

**Lab. ID #**  
**108061****To:** Franklin Health Dept.  
Attn: Cathleen Liberty  
355 E. Central St.  
Franklin, MA 02038

|                     |                 |
|---------------------|-----------------|
| Received Date/Time: | 7/6/23, 2:55 PM |
| Analyzed Date/Time: | 7/6/23, 4:47 PM |
| Reported Date:      | 7/7/23          |
| Collected by:       | Client          |
| Collected Date:     | 7/6/23          |

**ANALYTICAL RESULTS**

| Sample #                  | Sampling Location | Sampling Time | E. coli (CFU/100mL) | GeoMean |
|---------------------------|-------------------|---------------|---------------------|---------|
| 1                         | Chilson Beach     | 10:00 AM      | 5                   |         |
|                           |                   |               |                     |         |
|                           |                   |               |                     |         |
| 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:**

Lab. Director

7/10/23  
Date



# CHAIN OF CUSTODY RECORD

LAB I.D. #:

108061

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

DUE DATE:

COMPANY: Franklin Health Dept.  
ADDRESS: 355 E. Central St.  
Franklin, MA 02038  
PHONE #: 508-520-4905 FAX #: 508-520-498  
P.O. #: \_\_\_\_\_  
CLIENT CONTACT: Cathleen Liberty  
PROJECT ID/LOCATION: Chilson Beach, Frank

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

PROJECT ID/LOCATION: Chilson Beach, Franklin, MA

COMMENTS

RELINQUISHED BY:

DATE:

11.5

TIME.

RELINQUISHED BY:

DATE: \_\_\_\_\_



TIME:

BEI INOLICHER BV.

DATE: \_\_\_\_\_

TIME

TIME:

1

☐ Yes ☐ No

☐ No

If Yes, list known

## 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