

**Nitrates**

**2013 WLA Colorimeter Samples Chain of Custody Form**

Sample Site ID	Date Collected	Time of Day Collected	Date Analyzed	Time of Day Analyzed	Nitrate Reagent Blank	Nitrate (NO3 ppm)	Tester's Name
1) S1	5/11/2013	<del>9:27am</del> 9:27am	5/11/2013	9:29pm	--0--	0.21 ppm	Gloria RICKER
2) M1	5/11/2013	10:44am	5/11/13	9:30pm	--0--	0.00 ppm	Gloria RICKER
3) N1	5/11/2013	10:32am	5/11/13	9:56pm	--0--	0.00 ppm	Gloria RICKER
4) SB16	5/11/13	2:05pm	5/11/13	10:37pm	--0--	0.00 ppm	Gloria RICKER
5) MB17	5/11/13	1:50pm	5/11/13	10:38pm	--0--	0.02 ppm	Gloria RICKER
6) BB18	5/11/13	1:15pm	5/11/13	10:17pm	--0--	0.00 ppm	Gloria RICKER
7) <sup>W. 8.</sup> BR18	5/11/13	1:16pm	5/11/13	9:57pm	--0--	0.04 ppm	Gloria RICKER
8)							

**Signatures - Custody Chain**

**Please Sign Water For Sample Custody Tracking**

Washed, Dried, Sealed Bottles: Gloria RICKER Date: 11/18/2012

Collected Stream Samples: MARC GANDELL, Gloria RICKER Date: 5/11/13

Delivered Stream Samples: Gloria RICKER Date: 5/11/13

Collected Lake Samples: Gloria RICKER Date: 5/11/13

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Database by: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Analysis**

**WEBSTER LAKE ASSOCIATION**

Jean Travis  
C/O JEAN TRAVIS 16 MARK AVE  
WEBSTER, MA 01570

Contact: Jean Travis

**Project Name: Surface Water**

Project / PO Number: N/A  
Date Received: May 13, 2013  
Time Received: 9:45 am

**Analytical Testing Parameters**

Client Sample ID: **S1 SURFACE**  
Lab Sample ID: **1317635-01**

Collection Date: **5/11/2013**  
Collection Time: **9:17 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Chlorophyll-a	1.37	MA mg/m <sup>3</sup>	0.500	SM 10200H	5/13/2013 1619	5/13/2013 1619	NGB
Phosphorus, P	<0.0100	MA mg/L	0.0100	SM20 4500-P B,E	5/14/2013 1044	5/14/2013 1044	NGB

**Analytical Testing Parameters**

Client Sample ID: **S1 THERMOCLINE**  
Lab Sample ID: **1317635-02**

Collection Date: **5/11/2013**  
Collection Time: **9:46 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	0.0270	MA mg/L	0.0100	SM20 4500-P B,E	5/14/2013 1044	5/14/2013 1044	NGB

**Analytical Testing Parameters**

Client Sample ID: **S1 BOTTOM**  
Lab Sample ID: **1317635-03**

Collection Date: **5/11/2013**  
Collection Time: **9:18 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	0.0130	MA mg/L	0.0100	SM20 4500-P B,E	5/14/2013 1044	5/14/2013 1044	NGB

**Analytical Testing Parameters**

Client Sample ID: **M1 SURFACE**  
Lab Sample ID: **1317635-04**

Collection Date: **5/11/2013**  
Collection Time: **10:07 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Chlorophyll-a	<0.500	MA mg/m <sup>3</sup>	0.500	SM 10200H	5/13/2013 1619	5/13/2013 1619	NGB
Phosphorus, P	0.0110	MA mg/L	0.0100	SM20 4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Certificate of Analysis**

**Analytical Testing Parameters**

Client Sample ID: **M1 THERMOCLINE**  
Lab Sample ID: **1317635-05**

Collection Date: **5/11/2013**  
Collection Time: **10:12 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0160</b>	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Analytical Testing Parameters**

Client Sample ID: **M1 BOTTOM**  
Lab Sample ID: **1317635-06**

Collection Date: **5/11/2013**  
Collection Time: **10:05 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<0.0100	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 SURFACE**  
Lab Sample ID: **1317635-07**

Collection Date: **5/11/2013**  
Collection Time: **10:37 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Chlorophyll-a	<b>2.62</b>	<b>MA</b> mg/m <sup>3</sup>	0.500	SM 10200H	5/13/2013 1619	5/13/2013 1619	NGB
Phosphorus, P	<0.0100	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 THERMOCLINE**  
Lab Sample ID: **1317635-08**

Collection Date: **5/11/2013**  
Collection Time: **10:41 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<0.0100	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 BOTTOM**  
Lab Sample ID: **1317635-09**

Collection Date: **5/11/2013**  
Collection Time: **10:33 am**

**Certificate of Analysis**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<0.0100	MA mg/L	0.0100	SM20.4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Analytical Testing Parameters**

Client Sample ID: **S1 SURFACE**

Lab Sample ID: **1317635-10**

Collection Date: **5/11/2013**

Collection Time: **9:19 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<0.0100	MA mg/L	0.0100	SM20.4500-P B,E	5/15/2013 1028	5/15/2013 1551	NGB

**Definitions:**

- MA: Denotes results analyzed by Microbac Laboratories, Inc. Massachusetts Division.

