

# A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432 Phone: 978-391-4428 | website: www.nashobaanalytical.com

### **Laboratory Report**

Phillipston Board of Health 50 The Common Phillipston, MA 01331 Date Printed: 08/25/2022 Work Order #: 2208-05335 Client Job #: Date Received: 08/24/2022 Sample collected in: Massachusetts

#### Attached please find results for the analysis of the samples received on the date referenced above.

Unless otherwise noted in the attached report, the analyses performed met the requirements of the analyzing laboratory's Quality Assurance Plan, Standard Operating Procedures and State Accreditation. This certificate shall not be reproduced, except in full, without the written approval of the analyzing laboratory. The results presented in this report relate to the samples listed on the following pages in the condition in which they were received. Accreditation for each analyte is identified by the \* symbol following the analyte name. Location of our analyzing laboratory is identified by the code in the Analyst Column.

A & L Laboratory:

Identified by ME in Analyst Column 155 Center Street, Auburn, Maine 04210 www.allaboratory.com Granite State Analytical Services LLC:

Identified by NH in Analyst Column 22 Manchester Road, Derry, NH 03038 www.granitestateanalytical.com Nashoba Analytical: Identified by MA in the Analyst Column 31A Willow Road, Ayer, MA 01432 www.nashobaanalytical.com

#### ANALYSIS RELATED NOTES:

- RL: "Reporting limit" means the lowest level of an analyte that can be accurately recovered from the matrix of interest.
- A & L Laboratory / Granite State Analytical Services LLC / Nashoba Analytical. accreditation lists can be found on our websites listed above.
- Subcontracted samples will be identified by the Accreditation number of the subcontract laboratory in the analyst field for each analyte and the appropriate laboratory will be listed here. None
- Data Qualifiers (DQ) Flags provide additional information in regards to the receipt, analysis or quality control of a sample.
  These are indicated under the DQ Flags Column on your report and listed here if necessary: Data Qualifier (DQ) Flags: None

#### SAMPLE STATE SPECIFIC NOTES:

Additional Narrative or Comments: None

We appreciate the opportunity to provide you with laboratory services. If you have any questions regarding the enclosed report, please contact the laboratory and we will be happy to assist you.

Peter C. Nevius Laboratory Director

A & L Laboratory: Accreditations: Maine ME00021, New Hampshire 2501, Maine Radon Registration ID # SPC20 Granite State Analytical Services, LLC: Accreditations: New Hampshire 1015; Maine NH00003; Massachusetts M-NH0003; Rhode Island 101513; Vermont VT-101507 Nashoba Analytical: Accreditations: Massachusetts M-MA1118



## **NASHOBA ANALYTICAL** A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

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CERTIFICATE OF ANALYSIS FOR RECREATIONAL WATER							Legend				
DATE PRINTED: CLIENT NAME: CLIENT ADDRESS:	08/25/2022 Phillipston Board of H 50 The Common Phillipston, MA 01331	lealth				-	Passes Fails EPA Primary Fails EPA Second Fails State Guide Attention	lary	✓ ⊗ ×		
SAMPLE ID #:	2208-05335-001					DATE AND	TIME COLLECTED:	: 08/24/20	022 08:31AM		
SAMPLED BY:	French,Ruth					DATE AND	TIME RECEIVED:	08/24/20	022 11:19AM		
						ANALYSIS I	PACKAGE:	M-Beach			
LOCATION:	Queen Lake					RECEIPT TEMPERATURE: NA CLIENT JOB #:					
MORE LOC INFO:											
Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed		
E. coli MPN*	4	MPN/100mL	$\checkmark$		1	235/100 mL	SM 9223B	MR-MA 08	2/25/2022 08:42AM		

Total Coliform / E.coli Bacteria Preparation (Colilert®-18 Quanti-Tray®) 20th ED SM 9223B ET-MA 08/24/2022 01:32PM

Peter C. Nevius Laboratory Director



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CERTIFICATE OF ANALYSIS FOR RECREATIONAL WATER							Legend				
DATE PRINTED: CLIENT NAME: CLIENT ADDRESS:	08/25/2022 Phillipston Board of H 50 The Common Phillipston, MA 01331		Passes Fails EPA Primary Fails EPA Secondary Fails State Guideline Attention			$\overset{\checkmark}{\underset{\bigstar}{\boxtimes}}$					
SAMPLE ID #: SAMPLED BY: LOCATION:	2208-05335-002 French,Ruth Queen Lake- North					DATE AND ANALYSIS I	TIME COLLECTED: TIME RECEIVED: PACKAGE: EMPERATURE:	: 08/24 08/24 M-Bea NA	/2022 11:19AM		
MORE LOC INFO: Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	CLIENT JOE Limit	3 #: Method	Analyst	Date - Time Analyzed		
E. coli MPN*	3	MPN/100mL	$\checkmark$		1	235/100 mL	SM 9223B	MR-MA	08/25/2022 08:42AM		

Total Coliform / E.coli Bacteria Preparation (Colilert®-18 Quanti-Tray®) 20th ED SM 9223B ET-MA 08/24/2022 01:32PM

/I/N

Peter C. Nevius Laboratory Director