



Microbac Laboratories, Inc. - Dayville
 CERTIFICATE OF ANALYSIS
 D1G1060

Holland Board of Health

Project Name: Craig Road 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:	Craig Road Beach	Collected By:	Tom Baltazar
Sample Matrix:	Recreational Water	Collection Date:	07/12/2021 12:21
Lab Sample ID:	D1G1060-01		

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert Quanti-Tray)-2004								
Escherichia coli	38.9	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.

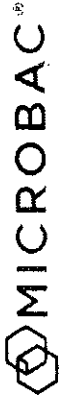
The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms 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 17:51

Microbac Laboratories, Inc.

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



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61 Louisa Vier
Dayville, CT



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Holland Board of Health

page _____ of _____

b WO #:

Project Manager:

Copy of Report To

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

Billing Information

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

Project Information

Project:
Location:
Project Mgr:
IN CASE WE HAVE ANY QUESTIONS WHEN SAMPLES ARRIVE WE SHOULD CALL
E-MAIL:
PHONE:
FAX:

Sample Identification	Date Collected	Time Collected	Sample Matrix	Sample Type		Bottle Qty	Analysis	Preservatives											
				Composite	Grab			NON-PRES	HCL	HNO ₃	H ₂ SO ₄	OTHER							
① CRAIG ROAD BEACH	07-12-21	12:21																	

CUSTODY TRANSFER

SAMPLER:	RECEIVED:	DATE	TIME	TURNAROUND TIME REQUESTED (select):	Standard:	RUSH	Day
TOM BALAZAR		07-12-21	14:00				
		07-12-21	14:00				

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

Circle Delivery Method: E-MAIL HARD COPY OTHER

COMMENTS:

CONDITIONS UPON RECEIPT: (CHECK ONE)
 COOLED AMBIENT Upon receipt at lab

Beach Sampling Field Data Revised 2018

Town/City: **HOLLAND**

Date Collected: **07-12-21**

Collected by: **TOM BALTAZAR**

Time Delivered to Lab: **14:08**

Delivered by: **TOM BALTAZAR**

Relinquished to: **MICROBAC LAB**

ID #	Sample Location <small>if beach has multiple samples, note location</small>	Marine or Fresh	Sample Time	Water Clarity: <small>Clear, Partly, Murky</small>			Water Temp (°F)	Wave Intensity: <small>Calm, Normal, Rough</small>			Days Since Rain <small>0 if within 24 hrs</small>	Potential Pollution Sources - <small>If none, check "none"</small>							
				Clear	Partly	Murky		Calm	Normal	Rough		# People in Water	# Birds	# Dogs	Algae	Trash	Animal/ Human waste	Wrack	None
1	Sandy Beach	M	9:30 am	C	P	(M)	68	(C)	N	R	0	0	5	0					
1	Sunset Pines	F	6:35 am	C	(P)	M	72	C	(N)	R	7	7	0	0		✓			
1	Excellent Point	F	1:00 am	(C)	P	M	70	C	N	(R)	2								
2	CRAIG ROAD BEACH	F	12:21	(C)	P	M	75	C	(N)	R	0	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: _____

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