**Laboratory Certifications:**

*Below is a list of certifications maintained by Microbac Laboratories, Inc. All data included in this report has been reviewed for and meets all project specific and quality control requirements of the applicable accreditation, unless otherwise noted. A complete list of individual analytes pursuant to each certification below is available upon request.*

- Massachusetts DEP M-MA003
- Massachusetts DPH State Dairy Laboratory 0056
- A2LA Biological Testing Cert No. 3302.01

LAB #

CHAIN OF CUSTODY



PAGE 2 OF 2

CONTACT \_\_\_\_\_

JOB NAME/NUMBER \_\_\_\_\_

LOCATION \_\_\_\_\_

COLLECTOR \_\_\_\_\_

PO # \_\_\_\_\_

CLIENT Microbac Lab Care  
16 Main Street  
Microbac, MA 01520

TEL. # 508-943-3429

MICROBAC QUOTE # \_\_\_\_\_

Massachusetts Division  
100 Barber Avenue • Worcester, MA 01606  
Tel. 1-508-595-0010 • Fax 508-595-0008



FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC + HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab	Comp	ANALYSIS REQUESTED	LAB USE ONLY
<u>TOTAL Phosphorus</u>	<u>11</u>	<u>10:40</u>											<u>TOTAL Phosphorus</u>	Are samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
<u>TOTAL Phosphorus</u>	<u>11</u>	<u>10:38</u>											<u>TOTAL Phosphorus</u>	Total # of bottles Correct Pres. <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
<u>TOTAL Phosphorus</u>	<u>11</u>	<u>9:19</u>											<u>TOTAL Phosphorus</u>	Is documentation complete? (See List) <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
														Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Client Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____ Temp _____

Priced in Transit

REINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED FOR LAB BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Micro 5/10/13 9:45am



Microbac Laboratories, Inc.
Massachusetts Division

Laboratory ID: 1317643

Certificate of Analysis

WEBSTER LAKE ASSOCIATION
Jean Travis
C/O JEAN TRAVIS 16 MARK AVE
WEBSTER, MA 01570

Contact: Jean Travis
Project Name: Surface Water
Project / PO Number: N/A
Date Received: May 13, 2013
Time Received: 9:45 am

Analytical Testing Parameters

Client Sample ID: BB18
Lab Sample ID: 1317643-01

Collection Date: 5/11/2013
Collection Time: 1:15 pm

WET CHEMISTRY

Table with 9 columns: Parameter, Result, Units, RL, Method, Prepared, Analyzed, Analyst. Row 1: Phosphorus, P, 0.0270, MA, mg/L, 0.0100, SM20 4500-P B,E, 5/15/2013 1601, 5/16/2013 1315, NGB

Analytical Testing Parameters

Client Sample ID: BB18
Lab Sample ID: 1317643-02

Collection Date: 5/11/2013
Collection Time: 1:15 pm

WET CHEMISTRY

Table with 9 columns: Parameter, Result, Units, RL, Method, Prepared, Analyzed, Analyst. Row 1: Phosphorus, P, 0.0250, MA, mg/L, 0.0100, SM20 4500-P B,E, 5/15/2013 1601, 5/16/2013 1315, NGB

Analytical Testing Parameters

Client Sample ID: MB17
Lab Sample ID: 1317643-03

Collection Date: 5/11/2013
Collection Time: 1:50 pm

WET CHEMISTRY

Table with 9 columns: Parameter, Result, Units, RL, Method, Prepared, Analyzed, Analyst. Row 1: Phosphorus, P, 0.0180, MA, mg/L, 0.0100, SM20 4500-P B,E, 5/15/2013 1601, 5/16/2013 1315, NGB

Analytical Testing Parameters

Client Sample ID: SB16
Lab Sample ID: 1317643-04

Collection Date: 5/11/2013
Collection Time: 2:05 pm

WET CHEMISTRY

Table with 9 columns: Parameter, Result, Units, RL, Method, Prepared, Analyzed, Analyst. Row 1: Phosphorus, P, 0.0160, MA, mg/L, 0.0100, SM20 4500-P B,E, 5/15/2013 1601, 5/16/2013 1315, NGB



1317643

### CHAIN OF CUSTODY



PAGE \_\_\_\_\_ OF \_\_\_\_\_

CLIENT WEBSTER LAKE ASSOC  
45 STEWARTS  
ADDRESS 16 MARK AVE

WEBSTER, NH 01570

# Microbac

Massachusetts Division  
100 Barber Avenue • Worcester, MA 01606  
Tel. 1-508-595-0010 • Fax 508-595-0008

