

Report

Lab. ID #: 90089**Report Date: 7/5/19**

Attn: Ms. Karen Keane
Plymouth Board of Health
11 Lincoln St.
Plymouth, MA 02360

Sample Received Date/Time: 6/25/19, 2:53 PM
Sample Collected Date/Time: 6/25/19, 9:25 AM
Sample Collected By: G & L Labs
Total Sample Received: 1 Water Sample
Mass. Certification Number: M-MA-1100

<u>Sampling Location</u>	<u>Fecal Coliform</u> (CFU/100mL)	<u>E. coli</u> (CFU/100mL)	<u>Enterococci</u> (CFU/100mL)
Bartlett Brook	120	70	80
Maximum Contaminant Level	200	235	104
Analyzed Date/Time	6/25/19, 3:30 PM	6/25/19, 3:30 PM	6/25/19, 3:30 PM
Method Reference	SM 9222D	EPA 1603	EPA 1600

Report reviewed
and approved by:



Lab. Director7/12/19

Signed Date



CHAIN OF CUSTODY RECORD

246 Arlington Street, Quincy, MA 02170
Tel: (617) 328-3663 Fax: (617) 472-0706

LAB I.D. #:

DUE DATE:

COMPANY: Plymouth Board of Health
ADDRESS: 11 Lincoln Street
Plymouth, MA 02360
PHONE #: 508-747-1620 FAX #:

P.O. #: _____
CLIENT CONTACT: Karen Kenne
PROJECT ID/LOCATION: BARTLETT, BROOK PLYMOUTH, MA

SAMPLE TYPE	CONTAINER TYPE
1 WATER	P - PLASTIC
2 SOIL	G - GLASS
3 SLUDGE	V - VOA
4 OIL	
5 TISSUE	
6 DRINKING WATER	
OTHER	

ANALYSES

COMMENTS

RELINQUISHED BY:

DATE:

25

RECEIVED BY:

DATE:

02

RELINQUISHED BY: 

TIME.

2019-2020

RECEIVED BY: 

TIME.

0.25

RELINQUISHES

DATE:

6.75

RECEIVED BY:

DATE: _____

1. 25.10

RELINQUISHED BY:

DATE:

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

RECEIVED FOR LAB. BV.

DATE:

1. What is the purpose of the study?

TIME:

1

100

TIME:

1

METHOD OF SHIPMENT

SPECIAL INSTRUCTIONS

☐ **RUSH, BUSINESS DAY TURNAROUND**

ROUTINE

Sample Disposal Information

Are there any other known or suspected contaminants in these samples other than those listed above?

☐	Yes	☐ No	If Yes, list known _____
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If Yes, list known

	No	If Yes, list known
		

If Yes, list known

