



CERTIFICATE OF ANALYSIS

HUDSON BOARD OF HEALTH
S.Samuel Wong
TOWN HALL, 78 MAIN STREET
HUDSON, MA 01749

Date Reported 8/12/2015
Date Received 8/11/2015
Sample ID 1524565
Invoice No.
Cust # FH141
Cust P.O. #

Subject Centennial Beach Beach Water Testing

Test	Result	Reg. Limit	Date	Time	Tech	Method	Comment
01	Sample Collected: 8/11/2015 10:40:00AM		Sampled By: RICH BREAUULT				
CENTENNIAL BEACH							
E. coli	3.0 MPN/100 mL	235	8/12/2015	9:23	ENS	SM20 9223B	Satisfactory

Reviewed and Approved By:

Nancy Burnett
Laboratory Director Deputy

For any feedback concerning our services, please contact Manish Shekhawat, Laboratory Director at 508.595.0010. You may also contact J. Trevor Boyce, President at president@microbac.com

The state of Massachusetts does not offer certification in drinking water for the following parameters: Magnesium, Iron, Manganese, Potassium, Chloride, Color, Odor, Conductivity, Hardness, Ammonia

Regulatory Limits are from Federal and State Guidance documents. As regulatory limits change frequently, Microbac advises the recipient of this report to confirm such limits with the appropriate Federal, state or local authorities before acting in reliance on the regulatory limits provided. Comments as to whether or not any particular sample is satisfactory is based solely upon regulatory limits and guidelines.

The data and information on this, and other accompanying documents, represent only the sample(s) analyzed and are rendered upon condition that it is not to be reproduced wholly or in part for advertising or other purposes without approval from the laboratory.

Microbac Laboratories, Inc.

100 Barber Ave Worcester, MA 01606 | (508) 595-0010 p | (508) 595-0008 f | www.microbac.com

1524565

WORK ORDER

Printed: 7/31/2015 9:22:38AM

Microbac Laboratories, Inc - Massachusetts Division

Analysis



Client: HUDSON BOARD OF HEALTH

Project: Centennial Beach

Client # FH141

Route: MA Beaches

Project Number: Beach Water Testing

Project Manager: Nancy Burnett

Report To:

HUDSON BOARD OF HEALTH
S.Samuel Wong
TOWN HALL, 78 MAIN STREET
HUDSON, MA 01749
Phone: (978) 568-9625
Fax: (978) 562-8508

Invoice To:

HUDSON BOARD OF HEALTH
S.Samuel Wong
TOWN HALL, 78 MAIN STREET
HUDSON, MA 01749
Phone : (978) 568-9625
Fax: (978) 562-8508

Date Collected: 8-11-15 Time Collected: 1040 Collected By: RB
Date Relinquished: 8-11-15 Time Relinquished: 1345 Relinquished By: RB
Date Received: 8-11-15 Time Received: 1345 Received By: MIS

Sample Receipt

Custody Seals	<u>Y</u> /N	Field Sampling	<u>24.2</u> °C
Containers Intact	<u>Y</u> /N	Temperature:	
COC/Labels Agree	<u>Y</u> /N	Received On Ice	<u>Y</u> /N
Preservation Confirmed	<u>Y</u> /N	Temperature	<u>5</u> °C

Project Comments:

Analysis

Analysis Comments

1524565-01 CENTENNIAL BEACH

MA_Collection Fee

MA_E.Coli, Colilert 18

Beach Sampling Field Data Form

Town/City of Collection: HUDSON Date Collected: 8-11-17 Collected By: [Signature]		Time Delivered to Lab: 1345 Delivered By: [Signature] Relinquished To: LMS	
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Instructions: Collect sample(s) in areas of greatest bather load and at locations subject to contamination at a uniform depth of 3 feet. Collect samples 12 inches below water surface. Do not collect samples within 6 inches of bottom.

Sample ID	Sample Location (Note beach and sampling location)	Marine or Fresh	Sample Time	Water Clarity	Water Temp (°F)	Days Since Rain (0 if w/in 24 hrs.)	Bather Density (in water) (Circle appropriate # range)			Observations of bathing water
	CENTENNIAL BEACH	FRESH	1040	Clear	75.5	2	0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
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				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50
				Cloudy/Murky			0-10	11-20	20-50	>50



Observations: T=Trash WS=Waste Solids SD=Sludge Deposit O=Oils A=Algae F=Fish die-offs J=Jellyfish B=Birds D=Dogs N=None
Current Weather Condition: Cloudy/Overcast Sunny Foggy Windy Air Temp: 66 °F Wind Direction: _____

Comments: _____

Please Note: This form MUST be utilized upon collection of samples and filled out in its entirety. For reporting purposes, a copy must be submitted to MDPH with any lab results.