

Lab. ID #
113034
To: Franklin Health Dept.
 Attn: Cathleen Liberty
 355 E. Central St.
 Franklin, MA 02038

Received Date/Time:	7/10/24, 4:30 PM
Analyzed Date/Time:	7/10/24, 4:50 PM
Reported Date:	7/11/24
Collected by:	Client
Collected Date:	7/10/24

ANALYTICAL RESULTS

Sample #	Sampling Location	Sampling Time	E. coli (CFU/100mL)	GeoMean
1	Chilson Beach	10:00 AM	32	
Maximum Contaminant Level			235	126
Method of Reference			EPA 1603	

Laboratory QC Results

QC	Unit	E. coli
Duplicate (D1)	100mL	176
Duplicate (D2)	100mL	152
Dilution Blk.(Beginning)	100mL	Negative
Dilution Blk.(Ending)	100mL	Negative
Positive Control	100mL	Positive

Approved By:


 Lab. Director

7/12/24

 Date

Beach Sampling Field Data

Town/City: Franklin
 Date Collected: 7-10-2024
 Collected by: M₂ W₂ Dept

Time Delivered to Lab: 4:30pm
 Delivered by: PS
 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	Wreck
Example	Sandy Beach	M	9:30 AM	C	P	68	C	N	R	0	5	0					
Example	Sunset Pines	F	6:35 AM	C	P	72	C	N	R	7	0	0		✓			
Example	Excellent Point	F	1:00 AM	C	P	70	C	N	R	2							✓
1	Chilson Beach	F	10:30 AM	C	P		C	N	R	2	0	0					✓
				C	P		C	N	R								
				C	P		C	N	R								
				C	P		C	N	R								
				C	P		C	N	R								
				C	P		C	N	R								
				C	P		C	N	R								
				C	P		C	N	R								
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				C	P		C	N	R								
				C	P		C	N	R								
				C	P		C	N	R								
				C	P		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.