



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D0G0333

Holland Board of Health

Beaches Program
27 Sturbridge Road
Holland, MA 01521

Project Name: Massaconet

Project / PO Number: N/A
Received: 07/01/2020
Reported: 07/02/2020

Analytical Testing Parameters

Client Sample ID: **Massaconet Shores**
Sample Matrix: **Recreational Water**
Lab Sample ID: **D0G0333-01**

Collected By: **Tom Baltazar**
Collection Date: **07/01/2020 11:45**

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 9223 B (Colilert)-1997								
Escherichia coli	410.6	235	1	MPN/100mL		07/01/20 1847	07/02/20 1310	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>.**

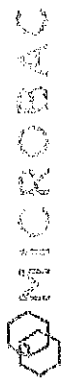
Reviewed and Approved By:

Melisa L. Montgomery
Quality Assurance Officer
Reported: 07/02/2020 14:58

Microbac Laboratories, Inc.

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

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Microbac Labor
61 Louisa Vie
Dayville, CT



D 0 G 0 3 3 3
Holland Board of Health

page _____ of _____

b WO #:

ject Manager:

CUSTOMER: TOWN OF HOLLAND

ADDRESS:

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

ATTN: DAVE KOWALSKI, BOH

DELIVERY: TOM BALTAZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE: 860-245-2525 FAX:

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

1 MASSACONET SHORES 07-01-20 11:45

E-Coli

NON-PRES
HCL
HNO₃
H₂SO₄
OTHER

TURNAROUND TIME REQUESTED (select):

Standard

RUSH Day

SAMPLER: TOM BALTAZAR

CEIVED:

RELINQUISHED: TOM BALTAZAR

CEIVED:

RELINQUISHED:

RECEIVED:

Circle Delivery Method:

E-MAIL

HARD COPY

OTHER

COMMENTS

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED

AMBIENT

°C Upon receipt at lab

