



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6G0352

HOLLAND BOARD OF HEALTH

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project Name: COLLETTE DRIVE BEACH

Project / PO Number: N/A
Received: 07/11/2016 13:30
Reported: 07/13/2016 15:13

Analytical Testing Parameters

Client Sample ID: COLLETTE DRIVE BEACH
Lab Sample ID: W6G0352-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 07/11/16
Collection Time: 09:46

Microbiology	Result	PQL	Units	Note	Prepared	Analyzed	Lab
Method: SM9223 B-1997							
Escherichia coli	9.0	1.0	MPN/100 mL		07/11/16 1540	07/12/16 1100	MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 12.0°C

Cooler Inspection Checklist

Custody Seals Intact and/or No Evidence of Tampering	Yes	Containers Intact	Yes
COC/Labels Agree	Yes	Preservation Correct (or not required)	Yes
Received on Ice (or not required)	Yes		

Project Requested Certification(s)

Microbac Laboratories, Inc. - Massachusetts
M-MA003

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.

Reviewed and Approved By:

Manish Shekhawat For Elizabeth Sjogren
Technician
07/13/2016 15:13

Go Green: Contact Elizabeth Sjogren to set up email reporting and invoicing options.

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. For any feedback concerning our services, please contact Elizabeth Sjogren, Project Manager at elizabeth.sjogren@microbac.com. You may also contact Manish Shekhawat, Laboratory Director at manish.shekhawat@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.



Microbac Laboratories, Inc.

CHAIN OF CUSTODY FORM

100 Barber Avenue • Worcester MA 01606
Tel: (508) 595-0010 • Fax: (508) 595-0008

E-MAIL Copy of Report To

CUSTOMER:

ADDRESS:

SAMPLER:

E-MAIL:

PHONE: 508-245-2525 Fax:

Billing Information

BILL TO: TOWN OF HOLLAND BOH

ADDRESS: 27 SHERBIDGE ROAD

HOLLAND, MA 01501

PURCHASE ORDER #

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7100x112

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

E-MAIL:

PHONE:

FAX:

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis					Preservatives				
			COMPOSITE	GRAB								Sodium Thio	H ₂ SO ₄	HCL	HNO ₃	NON-PRES
1) MASSACONNET SHORES	07-11-16	09:15														
2) CRAIG ROAD BEACH		09:31														
3) COLLETTE DRIVE BEACH		09:46														
4) HOLLAND POND		09:04														
5) BRANDON ROAD		09:14														
PLEASE E-MAIL EACH TEST ON ONE PAGE. THANK YOU																

CUSTODY TRANSFER		TURNAROUND (INDICATE IN CALENDAR DAYS):	
DELIVERED TO: TOM BALTAZAR	DATE: 07-11-16	FAX: ☐	HARD COPY: ☐
DELIVERED TO: [Signature]	TIME: 12:00	E-MAIL: ☐	
DELIVERED TO: [Signature]		EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE	
DELIVERED TO: [Signature]		COMMENTS: ON FILE	
DELIVERED TO: [Signature]		CONDITIONS UPON RECEIPT: (CHECK ONE) COMPLIANT ☒	
DELIVERED TO: [Signature]		COOLED: ☒	AMBIENT: ☒
DELIVERED TO: [Signature]		Upon Receipt at lab: 112°C	