G & L Laboratories

✦ Water Analysis ✦ Food/Seafood Analysis ✦ Metals/Chemical Analysis ✦ Microbiological Testing

246 Arlington Street, Quincy, MA 02170 Email: info@gllab.com Tel: (617) 328-3663 Fax: (617) 472–0706 www.GLlab.com

Lab. ID # 108814

To: Franklin Health Dept.
Attn: Cathleen Liberty
355 E. Central St.
Franklin, MA 02038

Received Date/Time:	8/9/23, 4:00 PM
Analyzed Date/Time:	8/9/23, 4:10 PM
Reported Date:	8/10/23
Collected by:	Client
Collected Date:	8/9/23

ANALYTICAL RESULTS

Sample #	Sampling Location	Sampling Time	E. coli (CFU/100mL)	GeoMean
1	Chilson Beach	10:00 AM	184	
Maximum Contaminant Level			**235**	**126**
Method of Reference			**EPA 1603**	

Laboratory QC Results

QC	Unit	E. coli
Duplicate (D1)	100mL	5
Duplicate (D2)	100mL	5
Dilution Blk.(Beginning)	100mL	Negative
Dilution Blk.(Ending)	100mL	Negative
Positive Control	100mL	Positive

Approved By: _____ 8/11/23
Lab. Director Date

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G & L Laboratories

CHAIN OF CUSTODY RECORD

LAB I.D. #: 108814

DUE DATE: _____

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Tel: (617) 328-3663 Fax: (617) 472-0706

E. MAIL:

COMPANY: Franklin Health Dept
ADDRESS: 355 E. Central St.
Franklin, MA 02038
PHONE#: 508-520-4905 FAX#: 508-520-4989
P.O. #: _____
CLIENT CONTACT: Cathleen Liberty
PROJECT ID/LOCATION: Chilson Beach, Franklin, 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	

	SAMPLE IDENTIFICATION	SAMPLE TYPE	CONTAINER SIZE	CONTAINER TYPE	CONTAINER #	SAMPLING DATE	SAMPLING TIME	PRESERVATIVE	ANALYSES: E. coli	COMMENTS
	Chilson Beach	F.	120mL	P	1	8-9	10:01		X	

Sample Collected By:

RELINQUISHED BY: SK	DATE: 8-9-23	RECEIVED BY:	DATE: 8-9-23	SPECIAL INSTRUCTIONS	
	TIME: 1-39-PM		TIME: 1-39-PM	☑ RUSH, ... BUSINESS DAY TURNAROUND	
RELINQUISHED BY:	DATE: 8-9-23	RECEIVED BY:	DATE: 8-9-23	☐ ROUTINE	
	TIME: 4-00-PM	XC	TIME: 4-00-pm	Sample Disposal Information	
RELINQUISHED BY:	DATE: - -	RECEIVED FOR LAB BY:	DATE: - -	Are there any other known or suspected contaminats in these samples other than those listed above ?	
	TIME: - -		TIME: - -	☐ Yes ☐ No If Yes, list known	
METHOD OF SHIPMENT					