

## CERTIFICATE OF ANALYSIS

**CUSTOMER INFORMATION:**

John Somes  
**Danvers YMCA**  
 34 Pickering St.  
 Danvers, MA 01923

**SAMPLE INFORMATION:**

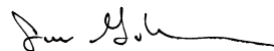
Sample(s) Collected By: Max Feeley  
 Sample Information: Collected 8/16/23, see time and location below  
 Date and Time Received: 8/16/23, 1040  
 Date and Time Analyzed: 8/16/23, 1100

**FINDINGS:**

Biomarine Sample ID	Sample Location	Time Sampled	E. coli/100 mL
76157	Danvers YMCA Pond	0921	7

**METHOD:** 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

# Beach Sampling Field Data

Revised 2018

7/15/18

Town/City: **BOXFORD (DANVERS YMCA CAMP)**

Date Collected: 8/16/23

Collected by: MF

Time Delivered to Lab: 10:10

Delivered by: MF

Relinquished to: for

ID #	Sample Location <small>(If beach has multiple samples, note location.)</small>	Marine or Fresh	Sample Time	Water Clarity:		Water Temp ( <sup>o</sup> F)	Wave Intensity:		Days Since Rain <small>(0: if within 24 hrs.)</small>	Potential Pollution Sources - <small>if none, check "none"</small>										
				<input type="radio"/> Clear	<input type="radio"/> Partly Murky		<input type="radio"/> Calm	<input type="radio"/> Normal		<input type="radio"/> Rough	<input type="checkbox"/> # People in Water	<input type="checkbox"/> # Birds	<input type="checkbox"/> # Dogs	<input type="checkbox"/> Algae	<input type="checkbox"/> Trash	<input type="checkbox"/> Animal/ Human waste	<input type="checkbox"/> Wrack	<input type="checkbox"/> None		
	Danvers YMCA Pond	F	9:21	<input checked="" type="radio"/> C	<input type="radio"/> P	76	<input checked="" type="radio"/> C	<input type="radio"/> N	0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0							<input checked="" type="checkbox"/>	
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
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				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
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				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
				<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												
	Rec Room 43 (Once per season)	DW		<input type="checkbox"/> C	<input type="radio"/> P		<input type="radio"/> C	<input type="radio"/> N												

Cloud Cover:  Clear  Partly Cloudy  Cloudy/Overcast

Comments:

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