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Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D8G1491

Holland Board of Health

Val Lundin
27 Sturbridge Road
Holland, MA 01521

Project Name: Massaconet Shores

Project / PO Number: N/A
Received: 07/16/2018
Reported: 07/18/2018

Analytical Testing Parameters

Client Sample ID: Massaconet Shores
Sample Matrix: Recreational Water
Lab Sample ID: D8G1491-01
Collected By: Tom Baltazar
Collection Date: 07/16/2018 10:05

Microbiology	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM9223 B-1997								
Escherichia coli	6.3	235	1	MPN/100 mL		07/16/18 1710	07/17/18 2002	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

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: 07/18/2018 16:59

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Holland Board of Health

page 1 of 1

Lab WO #:

Project Manager: WD

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
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
(1) MASSACONETTE SHORES	071618	12:05					E-COLI					

CUSTODY TRANSFER	DATE	TIME
SAMPLER: Tom Baltazar	071618	15:06
RECEIVED:		
RELINQUISHED:		
RECEIVED:		
RELINQUISHED: Tom Baltazar	071618	15:06
RECEIVED:	7-16-18	1506

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 ☐ 8.7 °C Upon receipt at lab

Beach Sampling Field Data Revised 2018

Town/City: HOLLAND
Date Collected: 07-16-18
Collected by: TOM BALTAZAR

Time Delivered to Lab: 15:06
Delivered by: TOM BALTAZAR
Relinquished to: MICROBAC LAB

ID #	Sample Location (If beach has multiple samples, note location.)	Marine or Fresh	Sample Time	Water Clarity: Clear / Partly murky / Murky			Water Temp (°F)	Wave Intensity: Calm / Normal / Rough			Days Since Rain ("0" if within 24 hrs)	Potential Pollution Sources - if none, check "none" (For people, birds, and dogs, indicate number. Use check mark for others.)							
												# People in Water	# Birds	# Dogs	Algae	Trash	Animal/ Human waste	Wrack	None
Example	Sandy Beach	M	9:30 am	C	P	(M)	68	(C)	N	R	0	0	5	0					
Example	Sunset Pines	F	6:35 am	C	(P)	M	72	C	(N)	R	7	7	0	0		✓			
Example	Excellent Point	F	1:00 am	(C)	P	M	70	C	N	(R)	2								✓
				C	P	M		C	N	R									
1	MASSACONETTE SHORES	F	10:05	(C)	P	M	80.9	C	(N)	R	10	⊘	⊘	⊘					✓
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									
				C	P	M		C	N	R									

Cloud Cover: Clear X Partly Cloudy Cloudy/Overcast

Comments: _____

A copy of this form must be included with the samples when they are submitted to the lab.