CONTACT \_\_\_\_\_  
JOB NAME/NUMBER \_\_\_\_\_  
LOCATION \_\_\_\_\_  
COLLECTOR \_\_\_\_\_  
PO # \_\_\_\_\_

TEL # 508-943-3427  
MICROBAC QUOTE # \_\_\_\_\_

FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC + HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab Comp	ANALYSIS REQUESTED	LAB USE ONLY
BB 18	5/11/13	1:15										Plus	Ave samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
BB 18	5/11/13	1:15										Plus	Total # of bottles Correct Pres. <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
MB 17	5/11/13	1:50											Is documentation complete? (See List) <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
BB 16	5/11/13	2:05											Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Client Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____ Temp _____ <input checked="" type="checkbox"/> Picked in Transit

RELINQUISHED BY: Glenn Quirk DATE: 5/11/13 TIME: 2:45pm

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
RECEIVED FOR LAB BY: Neer DATE: 5/13/13 TIME: 9:45am

**Nitrates**

**2011 WLA Colorimeter Samples Chain of Custody Form**

Sample Site ID	Date Collected	Time of Day Collected	Date Analyzed	Time of Day Analyzed	Nitrate Reagent Blank	Nitrate (NO3 ppm)	Tester's Name
1) S1	8/10/2013	9:05 AM	8/10/2013	9:18 PM	--0--	0.00 ppm	Gloria Ricker
2) M1	8/10/2013	9:45 AM	8/10/2013	9:19 PM	--0--	0.02 ppm	Gloria Ricker
3) N1	8/10/2013	10:15 AM	8/10/2013	9:35 PM	--0--	0.00 ppm	Gloria Ricker
4) SB16	8/10/2013	8:10 AM	8/10/2013	8:54 PM	--0--	0.20 ppm	Gloria Ricker
5) MB17	8/10/2013	8:29 AM	8/10/2013	9:00 PM	--0--	0.03 ppm	Gloria Ricker
6) BB18	8/10/2013	8:00 AM	8/10/2013	8:18 PM	--0--	0.00 ppm	Gloria Ricker
7) CT B&B	8/10/2013	8:00 AM	8/10/2013	8:31 PM	--0--	0.03 ppm	Gloria Ricker
8) _____	_____	_____	_____	_____	_____	_____	_____

**Signatures - Custody Chain**

**Please Sign Water For Sample Custody Tracking**

Washed, Dried, Sealed Bottles: Gloria Ricker Date: 8/11/2013

Collected Stream Samples: Gloria Ricker Date: 8/10/2013

Delivered Stream Samples: \_\_\_\_\_ Date: \_\_\_\_\_

Collected Lake Samples: Gloria Ricker Date: 8/10/2013

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Database by: \_\_\_\_\_ Date: \_\_\_\_\_



**Certificate of Analysis**

**WEBSTER LAKE ASSOCIATION**

Jean Travis  
C/O JEAN TRAVIS 16 MARK AVE  
WEBSTER, MA 01570

Contact: Jean Travis

**Project Name: Surface Water**  
Project / PO Number: N/A  
Date Received: August 12, 2013  
Time Received: 8:45 am

**Analytical Testing Parameters**

Client Sample ID: **MB17**  
Lab Sample ID: **1334709-01**

Collection Date: **8/10/2013**  
Collection Time: **8:05 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0140</b>	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **BB18**  
Lab Sample ID: **1334709-02**

Collection Date: **8/10/2013**  
Collection Time: **7:15 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0290</b>	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **SB16**  
Lab Sample ID: **1334709-03**

Collection Date: **8/10/2013**  
Collection Time: **8:00 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0280</b>	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Definitions:**

**MA:** Denotes results analyzed by Microbac Laboratories, Inc. Massachusetts Division.

**Certificate of Analysis**

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**Laboratory Certifications:**

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- Massachusetts DEP M-MA003
- Massachusetts DPH State Dairy Laboratory 0056
- A2LA Biological Testing Cert No. 3302.01

**Report Comments:**

The **RL** is the **Reporting Limit**, which is defined as the lowest quantitation level of an analyte that can be readily achieved within the specified limits of precision and accuracy of an analytical method during routine laboratory operating conditions. The value may be raised depending on the characteristics or behavior of the target analyte.

This document shall not be reproduced, except in full, without the written approval of Microbac Laboratories, Inc.- Massachusetts Division. If there are any technical questions pertaining to this laboratory report please contact a Client Services Coordinator or the Laboratory Director at 508-595-0010.

**Reviewed and Approved By:**

**Date Reviewed and Approved:**



8/16/2013

Nancy Burnett  
Laboratory Director

*For any feedback concerning our services, please contact Nancy Burnett, the Division Manager at 508-595-0010. You may also contact both James Nokes, President at [president@microbac.com](mailto:president@microbac.com) and Sean Hyde, Chief Operating Officer at [sean.hyde@microbac.com](mailto:sean.hyde@microbac.com).*

Please help us in meeting our Go Green initiative by selecting to have reports and invoices submitted via email only. Please contact [Nancy.Burnett@microbac.com](mailto:Nancy.Burnett@microbac.com) to set up email reporting and invoicing options.



