

Report

Lab. ID #: 90853

Report Date: 7/31/19

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

Sample Received Date/Time: 7/30/19, 1:29 PM
 Sample Collected Date/Time: 7/30/19, 9:13 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	<10	20	<10
Maximum Contaminant Level	200	235	104
Analyzed Date/Time	7/30/19, 2:48 PM	7/30/19, 2:48 PM	7/30/19, 2:48 PM
Method Reference	SM 9222D	EPA 1603	EPA 1600

*: Exceeds MCL

Report reviewed
 and approved by:

 8/7/19
 Lab. Director Signed Date



CHAIN OF CUSTODY RECORD

LAB I.D. #: 70855

DUE DATE:

P.O. #: _____
CLIENT CONTACT: Karen Keane
PROJECT ID/LOCATION: Barnett Brook Plymouth, MA

P.O. #:

CLIENT CONTACT: Karen Keane

PROJECT ID/LOCATION: Barrett 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	

[illegible]

COMMENTS

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

DATE:	7 - 30 - 19
TIME:	9 - 13 - AM
DATE:	7 - 30 - 19
TIME:	1 - 29 - PM
DATE:	- - -
TIME:	- - -

RECEIVED BY: 

RECEIVED BY: 

RECEIVED FOR LAB: 

DATE:	7-30-19
TIME:	9-13-AM
DATE:	7-30-19
TIME:	1-29-PM
DATE:	-
TIME:	-

RELINQUISHED BY:

METHOD OF SHIPMENT

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A copy of this form must be included with the samples when they are submitted to the lab.