



Biomarine

16 EAST MAIN STREET, GLOUCESTER, MA 01930
TELEPHONE: (978) 281-0222 FAX: (978) 283-6296
biomarine@verizon.net • www.biomarinelab.com

CERTIFICATE OF ANALYSIS

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

Report No.: 55539
August 9, 2013

RE: BACTERIOLOGICAL ANALYSES OF BATHING WATERS

SAMPLE INFORMATION:

Sample Description:	Non-marine bathing water (Pond)
Samples Collected By:	Loren Doucette/ Biomarine
Date and Time Sample Collected:	8/7/13, 8:57 AM
Sample Collection Site:	Stiles Pond Beach
Date and Time Analyzed:	8/7/13, 10:30 AM

FINDINGS:

Biomarine ID	Parameter	Result	Recommended Guideline
55539	E. coli/100 mL	7	<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

55539

Town/City of Collection: BOXFORD, MA BOH

Time Delivered to Lab: 1000

Date Collected By: 8/11/13

Received By/Time:

Delivered By: CR

Relinquished To:

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 (if w/in 24 hrs.)	Bather Density (in water) (Circle appropriate # range)			Observations of bathing water		
							0-10	11-20	20-50		>50	
A	(1) STILES POND BEACH	F	8:57	Clear	75	0	0-10	11-20	20-50	>50	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: 68 °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: _____