1334709

### CHAIN OF CUSTODY



PAGE 1 OF 1

CONTACT \_\_\_\_\_

JOB NAME/NUMBER \_\_\_\_\_

LOCATION \_\_\_\_\_

COLLECTOR \_\_\_\_\_

PO # \_\_\_\_\_

CLIENT WEBSTER LAKE ASSOCIATION  
410 STERN TRAMS

ADDRESS 16 MARK AVE

WEBSTER, MA, 01576

TEL # 508-943-3427

MICROBAC QUOTE # \_\_\_\_\_

Massachusetts Division

100 Barber Avenue • Worcester, MA 01606

Tel. 1-508-595-0010 • Fax 508-595-0008



FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC + HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab	Comp	ANALYSIS REQUESTED	LAB USE ONLY
MB 17	8/10/13	8:05am									*		TOTAL Phosphorus	Are samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
BB 18	8/10/13	7:15pm									*		TOTAL Phosphorus	Total # of bottles Correct Pres. <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
SB 16	8/10/13	8:00am									*		TOTAL Phosphorus	Is documentation complete? (See List) <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
														Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Client Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____ Temp _____ <input type="checkbox"/> Iced in Transit

RELINQUISHED BY: Gloria Ricker DATE: 8/10/13 TIME: 8:50pm

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED FOR LAB BY: MANN DATE: 8/12/13 TIME: 8:40

**Certificate of Analysis**

**WEBSTER LAKE ASSOCIATION**

Jean Travis  
C/O JEAN TRAVIS 16 MARK AVE  
WEBSTER, MA 01570

Contact: Jean Travis

**Project Name: Surface Water**  
Project / PO Number: N/A  
Date Received: August 12, 2013  
Time Received: 8:45 am

**Analytical Testing Parameters**

Client Sample ID: **S1 SURFACE**  
Lab Sample ID: **1334706-01**

Collection Date: **8/10/2013**  
Collection Time: **9:14 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Chlorophyll-a	<0.500	MA	mg/m <sup>3</sup>	0.500	SM 10200H	8/12/2013 1144	8/12/2013 1144	NGB
Phosphorus, P	<0.0100	MA	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **S1 THERMOCLINE**  
Lab Sample ID: **1334706-02**

Collection Date: **8/10/2013**  
Collection Time: **9:34 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0380</b>	MA	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **S1 BOTTOM**  
Lab Sample ID: **1334706-03**

Collection Date: **8/10/2013**  
Collection Time: **9:11 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0400</b>	MA	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **M1 SURFACE**  
Lab Sample ID: **1334706-04**

Collection Date: **8/10/2013**  
Collection Time: **9:55 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Chlorophyll-a	<0.500	MA	mg/m <sup>3</sup>	0.500	SM 10200H	8/12/2013 1144	8/12/2013 1144	NGB
Phosphorus, P	<b>0.0170</b>	MA	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Certificate of Analysis**

**Analytical Testing Parameters**

Client Sample ID: **M1 THERMOCLINE**  
Lab Sample ID: **1334706-05**

Collection Date: **8/10/2013**  
Collection Time: **9:59 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0230</b>	<b>MA</b>	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **M1 BOTTOM**  
Lab Sample ID: **1334706-06**

Collection Date: **8/10/2013**  
Collection Time: **9:53 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0540</b>	<b>MA</b>	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 SURFACE**  
Lab Sample ID: **1334706-07**

Collection Date: **8/10/2013**  
Collection Time: **10:24 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Chlorophyll-a	<0.500	<b>MA</b>	mg/m <sup>3</sup>	0.500	SM 10200H	8/29/2013 1144	8/29/2013 1144	NGB
Phosphorus, P	<0.0100	<b>MA</b>	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 THERMOCLINE**  
Lab Sample ID: **1334706-08**

Collection Date: **8/10/2013**  
Collection Time: **10:45 am**

**WET CHEMISTRY**

Parameter	Result		Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0110</b>	<b>MA</b>	mg/L	0.0100	SM20 4500-P B,E	8/14/2013 0856	8/14/2013 1325	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 BOTTOM**  
Lab Sample ID: **1334706-09**

Collection Date: **8/10/2013**  
Collection Time: **10:29 am**



Microbac Laboratories, Inc
Massachusetts Division

Laboratory ID: 1334706

Certificate of Analysis

WET CHEMISTRY

Table with 8 columns: Parameter, Result, Units, RL, Method, Prepared, Analyzed, Analyst. Row 1: Phosphorus, P, 0.0320, MA, mg/L, 0.0100, SM20 4500-P B,E, 8/14/2013 0856, 8/14/2013 1325, NGB

Definitions:

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- Massachusetts DEP M-MA003
- Massachusetts DPH State Dairy Laboratory 0056
- A2LA Biological Testing Cert No. 3302.01

**Certificate of Analysis**

---

**Report Comments:**

The **RL** is the **Reporting Limit**, which is defined as the lowest quantitation level of an analyte that can be readily achieved within the specified limits of precision and accuracy of an analytical method during routine laboratory operating conditions. The value may be raised depending on the characteristics or behavior of the target analyte.

