MICROBAC®

Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D9H0492

Holland Board of Health

Beaches Program
27 Sturbridge Road
Holland, MA 01521

Project Name: Brandon Road

Project / PO Number: N/A
Received: 08/05/2019
Reported: 08/07/2019

Analytical Testing Parameters

Client Sample ID: Brandon Road
Sample Matrix: Recreational Water
Lab Sample ID: D9H0492-01
Collected By: Customer
Collection Date: 08/05/2019 11:16

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM9223 B-1997								
Escherichia coli	30.5	235	1	MPN/100 mL		08/05/19 1540	08/06/19 1923	ARM

*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

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.

Reviewed and Approved By:

M Montgomery

Melisa L. Montgomery
QA Officer
Reported: 08/07/2019 15:12

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Microbac Lab
61 Louisa
Dayville,

D 9 H 0 4 9 2

Holland Board of Health

page 1 of 1

Lab WO #:

Project Manager: LO

Copy of Report To

CUSTOMER: TOWN OF HOLLAND BOH

ADDRESS:

DELIVERY: TOM BALTAZAR

E-MAIL: TAZAR1@HOTMAIL.COM

PHONE: 508-245-2525 FAX:

Billing Information

BILL TO: TOWN OF HOLLAND BOH

ADDRESS: 27 STURBRIDGE ROAD
HOLLAND, MA 01521

ATTN: ~~VAL LUNDIN~~ (HBOH) DAVE KAWALSKI

PHONE: 413-245-7108 X112

E-MAIL: BOH@TOWNOFHOLLAND.NE.COXMAIL.COM

PURCHASE ORDER #:

Project Information

Project:

Location:

Project Mgr:

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

E-MAIL:

PHONE:

FAX:

Sample Identification	Date Collected	Time Collected	Sample Matrix	Sample Type: Composite	Sample Type: Grab	Bottle Qty	Analysis	Preservatives: NON-PRES	HCL	HNO_3	H_2SO_4	OTHER
(5) BRANDON ROAD	08-05-19	11:16					E-COLI					

CUSTODY TRANSFER

	DATE	TIME
SAMPLER: Tom Baltazar	08-05-19	14:05
RECEIVED:		
RELINQUISHED:		
RECEIVED:		
RELINQUISHED: Tom Baltazar	08-05-19	14:05
RECEIVED: John Cleary	8-5-19	1405

TURNAROUND TIME REQUESTED (select): Standard RUSH ____ Day

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

Circle Delivery Method: E-MAIL HARD COPY OTHER

COMMENTS:

CONDITIONS UPON RECEIPT: (CHECK ONE)

COOLED ☐ AMBIENT ☐ 14.0 °C Upon receipt at lab

Page 2 of 2