

Lab. ID #
117437

To: Franklin Health Dept.
 Attn: Cathleen Liberty
 355 E. Central St.
 Franklin, MA 02038

Received Date/Time:	6/11/25, 4:43 PM
Analyzed Date/Time:	6/11/25, 4:50 PM
Reported Date:	6/12/25
Collected by:	Client
Collected Date:	6/11/25

ANALYTICAL RESULTS

Sample #	Sampling Location	Sampling Time	E. coli (CFU/100mL)	GeoMean
1	Chilson Beach	10:10 AM	5	
Maximum Contaminant Level			235	126
Method of Reference			EPA 1603	

Laboratory QC Results

QC	Unit	E. coli
Duplicate (D1)	100mL	5
Duplicate (D2)	100mL	5
Dilution Blk.(Beginning)	100mL	Negative
Dilution Blk.(Ending)	100mL	Negative
Positive Control	100mL	Positive

Approved By:



Lab. Director

6/13/25

Date

Beach Sampling Field Data

Town/City: **Franklin**
 Date Collected: **6-11-2025**
 Collected by: **Franklin Health Dept**
 Time Delivered to Lab: **4:43pm**
 Delivered by: **KM**
 Relinquished to: **XC**

ID #	Sample Location <small>If beach has multiple samples, note location.</small>	Marine or Fresh	Sample Time	Water Clarity:		Water Temp (°F)	Wave Intensity:			Days Since Rain <small>'0' if within 24 hrs.</small>	Potential Pollution Sources - if none, check "none"						
				Clear	Partly Murky		Calm	Normal	Rough		# People in Water	# Birds	# Dogs	Algae	Trash	Animal/ Human waste	Wrack
Example	Sandy Beach	M	9:50 am	C	(M)	68	(C)	N	R	0	0	5	0				
Example	Sunset Pines	F	6:35 am	C	(P)	72	C	(N)	R	7	7	0	0		✓		
Example	Excellent Point	F	1:00 am	(C)	M	70	C	N	(R)	2							✓
1	Chilson Beach	F	10:01 am	C	M		C	N	R	(0)	0	0	0				✓
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								
				C	M		C	N	R								

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.