This document shall not be reproduced, except in full, without the written approval of Microbac Laboratories, Inc.- Massachusetts Division. If there are any technical questions pertaining to this laboratory report please contact a Client Services Coordinator or the Laboratory Director at 508-595-0010.

**Reviewed and Approved By:**

**Date Reviewed and Approved:**



8/29/2013

Nancy Burnett  
Laboratory Director

*For any feedback concerning our services, please contact Nancy Burnett, the Division Manager at 508-595-0010. You may also contact both James Nokes, President at [president@microbac.com](mailto:president@microbac.com) and Sean Hyde, Chief Operating Officer at [sean.hyde@microbac.com](mailto:sean.hyde@microbac.com).*

Please help us in meeting our Go Green initiative by selecting to have reports and invoices submitted via email only. Please contact [Nancy.Burnett@microbac.com](mailto:Nancy.Burnett@microbac.com) to set up email reporting and invoicing options.



1334706

CHAIN OF CUSTODY

®

Microbac

PAGE 1 OF 2

CONTACT \_\_\_\_\_

JOB NAME/NUMBER \_\_\_\_\_

LOCATION \_\_\_\_\_

COLLECTOR \_\_\_\_\_

PO # \_\_\_\_\_

LAB # \_\_\_\_\_  
 CLIENT Microbac  
 ADDRESS 16 Maple Ave.  
Microbac, MA 01570

Massachusetts Division  
 100 Barber Avenue • Worcester, MA 01606  
 Tel: 1-508-595-0010 • Fax 508-595-0008

TEL # 508-943-3493  
 MICROBAC QUOTE # \_\_\_\_\_

FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC + HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab	Comp	ANALYSIS REQUESTED	LAB USE ONLY
Chlorophyll	8/13	9:14											Chlorophyll	Are samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
SI SURFACE	"	"											Phosphorus	Total # of bottles Correct Pres <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
TOTAL Phosphorus	"	"											Phosphorus	Is documentation complete? (See List) <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
SI SURFACE	"	"											Chlorophyll	Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Chart Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____
TOTAL Phosphorus	"	"											Phosphorus	<input type="checkbox"/> Diced in Transit
SI SURFACE	"	"											Chlorophyll	
TOTAL Phosphorus	"	"											Phosphorus	
SI SURFACE	"	"											Chlorophyll	
TOTAL Phosphorus	"	"											Phosphorus	

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELINQUISHED BY: Sam Turner DATE: 8/10/13 TIME: 10:50 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED FOR LAB BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

MM 8/12/13 8:48 am



**Nitrates**

**2011 WLA Colorimeter Samples Chain of Custody Form**

Sample Site ID	Date Collected	Time of Day Collected	Date Analyzed	Time of Day Analyzed	Nitrate Reagent Blank	Nitrate (NO3 ppm)	Tester's Name
1) S1	10/6/13	8:05 AM	10/6/13	5:31 PM	--0--	0.00 ppm	Stacia Ricker
2) M1	10/6/13	9:30 AM	10/6/13	5:32 PM	--0--	0.00 PPM	Stacia Ricker
3) N1	10/6/13	10:04 AM	10/6/13	5:53 PM	--0--	0.23 ppm	Stacia Ricker
4) SB16	10/6/13	8:05 AM 8:50 AM	10/6/13	4:46 PM	--0--	0.54 ppm	Stacia Ricker
5) MB17	10/6/13	8:13 AM	10/6/13	4:43 PM	--0--	0.00 ppm	Stacia Ricker
6) BB18	10/6/13	8:25 AM	10/6/13	5:58 PM	--0--	0.34 ppm	Stacia Ricker
7) <del>BB18</del>	10/6/13	8:25 AM	10/6/13	5:09 PM	--0--	0.02 ppm	Stacia Ricker
8) _____	_____	_____	_____	_____	_____	_____	_____

**Signatures - Custody Chain**

**Please Sign Water For Sample Custody Tracking**

Washed, Dried, Sealed Bottles: Stacia Ricker Date: 8/10/2013

Collected Stream Samples: Stacia Ricker Date: 10/6/2013

Delivered Stream Samples: Stacia Ricker Date: 10/6/2013

Collected Lake Samples: Stacia Ricker / DEAN TRAVIS Date: 10/6/2013

Reviewed By: Stacia Ricker Date: \_\_\_\_\_

Entered into Database by: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Analysis**

**WEBSTER LAKE ASSOCIATION**  
Jean Travis  
C/O JEAN TRAVIS 16 MARK AVE  
WEBSTER, MA 01570

Contact: Jean Travis  
**Project Name: Surface Water**  
Project / PO Number: N/A  
Date Received: October 07, 2013  
Time Received: 9:45 am

