



Microbac Laboratories, Inc. - Massachusetts

CERTIFICATE OF ANALYSIS

W6G0512

HOLLAND BOARD OF HEALTH

Project Name: MASSACONET SHORES

Dave Kowalski
27 STURBRIDGE ROAD
HOLLAND, MA 01521

Project / PO Number: N/A
Received: 07/18/2016 15:10
Reported: 07/19/2016 13:18

Analytical Testing Parameters

Client Sample ID: MASSACONET SHORES
Lab Sample ID: W6G0512-01
Sample Type: Grab

Collected By: Tom Baltazar
Collection Date: 07/18/16
Collection Time: 09:30

Table with 8 columns: Microbiology, Result, PQL, Units, Note, Prepared, Analyzed, Lab. Row 1: Method: SM9223 B-1997, Escherichia coli, 15, 1.0, MPN/100 mL, 07/18/16 1440, 07/19/16 1040, MASS

Laboratory

MASS: Microbac Laboratories, Inc. - Massachusetts

Definitions

PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 14.1°C

Cooler Inspection Checklist

Checklist table with 4 columns: Item, Yes, No, Yes. Items include Custody Seals Intact, COC/Labels Agree, Received on Ice.

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
07/19/2016 13:18

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.



Microbac Laboratories, Inc.

CHAIN OF CUSTODY FORM

100 Barber Avenue • Worcester MA 01606

Tel: (508) 595-0010 • Fax: (508) 595-0008



W6G0512

E-MAIL Copy of Report To

CUSTOMER:

ADDRESS:

SAMPLER: TOM BALTAZAR

E-MAIL: TAZAR2@HOTMAIL.COM

PHONE: 508-245-2525 Fax:

Billing Information

BILL TO: TOWN OF HOLLAND BOLT

ADDRESS: 27 STURBRIDGE ROAD

HOLLAND, MA 01521

PURCHASE ORDER #

ATTENTION: DAVE KOWALSKI

PHONE: 413-245-7100 x112

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		Mixed					
1) MASSA CUNNET SHORES	07-18-16	09:30																
2) CRAIG ROAD BEACH	↓	09:46																
3) COLLETTE DRIVE BEACH	↓	10:02																
4) HOLLAND POND		10:16																
5) BRANDON ROAD		10:32																
PLEASE E-MAIL EACH TEST ON ONE PAGE																		

TURNAROUND (INDICATE IN CALENDAR DAYS):

FAX HARD COPY E-MAIL

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

COMMENTS:

CONDITIONS UPON RECEIPT: (CHECK ONE) COMPLIANT

COOLED AMBIENT 141 °C Upon Receipt at lab

CUSTODY TRANSFER

RELINQUISHED: TOM BALTAZAR

CEIVED: 07-18-16 13:10

RELINQUISHED: [Signature]

CEIVED: 7-18-16 15:10

RELINQUISHED:

CEIVED:

RELINQUISHED:

CEIVED: