



Microbac Laboratories, Inc. - Dayville
 CERTIFICATE OF ANALYSIS

D0H1597

Holland Board of Health

Project Name: Brandon Road

Beaches Program
 27 Sturbridge Road
 Holland, MA 01521

Project / PO Number: N/A
 Received: 08/17/2020
 Reported: 08/20/2020

Analytical Testing Parameters

Client Sample ID:	Brandon Road	Collected By:	Tom Baltazar
Sample Matrix:	Recreational Water	Collection Date:	08/17/2020 10:46
Lab Sample ID:	D0H1597-01		

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert)-1997								
Escherichia coli	18.1	235	1	MPN/100mL		08/17/20 1536	08/18/20 1807	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.

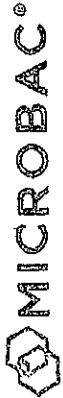
The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms 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: 08/20/2020 12:00

Microbac Laboratories, Inc.

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



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61 Louisa Vfen,
Dayville, CT 0



D O H 1 5 9 7
Holland Board of Health

page _____ of _____

WO #:

Project Manager:

CUSTOMER: TOWN OF HOLLAND
ADDRESS:

BILL TO: TOWN OF HOLLAND BOH
ADDRESS: 27 STURBRIDGE ROAD
HOLLAND, MA 01521

DELIVERY: TOM BALTAZAR
E-MAIL: TAZAR1@HOTMAIL.COM
PHONE: 508-245-2525 FAX:

ATTN: DAVE KARWALSKI
PHONE: 413-245-7108 x112
E-MAIL: BOH@TOWN OF HOLLAND.CX MAIL.COM

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

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

PURCHASE ORDER #:

Sample Identification

Date Collected

Time Collected

Sample Matrix

Composite

Grab

Bottle Qty

5 BRANLON ROAD

08-17-20 10:46

E-COLI

NON-PRES
HCL
HNO₃
H₂SO₄
OTHER

DATE	TIME	TURNAROUND TIME REQUESTED (select):	Standard	RUSH	Day
08-17-20	11:34				
08-17-20	11:34				
8/17/2020	11:34				

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