

SAMPLED: TOM BALTAZAR

RECEIVED

07-19-00 12:17

RELINQUISHED: TOM BALTAZAR

RECEIVED

7/19/00 12:17

RELINQUISHED

RECEIVED

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED

AMBIENT

118

Beach Sampling Field Data Revised 2018

Town/City: **HOLLAND**
 Date Collected: **07-19-22**
 Collected by: **TOM BALTAZAR**

Time Delivered to Lab: **12:17**
 Delivered by: **TOM BALTAZAR**
 Relinquished to: **MICROBAC LAB**

ID #	Sample Location <small>(if beach has multiple samples, note location)</small>	Months or Fresh	Sample Time	Water Clarity:			Water Temp (°F)	Wave Intensity:			Days Since Rain <small>(0 = within 24 hrs)</small>	Potential Pollution Sources - <small>If none, check "none"</small>							
				Clear	Partly murky	Murky		Calm	Normal	Rough		# People in Water	# Birds	# Dogs	Algae	Trash	Animal Human waste	Wrack	None
	Sandy Beach	M	9:30 am	C	P	(M)	68	(C)	N	R	0	0	5	0					
	Sunset Pines	F	9:35 am	C	(P)	M	72	C	(N)	R	7	7	0	0		✓			
	Excellent Point	F	1:00 am	(C)	P	M	70	C	N	(R)	2								✓
①	MASSACHUSETTS SHORES	F	10:01	(C)	P	M	82 ^u	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									
				C	P	M		C	N	R									

Cloud Cover: Clear **Partly Cloudy** Cloudy/Overcast

Comments: _____

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