



Microbac Laboratories, Inc. - Dayville
 CERTIFICATE OF ANALYSIS

D0H0870

Holland Board of Health

Project Name: **Massaconet Shores**

Beaches Program
 27 Sturbridge Road
 Holland, MA 01521

Project / PO Number: N/A
 Received: 08/10/2020
 Reported: 08/12/2020

Analytical Testing Parameters

Client Sample ID:	Massaconet Shores	Collected By:	Tom Baltazar
Sample Matrix:	Recreational Water	Collection Date:	08/10/2020 10:02
Lab Sample ID:	D0H0870-01		

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert)-1997								
Escherichia coli	26.5	235	1	MPN/100mL		08/10/20 1451	08/11/20 1513	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: 08/12/2020 17:18

Microbac Laboratories, Inc.

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



Microbac Laboratory
61 Louisa Viens
Dayville, CT 06



D O H 0 8 7 0

Holland Board of Health

page ___ of ___

NO #:

Project Manager:

Copy of Report To:

CUSTOMER: TOWN OF HOLLAND

ADDRESS:

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

DELIVERY: TOM BALTAZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE: 508-245-2525 FAX:

ATTN: DAVE KAWALSKI

PHONE: 413-245-7108 x 112

E-MAIL: BOH@TOWN OF HOLLAND.CX MAIL.COM

PURCHASE ORDER #:

Project:

Location:

Project Mgr:

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

E-MAIL:

PHONE:

FAX:

Sample Identification

Date Collected

Time Collected

Sample Matrix

Composite

Grab

Bottle Qty

ANALYSIS

NON-PRES
HCL
HNO₃
H₂SO₄
OTHER

① MASSACHUSETT SHORES BEACH 08-10-20 10:02

E-COLI

CUSTOMER TRANSFER

DATE

TIME

TURNAROUND TIME REQUESTED (select):

Standard

RUSH Day

SAMPLER: TOM BALTAZAR

08-10-20 12:50

RECEIVED:

DELIVERED: TOM BALTAZAR

08-10-20 12:50

RECEIVED:

8-10-20 12:50

DELIVERED:

RECEIVED:

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED



AMBIENT



Upon receipt at lab

COMMENTS

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

HARD COPY OTHER

Beach Sampling Field Data Revised 2018

Town/City: **HOLLAND** Time Delivered to Lab: **12:50**
 Date Collected: **08-10-20** Delivered by: **TOM BALTAZAK**
 Collected by: **TOM BALTAZAK** Relinquished to: **MICROBAC LAB**

ID #	Sample Location <small>if beach has multiple samples, note location.</small>	Marine 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	6:35 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)	MASSAGUET SHORES BEACH	F	10:02	(C)	P	M	81°	C	(N)	R	6	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									
				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.