**Analytical Testing Parameters**

Client Sample ID: **S1 SURFACE**  
Lab Sample ID: **1344778-01**

Collection Date: **10/6/2013**  
Collection Time: **9:10 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0140</b>	MA mg/L	0.0100	SM20 4500-P B,E	10/8/2013 1541	10/9/2013 1451	NGB

**Analytical Testing Parameters**

Client Sample ID: **S1 BOTTOM**  
Lab Sample ID: **1344778-02**

Collection Date: **10/6/2013**  
Collection Time: **9:05 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0180</b>	MA mg/L	0.0100	SM20 4500-P B,E	10/8/2013 1541	10/9/2013 1451	NGB

**Analytical Testing Parameters**

Client Sample ID: **M1 SURFACE**  
Lab Sample ID: **1344778-03**

Collection Date: **10/6/2013**  
Collection Time: **9:39 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0130</b>	MA mg/L	0.0100	SM20 4500-P B,E	10/8/2013 1541	10/9/2013 1451	NGB

**Analytical Testing Parameters**

Client Sample ID: **M1 BOTTOM**  
Lab Sample ID: **1344778-04**

Collection Date: **10/6/2013**  
Collection Time: **9:35 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0130</b>	MA mg/L	0.0100	SM20 4500-P B,E	10/8/2013 1541	10/9/2013 1451	NGB



**Microbac Laboratories, Inc**  
**Massachusetts Division**

Laboratory ID: 1344778

**Certificate of Analysis**

**Analytical Testing Parameters**

Client Sample ID: **N1 SURFACE**  
Lab Sample ID: **1344778-05**

Collection Date: **10/6/2013**  
Collection Time: **10:15 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0130</b>	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	10/8/2013 1541	10/9/2013 1451	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 THERMOCLINE**  
Lab Sample ID: **1344778-06**

Collection Date: **10/6/2013**  
Collection Time: **10:27 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0280</b>	<b>MA</b> mg/L	0.0100	SM20 4500-P B,E	10/8/2013 1541	10/9/2013 1451	NGB

**Analytical Testing Parameters**

Client Sample ID: **N1 BOTTOM**  
Lab Sample ID: **1344778-07**

Collection Date: **10/6/2013**  
Collection Time: **10:10 am**  
Collected By: Client

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0190</b>	<b>SUB6</b> <b>M</b> mg/L	0.0100	SM20 4500-P B,E	10/14/2013 1009	10/14/2013 1009	SUB

**Definitions:**

- SUB6M:** Analysis performed by Premier Laboratory, Inc. (M-CT008)
- MA:** Denotes results analyzed by Microbac Laboratories, Inc. Massachusetts Division.

**Certificate of Analysis**

---

**Laboratory Certifications:**

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- Massachusetts DEP M-MA003
- Massachusetts DPH State Dairy Laboratory 0056
- A2LA Biological Testing Cert No. 3302.01

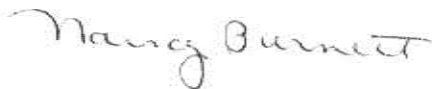
**Report Comments:**

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**Reviewed and Approved By:**

**Date Reviewed and Approved:**



10/28/2013

Nancy Burnett  
Laboratory Director

*For any feedback concerning our services, please contact Nancy Burnett, the Division Manager at 508-595-0010. You may also contact both James Nokes, President at [president@microbac.com](mailto:president@microbac.com) and Sean Hyde, Chief Operating Officer at [sean.hyde@microbac.com](mailto:sean.hyde@microbac.com).*

Please help us in meeting our Go Green initiative by selecting to have reports and invoices submitted via email only. Please contact [Nancy.Burnett@microbac.com](mailto:Nancy.Burnett@microbac.com) to set up email reporting and invoicing options.

**CHAIN OF CUSTODY**



**Microbac**

Massachusetts Division  
100 Barber Avenue • Worcester, MA 01606  
Tel. 1-508-595-0010 • Fax 508-595-0008

LAB #

Webster Lake Assoc.  
c/o Jim Davis  
18 Mark Ave.  
Webster, MA 01570

PAGE 1 OF 2

CONTACT

JOB NAME/NUMRFR



LI

C

1344778

PO #

MICROBAC QUOTE #

TEL. # 508-943-3427

FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC + HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab Comp	ANALYSIS REQUESTED	LAB USE ONLY
Chlorophyll SI SURFACE	10/6/13	9:10										Chlorophyll TOTAL	Are samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain
TOTAL Phosphorus SI SURFACE	10/6/13	9:10										Phosphorus TOTAL	Total # of bottles Correct Pres <input type="checkbox"/> Y <input type="checkbox"/> N Explain
TOTAL Phosphorus SI SURFACE	10/6/13	9:10										Phosphorus TOTAL	Is documentation complete? (See Dist) <input type="checkbox"/> Y <input type="checkbox"/> N Explain
TOTAL Phosphorus SI Thermocline	10/6/13	9:10										Phosphorus TOTAL	Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Client Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____
TOTAL Phosphorus SI Bottom	10/6/13	9:05										Phosphorus TOTAL	<input type="checkbox"/> Iced in Transit
Chlorophyll ML SURFACE	10/6/13	9:35										Chlorophyll TOTAL	
TOTAL Phosphorus ML SURFACE	10/6/13	9:19										Phosphorus TOTAL	
TOTAL Phosphorus ML Thermocline	10/6/13	9:35										Phosphorus TOTAL	
Chlorophyll ML SURFACE	10/6/13	10:15										Chlorophyll TOTAL	

