

<b>Lab ID. #</b> <b>109362R</b>
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<b>To:</b> Duxbury Board of Health Attn: Ms. Tracy Mayo 878 Tremont Street Duxbury, MA 02332
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Received Date/Time:	8/23/23, 5:46 PM
Analyzed Date/Time:	8/23/23, 5:50 PM
Reported Date:	8/24/23
Collected By:	Client
Collection Date:	8/23/23

### ANALYTICAL RESULTS

Sample#	Sampling Location	Sampling Time	Enterococci (MPN/100mL)
4	Residents Beach (Duxbury Beach)	3:40 PM	<10
5	Trip Blank C	NA	<1
Maximum Contaminant Level			<b>104</b>
Method of Reference			<b>Enterolert Method</b>


#### Laboratory QC Results

QC	Unit	Enterococci
Duplicate (D1)	100mL	<10
Duplicate (D2)	100mL	<10
Dilution Blank	100mL	< 1
Negative Control	100mL	Negative
Positive Control	100mL	Positive

Approved By: \_\_\_\_\_

Lab. Director

Date

 8/25/23

# CHAIN OF CUSTODY RECORD

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

LAB I.D. #: 109362R

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

E-MAIL: HACHE@Duxbury-MA.GOV

COMPANY: Duxbury  
 ADDRESS: 719 Front St. Duxbury  
 PHONE #: 781-931-0913 FAX#: \_\_\_\_\_  
 P.O. #: \_\_\_\_\_  
 CLIENT CONTACT: Lauren/Tracy  
 PROJECT ID/LOCATION: \_\_\_\_\_

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

**ANALYSES**

Enter code

	SAMPLE IDENTIFICATION	SAMPLE TYPE	CONTAINER			SAMPLING		PRESERVATIVE	ANALYSES										COMMENTS				
			SIZE	TYPE	#	DATE	TIME																
*A	Resident Beach	1		P		8/23	3:40																
Sample Collected By: <u>Lauren Hache</u>																							

RELINQUISHED BY: <u>[Signature]</u>	DATE: <u>8-23-2023</u>	RECEIVED BY: <u>[Signature]</u>	DATE: <u>8-23-23</u>
	TIME: <u>4-07-PM</u>		TIME: <u>5-02-PM</u>
RELINQUISHED BY: <u>[Signature]</u>	DATE: <u>8-23-23</u>	RECEIVED BY: <u>[Signature]</u>	DATE: <u>8-23-23</u>
	TIME: <u>5-46-PM</u>		TIME: <u>5-46-PM</u>
RELINQUISHED BY: _____	DATE: - -	RECEIVED FOR LAB BY: _____	DATE: - -
	TIME: - -		TIME: - -

**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 \_\_\_\_\_

METHOD OF SHIPMENT \_\_\_\_\_


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Resample

## Beach Sampling Field Data

Revised 2018

Lab. ID# 109362R

Town/City: <u>Duxbury</u>											Time Delivered to Lab: <u>5:46pm</u>									
Date Collected: <u>8/23/2023</u>											Delivered by: <u>KM</u>									
Collected by: <u>Lauren Haché</u>											Relinquished to: <u>XC</u>									
ID #	Sample Location If beach has multiple samples, note location.	Marine or Fresh	Sample Time	Water Clarity:			Water Temp (°F)	Wave Intensity:			Days Since Rain '0' if within 24 hrs.	Potential Pollution Sources - if none, check "none" 								
				Clear	Partly Murky	Murky		Calm	Normal	Rough		# People in Water	# Birds	# Dogs	Algae	Trash	Animal/Human waste	Wrack	None	
Example	Sandy Beach	M	9:30 am	C	P	(M)	68	(C)	N	R	0	0	5	0						
Example	Sunset Pines	F	6:35 am	C	(P)	M	72	C	(N)	R	7	7	0	0		✓				
Example	Excellent Point	F	1:00 am	(C)	P	M	70	C	N	(R)	2								✓	
-----				C	P	M		C	N	R										
1	<del>LANDING RD</del>	M		C	P	M		C	N	R										
2	<del>SHIPYARD LN</del>	M		C	P	M		C	N	R										
3	<del>WEST END</del>	M		C	P	M		C	N	R										
4	RESIDENT BEACH	M	3:40p	C	(P)	M	64°	C	N	(R)	2	1	4	0	✓					
5	<del>DUXBURY BEACH @BH</del>	M		C	P	M		C	N	R										
				C	P	M		C	N	R										
				C	P	M		C	N	R										
				C	P	M		C	N	R										
				C	P	M		C	N	R										
				C	P	M		C	N	R										

 Cloud Cover:  Clear  Partly Cloudy  Cloudy/Overcast

 Comments: Rain on Monday

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