



Microbac Laboratories, Inc. - Dayville
 CERTIFICATE OF ANALYSIS
 D1G1061

Holland Board of Health

Project Name: Collette Drive Beach

Beaches Program
 27 Sturbridge Road
 Holland, MA 01521

Project / PO Number: N/A
 Received: 07/12/2021
 Reported: 07/14/2021

Analytical Testing Parameters

Client Sample ID:	Collette Drive Beach	Collected By:	Tom Baltazar
Sample Matrix:	Recreational Water	Collection Date:	07/12/2021 12:46
Lab Sample ID:	D1G1061-01		

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert Quanti-Tray)-2004								
Escherichia coli	149.7	235	1	MPN/100mL		07/12/21 1720	07/13/21 1945	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: 07/14/2021 17:52

Microbac Laboratories, Inc.

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



Microbac Labor:
61 Louisa Vie
Dayville, CT



D 1 G 1 0 6 1

Holland Board of Health

Copy of Report to

CUSTOMER: TOWN OF HOLLAND
ADDRESS:
DELIVERY: TOM BALTAZAR
E-MAIL: TAZAR1@HOTMAIL.COM
PHONE: 508-245-2525 FAX:

BILL TO: TOWN OF HOLLAND
ADDRESS: 27 STURBRIDGE ROAD
HOLLAND, MA 01521
ATTN: KYLE MEROLLA
PHONE: 413-245-2525 X112
E-MAIL: BOH@HOLLANDMA.ORG

PURCHASE ORDER #:

Sample Identification

Date Collected: 07-12-21 Time Collected: 12:46
Sample Matrix: E-COLI

Sample Type

Composite
Grab
Bottle Qty

Project Information

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

page _____ of _____

Job WO #:

Project Manager:

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

Analysis	Preservatives
	NON-PRES
	HCL
	HNO ₃
	H ₂ SO ₄
	OTHER

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)			
<input type="checkbox"/> COOLED	<input type="checkbox"/> AMBIENT	<input type="checkbox"/>	<input type="checkbox"/> Upon receipt at lab

CUSTOMER TRANSFER	DATE	TIME
SAMPLER: <u>TOM BALTAZAR</u>	<u>07-12-21</u>	<u>14:18</u>
RECEIVED:	<u>07-12-21</u>	<u>16:00</u>
DELINQUISHED: <u>TOM BALTAZAR</u>		
RECEIVED:		
DELINQUISHED:		
RECEIVED:	<u>7/12/21</u>	<u>1400</u>