RELINQUISHED BY: Jim Davis DATE: 10/6/13 TIME: 10:30

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED FOR LAB BY: Mark DATE: 10/7/13 TIME: 9:45

**CHAIN OF CUSTODY**



**Microbac**

LAB # \_\_\_\_\_ PAGE 2 OF 2  
 CLIENT Merrill Lake Assoc  
 ADDRESS c/o Pan Liana  
16 Park Cove  
Webster, MA 01572  
 TEL # 508-943-9422  
 MICROBAC QUOTE # \_\_\_\_\_

CONTACT \_\_\_\_\_  
 JOB NAME/NUMBER \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 COLLECTOR \_\_\_\_\_  
 PO # \_\_\_\_\_

Massachusetts Division  
 100 Barber Avenue • Worcester, MA 01606  
 Tel. 1-508-595-0010 • Fax 508-595-0008

FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC + HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab Comp	ANALYSIS REQUESTED	LAB USE ONLY
TOTAL Phosphorus	10/6/13	10:30										TOTAL Phosphorus	Are samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
NI SURFACE	10/6/13	10:30										TOTAL Phosphorus	Total # of bottles Correct Pres <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
TOTAL Phosphorus	10/6/13	10:30										TOTAL Phosphorus	Is documentation complete? (See List) <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
TOTAL Phosphorus	10/6/13	10:30										TOTAL Phosphorus	Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Client Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____ <input type="checkbox"/> Iced in Transit
NI BOTTOM	10/6/13	10:30											

RELINQUISHED BY: Jane Davis DATE: 10/6/13 TIME: 10:30 RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED FOR LAB BY: MMO DATE: 10/7/13 TIME: 9:45



**Microbac Laboratories, Inc.**  
Massachusetts Division

Laboratory ID: 1344780

**Certificate of Analysis**

**WEBSTER LAKE ASSOCIATION**  
Jean Travis  
C/O JEAN TRAVIS 16 MARK AVE  
WEBSTER, MA 01570

Contact: Jean Travis  
**Project Name: Surface Water**  
Project / PO Number: N/A  
Date Received: October 07, 2013  
Time Received: 9:45 am

**Analytical Testing Parameters**

Client Sample ID: **SB16**  
Lab Sample ID: **1344780-01**

Collection Date: **10/6/2013**  
Collection Time: **8:05 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0190</b>	<b>SUB6</b> <b>M</b>	mg/L	0.0100	SM20 4500-P B,E	10/14/2013 1009	10/14/2013 1009 SUB

**Analytical Testing Parameters**

Client Sample ID: **MB17**  
Lab Sample ID: **1344780-02**

Collection Date: **10/6/2013**  
Collection Time: **8:00 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0140</b>	<b>SUB6</b> <b>M</b>	mg/L	0.0100	SM20 4500-P B,E	10/14/2013 1009	10/14/2013 1009 SUB

**Analytical Testing Parameters**

Client Sample ID: **BB18**  
Lab Sample ID: **1344780-03**

Collection Date: **10/6/2013**  
Collection Time: **8:15 am**

**WET CHEMISTRY**

Parameter	Result	Units	RL	Method	Prepared	Analyzed	Analyst
Phosphorus, P	<b>0.0330</b>	<b>SUB6</b> <b>M</b>	mg/L	0.0100	SM20 4500-P B,E	10/14/2013 1009	10/14/2013 1009 SUB

**Definitions:**

- **SUB6M:** Analysis performed by Premier Laboratory, Inc. (M-CT008)
- **MA:** Denotes results analyzed by Microbac Laboratories, Inc. Massachusetts Division.



**Microbac Laboratories, Inc**  
**Massachusetts Division**  
**Certificate of Analysis**

Laboratory ID: 1344780

**Laboratory Certifications:**

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- Massachusetts DPH State Dairy Laboratory 0056
- A2LA Biological Testing Cert No. 3302.01

**Report Comments:**

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**Reviewed and Approved By:**

**Date Reviewed and Approved:**

10/26/2013

Nancy Burnett  
Laboratory Director

*For any feedback concerning our services, please contact Nancy Burnett, the Division Manager at 508-595-0010. You may also contact both James Nokes, President at [president@microbac.com](mailto:president@microbac.com) and Sean Hyde, Chief Operating Officer at [sean.hyde@microbac.com](mailto:sean.hyde@microbac.com).*

Please help us in meeting our Go Green initiative by selecting to have reports and invoices submitted via email only. Please contact [Nancy.Burnett@microbac.com](mailto:Nancy.Burnett@microbac.com) to set up email reporting and invoicing options.



