



NASHOBA ANALYTICAL

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: 05/30/2024
Work Order #: 2405-05690
Client Job #:
Date Received: 05/29/2024
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.
- 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.
- 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



NASHOBA ANALYTICAL






A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432

Phone: 978-391-4428 | website: www.nashobaanalytical.com

CERTIFICATE OF ANALYSIS FOR RECREATIONAL WATER

Legend

- Passes 
- Fails EPA Primary 
- Fails EPA Secondary 
- Fails State Guideline 
- Attention 


DATE PRINTED: 05/30/2024
CLIENT NAME: Phillipston Board of Health
CLIENT ADDRESS: 50 The Common
 Phillipston, MA 01331

SAMPLE ID #: 2405-05690-001
SAMPLED BY: French,Ruth

LOCATION: Queen Lake

DATE AND TIME COLLECTED: 05/29/2024 07:14AM
DATE AND TIME RECEIVED: 05/29/2024 08:59AM
ANALYSIS PACKAGE: M-Beach
RECEIPT TEMPERATURE: 16.9° CELSIUS
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			1	235/100 mL	SM 9223B	MR-MA	05/30/2024 09:14AM
Total Coliform / E.coli Bacteria Preparation (Colilert®-18 Quanti-Tray®) 20th ED SM 9223B ES-MA 05/29/2024 02:07PM									

Erin Shaw
Laboratory Director



NASHOBA ANALYTICAL

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432

Phone: 978-391-4428 | website: www.nashobaanalytical.com

CERTIFICATE OF ANALYSIS FOR RECREATIONAL WATER

Legend

DATE PRINTED: 05/30/2024
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 #: 2405-05690-002
SAMPLED BY: French, Ruth

DATE AND TIME COLLECTED: 05/29/2024 07:24AM

DATE AND TIME RECEIVED: 05/29/2024 08:59AM

ANALYSIS PACKAGE: M-Beach

RECEIPT TEMPERATURE: 16.9° CELSIUS

LOCATION: Queen Lake- North

CLIENT JOB #:

MORE LOC INFO:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
E. coli MPN*	3	MPN/100mL			1	235/100 mL	SM 9223B	MR-MA	05/30/2024 09:14AM
Total Coliform / E.coli Bacteria Preparation (Colilert®-18 Quanti-Tray®) 20th ED SM 9223B ES-MA 05/29/2024 02:07PM									

Erin Shaw
Laboratory Director

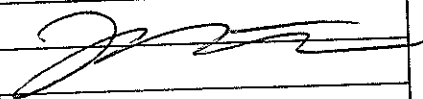
Nashoba Analytical, LLC
 31A Willow Rd, Ayer, MA 01432
 Tel: 978-391-4428 Fax: 978-391-4643

Chain of Custody

Client/Project Name: PHILLIPSTON BOARD OF HEALTH Laboratory Number: 2405-5690
 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	5/29/24	7:14am	G	Queen Lake	Sterile	4	✓												
2	5/29/24	7:24am	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 16.90C

Special Notes/Requirements <input type="checkbox"/> 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>5/29/24</u>	<u>8:59</u>	
	2.			
	3.			
	4.			
	5.			