



# Biomarine

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## CERTIFICATE OF ANALYSIS

Ms. Kendall Longo  
**Boxford Board of Health**  
7A Spofford Pond Rd.  
Boxford, MA 01921

Report No.: 55643  
August 15, 2013

### RE: BACTERIOLOGICAL ANALYSES OF BATHING WATERS

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#### SAMPLE INFORMATION:

<b>Sample Description:</b>	Non-marine bathing water (Pond)
<b>Samples Collected By:</b>	Loren Doucette/ Biomarine
<b>Date and Time Sample Collected:</b>	8/14/13, 8:41 AM
<b>Sample Collection Site:</b>	Stiles Pond Beach
<b>Date and Time Analyzed:</b>	8/14/13, 11:20 AM

#### FINDINGS:

Biomarine ID	Parameter	Result	Recommended Guideline
55643	E. coli/100 mL	2	<235

REFERENCE: IDEXX Coli-ert (MPN)

REMARKS: Mass. Department of Public Health currently accepts an E. coli count of <235/100 ml in fresh water bathing areas.

Jim Groleau, Laboratory Director

Email: kquarels@town.boxford.ma.us  
Fax: Michael Beattie / DPH 617-624-5183

# Beach Sampling Field Data Form

55643

Town/City of Collection: **BOXFORD, MA B0H**

Date Collected: **8/14/13**  
 Collected By: **US**

Received By/Time:

Time Delivered to Lab: **1110**  
 Delivered By: **US**  
 Relinquished To: **US**

**Instructions:** Collect sample(s) in areas of greatest bather load and at locations subject to contamination at a uniform depth of 3 feet. Collect samples 12 inches below water surface. Do not collect samples within 6 inches of bottom.

Sample ID	Sample Location (Note beach and sampling location)	Marine or Fresh	Sample Time	Water Clarity	Water Temp (°F)	Days Since Rain ('0' if w/in 24 hrs.)	Bather Density (in water) (Circle appropriate # range)	Observations of bathing water
A	(1) STILES POND BEACH	F	8:41	Clear	74	0	0-10	F

**Observations:** T=Trash WS=Waste Solids SD=Sludge Deposit O=Oils A=Algae F=Fish die-offs J=Jellyfish B=Birds D=Dogs  
 N=None

**Current Weather Condition:** Cloudy/Overcast **Sunny** Rainy Foggy Windy Air Temp: **63** °F Wind Direction: \_\_\_\_\_

**Time of High Tide:** \_\_\_\_\_ N/A \_\_\_\_\_ **Amount of Last Rain:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
**Please Note:** This form MUST be utilized upon collection of samples and filled out in its entirety. For reporting purposes, a copy must be submitted to MDPH with any lab results.

**Exceedance Notification:** By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Contacted: \_\_\_\_\_ Via: \_\_\_\_\_