61 Louisa Viens Drive  
Dayville, CT 06241  
Fax: 860-774-2689  
Phone: 860-774-6814  
Toll-Free: 800-334-0103

## ANALYTICAL DATA REPORT

prepared for:

Webster Lake Association  
16 Mark Avenue  
Webster, MA 01570  
Gloria Ricker

Report Number: E310747

Project: Surface Water

Received Date: 10/08/2013

Report Date: 10/15/2013



Premier Laboratory, Inc  
Authorized Signature



CT DPH #PH-0465  
NJ DEP #CT007

EPA #CT00008  
NY ELAP #11549

MA DEP #M-CT008  
PA DEP #68-04413

ME DHHS #CT0050  
RI DOH #LA000300

NH ELAP #2020  
VT DOH #VT11549



101-000000394014

61 Louisa Viens Drive  
Dayville, CT 06241  
Fax: 860-774-2689  
Phone: 860-774-6814  
Toll-Free: 800-334-0103

Report No: E310747  
Client: Webster Lake Association  
Project: Surface Water

**CASE NARRATIVE / METHOD CONFORMANCE SUMMARY**

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Premier Laboratory, Inc received three samples from Webster Lake Association on 10/08/2013. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Chlorophyll A by SM-18-10200H  
SM-18-10200H

**Non-Conformances:**

**Work Order:**

None

**Sample:**

None

**Analysis:**

None

# Premier Laboratory, Inc

## Analytical Data Report

Report No: E310747  
Date Received: 10/08/2013 13:10

Customer: Webster Lake Association  
Project: Surface Water

<u>Parameter</u>	<u>Result</u>	<u>DL</u>	<u>Units</u>	<u>Completed</u>	<u>Bv</u>	<u>Dilution</u>
<b>(1) SI Surface</b>						
<b>Date Collected: 10/06/2013 09:10</b>		<b>Matrix: Aqueous</b>				
Chlorophyll A	5.7		mg/m3	10/11/2013		SUB
<b>(2) MI Surface</b>						
<b>Date Collected: 10/06/2013 09:35</b>		<b>Matrix: Aqueous</b>				
Chlorophyll A	3.9		mg/m3	10/11/2013		SUB
<b>(3) NI Surface</b>						
<b>Date Collected: 10/06/2013 10:15</b>		<b>Matrix: Aqueous</b>				
Chlorophyll A	3.2		mg/m3	10/11/2013		SUB

E310747

**CHAIN OF CUSTODY**

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Massachusetts Division

100 Barber Avenue • Worcester, MA 01606  
Tel. 1-508-595-0010 • Fax 508-595-0008

PAGE 1 OF 2

CONTACT \_\_\_\_\_

JOB NAME/NUMBER \_\_\_\_\_

LOCATION \_\_\_\_\_

COLLECTOR \_\_\_\_\_

PO # \_\_\_\_\_

LAB # \_\_\_\_\_

CLIENT Mr. & Mrs. Robert Adams

ADDRESS 100 Main Street

Worcester MA 01602

TEL # 508-942-3497

MICROBAC QUOTE # \_\_\_\_\_

FIELD IDENTIFICATION	DATE	TIME	SAMPLE MATRIX	CONTAINER VOL./TYPE	ASCORBIC ± HCl	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Sodium THIO	None	Grab	Comp	ANALYSIS REQUESTED	LAB USE ONLY
<u>Water - 10/13</u>	<u>10/13</u>	<u>9:10</u>											<u>Microbac</u>	Are samples in good condition? <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
<u>Water - 10/13</u>	<u>10/13</u>	<u>9:10</u>											<u>Microbac</u>	Total # of bottles Correct Pres. <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
<u>Water - 10/13</u>	<u>10/13</u>	<u>9:10</u>											<u>Microbac</u>	Is documentation complete? (See "Dist") <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____
<u>Water - 10/13</u>	<u>10/13</u>	<u>9:10</u>											<u>Microbac</u>	Samples Compliant <input type="checkbox"/> Y <input type="checkbox"/> N Client Notified <input type="checkbox"/> Y <input type="checkbox"/> N Date _____ Time _____ <input type="checkbox"/> In Transit

RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	DATE:	TIME:
<u>Ben McKee</u>	<u>10/13</u>	<u>13:10</u>	<u>Ben McKee</u>	<u>10/8/13</u>	<u>09:36</u>
<u>Michael Noble</u>	<u>10/8/13</u>	<u>13:10</u>	<u>Michael Noble</u>	<u>10/8/13</u>	<u>13:10</u>

RELINQUISHED BY:

DATE: TIME:

RECEIVED FOR LAB BY:

DATE: TIME:

3.2