



# NASHOBA ANALYTICAL

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432  
Phone: 978-391-4428 | website: [www.nashobaanalytical.com](http://www.nashobaanalytical.com)

## Laboratory Report

Phillipston Board of Health  
50 The Common  
Phillipston, MA 01331

Date Printed: 06/05/2025  
Work Order #: 2506-00857  
Client Job #:  
Date Received: 06/04/2025  
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](http://www.allaboratory.com)

**Granite State Analytical Services LLC:**  
*Identified by NH in Analyst Column*  
22 Manchester Road, Derry, NH 03038  
[www.granitestateanalytical.com](http://www.granitestateanalytical.com)

**Nashoba Analytical:**  
*Identified by MA in the Analyst Column*  
31A Willow Road, Ayer, MA 01432  
[www.nashobaanalytical.com](http://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.
- DF: "Dilution factor" means the ratio of the volume of the sample to the volume of the final (dilute) solution.
- MDL: "Minimum Detection Limit" means the minimum result which can be reliably discriminated from a blank with a predetermined confidence level.
- ND: Non-detect. Results reported as Non-Detect (ND) have been evaluated down to the concentration listed in the MDL column.
- 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.

Erin Shaw  
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



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## CERTIFICATE OF ANALYSIS FOR RECREATIONAL WATER

### Legend

**DATE PRINTED:** 06/05/2025  
**CLIENT NAME:** Phillipston Board of Health  
**CLIENT ADDRESS:** 50 The Common  
Phillipston, MA 01331

Passes   
Fails EPA Primary   
Fails EPA Secondary   
Fails State Guideline   
Attention

**SAMPLE ID #:** 2506-00857-001  
**SAMPLED BY:** French, Ruth

**DATE AND TIME COLLECTED:** 06/04/2025 08:05AM  
**DATE AND TIME RECEIVED:** 06/04/2025 09:49AM  
**ANALYSIS PACKAGE:** M-Beach  
**RECEIPT TEMPERATURE:** 15.1° CELSIUS  
**CLIENT JOB #:**

**LOCATION:** Queen Lake

### MORE LOC INFO:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
E. coli MPN*	5	MPN/100mL			1	235/100 mL	SM 9223B	MR-MA	06/05/2025 11:17AM
Total Coliform / E.coli Bacteria Preparation (Colilert®-18 Quanti-Tray®) 23rd ED							SM 9223B	MR-MA	06/04/2025 03:39PM

Erin Shaw  
Laboratory Director



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## CERTIFICATE OF ANALYSIS FOR RECREATIONAL WATER

### Legend

**DATE PRINTED:** 06/05/2025  
**CLIENT NAME:** Phillipston Board of Health  
**CLIENT ADDRESS:** 50 The Common  
Phillipston, MA 01331

Passes   
Fails EPA Primary   
Fails EPA Secondary   
Fails State Guideline   
Attention

**SAMPLE ID #:** 2506-00857-002  
**SAMPLED BY:** French, Ruth

**DATE AND TIME COLLECTED:** 06/04/2025 08:15AM

**DATE AND TIME RECEIVED:** 06/04/2025 09:49AM

**ANALYSIS PACKAGE:** M-Beach

**RECEIPT TEMPERATURE:** 15.1° CELSIUS

**CLIENT JOB #:**

**LOCATION:** Queen Lake- North

### MORE LOC INFO:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
E. coli MPN*	6	MPN/100mL			1	235/100 mL	SM 9223B	MR-MA	06/05/2025 11:17AM
Total Coliform / E.coli Bacteria Preparation (Colilert®-18 Quanti-Tray®) 23rd ED							SM 9223B	MR-MA	06/04/2025 03:39PM

Erin Shaw  
Laboratory Director

# Nashoba Analytical, LLC

31A Willow Rd, Ayer, MA 01432

Tel: 978-391-4428 Fax: 978-391-4643

## Chain of Custody

Client/Project Name:

PHILLIPSTON BOARD OF HEALTH

Laboratory Number:

2506-00857

Sampled by:

RUTH FRENCH

Sample #	Date	Time	Grab[G] or Composite[C]	Location	Container (Glass) (Plastic) (Sterile) (VOC)	Preservative	Test Requirements										Comments
							1	2	3	4	5	6	7	8	9	10	
1	6/4/25	8:05am	G	Queen Lake	Sterile	4	✓										
2	6/4/25	8:15am	G	Queen Lake North	Sterile	4	✓										
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

Preservative: 1-Hydrochloric Acid, 2- Ice, 3-Nitric Acid, 4-None, 5-Sodium Hydroxide, 6-Sulfuric Acid, 7-Thiosulfate, 8-Filter Sterilized, 9-Ammonium Chloride

15.10°C

Special Notes/Requirements

☒ IF THIS BOX IS CHECKED, MCL EXCEEDANCES MUST BE REPORTED IMMEDIATELY. THANK YOU.

Relinquished by:

Date

Time

Received by:

1.	<u>Ruth French</u>	<u>6/4/25</u>	<u>9:49</u>	<u>[Signature]</u>
2.				
3.				
4.				
5.				