

## GRANITE STATE ANALYTICAL SERVICES, LLC.

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**CERTIFICATE OF ANALYSIS** 

**DATE PRINTED:** 06/28/2019

RECEIPT TEMPERATURE: ON ICE 12.1° CELSIUS

**CLIENT NAME:** Town of Sandown Rec Dept.

CLIENT ADDRESS: PO Box 642, Attn:Recreation Dept.

Sandown, NH 03873

**SAMPLE ID#:** 1906-03815-001

DATE AND TIME COLLECTED: 06/27/

06/27/2019 4:55PM

SAMPLED BY:

DATE AND TIME RECEIVED:

**Test Units** 

06/27/2019 4:

4:55PM

SAMPLE LOCATION:

Seeley Beach

4:33PM

SAMPLE SITE:

MPN Beach

**CLIENT JOB #** 

NT JOB # LOQ (RL)

Method Analyst

Date & Time Analyzed

E. coli MPN

8.5 MPN/100mL

Results

Flag 1

SM 9223B

DR-NH 06/28/19 11:45AM

Total Coliform / E.coli Bacteria Preparation

DQ

SM 9223B

DS-NH 06/27/19 5:13PM

The results presented in this report relate to the samples listed above in the condition in which they were received. RL: "Reporting limit" means the lowest level of an analyte that can be accurately recovered from the matrix of interest.

Data Qualifier (DQ) Flags: None

\* NELAP Accredited Analysis



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