



Microbac Laboratories, Inc. - Dayville
 CERTIFICATE OF ANALYSIS

D0H0096

Holland Board of Health

Project Name: Craig Road Beach

Beaches Program
 27 Sturbridge Road
 Holland, MA 01521

Project / PO Number: N/A
 Received: 08/03/2020
 Reported: 08/05/2020

Analytical Testing Parameters

Client Sample ID:	Craig Road Beach	Collected By:	Tom Baltazar
Sample Matrix:	Recreational Water	Collection Date:	08/03/2020 10:26
Lab Sample ID:	D0H0096-01		

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert)-1997								
Escherichia coli	16.1	235	1	MPN/100mL		08/03/20 1443	08/04/20 1523	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.

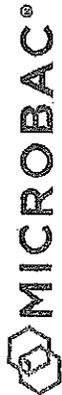
The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms 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: 08/05/2020 14:09

Microbac Laboratories, Inc.

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



Microbac Labors
61 Louisa Vier
Dayville, CT



D 0 H 0 0 9 6

Holland Board of Health

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Job WO #:

Project Manager: *W*

Projective Information

CUSTOMER: **TOWN OF HOLLAND**

ADDRESS:

BILL TO: **TOWN OF HOLLAND BOH**
ADDRESS: **27 STURBRIDGE ROAD**

ATTN: **DAVE KOWALSKI**

PHONE: **413-245-7108 x112**

E-MAIL: **BOH@TOWN OF HOLLAND.GOV**

E-MAIL: **BOH@TOWN OF HOLLAND.GOV**

PURCHASE ORDER #:

Project:

Location:

Project Mgr:

E-MAIL:

E-MAIL:

E-MAIL:

E-MAIL:

E-MAIL:

FAX:

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

Sample Identification

Date Collected

Time Collected

Sample Matrix

Composite

Grab

Bottle Qty

Analysis

Preservatives

NON-PRES

HCL

HNO₃

H₂SO₄

OTHER

2 CRAIG ROAD BEACH

08-03-20 10:26

E-COLI

CUSTODY TRANSFER

DATE TIME

TURNAROUND TIME REQUESTED (select):

Standard RUSH Day

SAMPLER: **TOM BALTARZAR**

08-03-20 12:10

RECEIVED:

08-03-20 12:10

RELINQUISHED: **TOM BALTARZAR**

08-03-20 12:10

RECEIVED:

08-03-20 12:10

RELINQUISHED:

08-03-20 12:10

RECEIVED:

08-03-20 12:10

EXPEDITED SERVICE MAY BE SUBJECT TO SUPPLEMENTARY CHARGE

Circle Delivery Method:

E-MAIL

HARD COPY

OTHER

COMMENTS

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED

AMBIENT

17.7

°C Upon receipt at lab

