

Thursday, May 26, 2022

Tad Putney  
Town of Brookline  
PO Box 360  
Brookline NH 03033

**Project Name:** Beach Sampling  
**Project #:** N/A  
**Project Location:** Lake Potanipo  
**Control #:** 124944

**Lab ID:** 22050287

**Date Received:** 5/23/2022

Dear Tad Putney

Enclosed please find the laboratory results for the above referenced samples that were received by the ChemServe sample custodian on the above referenced date. Any abnormalities to the samples upon receipt would be noted on the enclosed chain of custody document. This report is not valid without a completed chain of custody with the corresponding control number, attached.

All samples analyzed by ChemServe are subject to quality standards. These standards are as stringent or more stringent than those established under NELAC, 40 CFR Part 136, state certification programs, and corresponding methodologies. ChemServe has a written QA/QC Procedures Manual that outlines these standards, and is available for your reference, upon request. Unless otherwise stated on the Chain of Custody or within the report, all holding times, preservation techniques, container types, and analytical methods are analogous with those outlined by NELAC. All units are based on "as received" weight unless denoted "dry".

Residual chlorine, sulfite and pH are intended to be performed as an immediate field analysis. Should any of these analyses be performed in the lab instead of in the field it will result in those analyses being performed out of holding time.

Acrolein and 2-chloroethylvinyl ether require an additional analysis with an un-preserved sample. If unpreserved vials were not submitted for these compounds then acrolein and 2-CEVE are not reported due to not meeting method requirements, but may be reported as estimated upon request for EPA 624.1 or EPA 524.2.

I certify that I have reviewed the above referenced analytical data and state forms, and I have found this report within compliance with the procedures outlined within NELAC. ChemServe's certified parameter list can be found at <http://www.chemservelab.com/Laboratory-Information-and-Documentation.aspx>

Dr. Jamie Fitzgerald PhD  
President/Laboratory Director



Certificate Number 1008

Town of Brookline  
 Tad Putney  
 PO Box 360  
 Brookline NH 03033

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 Project Number: N/A  
 Project Name: Beach Sampling  
 Project Location: Lake Potanipo

 Lab ID: 22050287  
 Date: 5/26/2022

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### Sample Receiving and Comment Summary

Were samples received with a chain of custody?	Yes
Do all samples received match the chain of custody?	Yes
Were all samples received within applicable holding times?	Yes
Were all containers intact when received?	Yes
Were samples for volatile organic analysis free of headspace (per method)?	N/A
Was there evidence of cooling or submitted the same day as sampling?	Yes
Were samples collected with appropriate preservative if required?	Yes
Were samples for dissolved metals already filtered by the client or field sampling?	N/A
Were samples for O-phos filtered in the field?	N/A
Were samples received in the appropriate containers?	Yes
Were samples acceptable per any temperature requirements?	Yes

Sample	Method	Client Identity	Matrix	Analyst
22050287-001	SM 9223B	Max Cohen Grove	Groundwater	LauraB

Comment: no comment

\* Blank comment sections denote "No Comment"



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 Milford, NH 03055  
 (603) 673-5440  
 Sales@chemservelab.com

Town of Brookline

Tad Putney

PO Box 360

Brookline NH 03033

Control #: 124944

Project Number: N/A

Project Name: Beach Sampling

Project Location: Lake Potanipo

### Analytical Results

Lab ID: 22050287

Date: 5/26/2022

Sample	Client Sample Identity	Start Date/Time Sampled:	Matrix
22050287-001	Max Cohen Grove	5/23/2022 10:50:00 AM	Groundwater
Composite Start Date and Time 5/23/2022 10:50:00 AM		Composite End Date and Time	

Parameter	Method	Result	Qualifier	Date/Time Analyzed	RDL	Analyst
E. Coli	SM 9223B	5 MPN Index/100ml		5/23/2022 4:30:00 PM	1	LauraB

#### Qualifier: Description:

B-	Method blank contaminated with target analyte.
B1-	BOD had total oxygen loss. Result reported as ">" the highest dilution.
B2-	BOD had no oxygen loss. Result reported as "<" the lowest dilution.
G-	Reporting limit elevated due to matrix interference.
H-	Method prescribed holding time exceeded.
J-	Indicates an estimated value. Value is less than the quantitation limit.
IL-	Internal Standard(s) recovery was low due to matrix. Result may be biased high.
IH-	Internal Standard(s) recovery was high due to matrix. Result may be biased low.
LH-	Laboratory control spike(s) was high. Results may be biased high.
LL-	Laboratory control spike(s) was low. Results may be biased low.
MH-	Matrix spike recovery high due to matrix. Results may be biased high.
ML-	Matrix spike recovery low due to matrix. Results may be biased low.
N-	Non-target compound. Reported as a TIC.
NC-	Spike recovery was not calculated due to the concentration of the analyte being >4 times the concentration of the spike added.
R-	RPD outside acceptable recovery limits.
RO-	Sample received out of holding time.
SH-	Surrogate recovery high due to matrix
SL-	Surrogate recovery low due to matrix
U-	BOD/CBOD blank had an oxygen depletion greater than the suggested amount of 0.200.
V-	Sample pH for analysis was not within the required range when checked at time of analysis.
Z	Too numerous to count (TNTC)

An "A" in the result column on the report indicates absent for presence/absent bacteria and a "P" indicates present for presence/absent bacteria.

Chain of Custody No. 124944  
Multiple COC's Yes No



317 Elm Street Milford, NH 03055  
(603) 673-5440/ Fax (603) 673-0366

CHAIN OF CUSTODY

A CUSTOMER INFORMATION				B PROJECT INFORMATION				C SAMPLE INFORMATION							
CUSTOMER: <u>TOWN OF BROOKLINE</u>				JOB NAME: <u>Bacteria Sampling</u>				TURNAROUND TIME: (CIRCLE ONE) 10 DAY STANDARD RUSH (MUST BE PRE-APPROVED)							
ADDRESS: <u>PO Box 360</u>				JOB NUMBER: _____				7 day 5 day 4 day 3 day 2 day 1 day Same Day							
CITY/STATE/ZIP: <u>BROOKLINE NH 03033</u>				LOCATION: <u>Lake Pettaquamscutt</u>				MCP <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GW1 <input type="checkbox"/> GW2 <input type="checkbox"/> GW3							
TELEPHONE: <u>(603) 673-8855</u>				INVOICE EMAIL: _____											
REPORT TO: <u>ING. Putnam</u>				INVOICE TO: _____											
EMAIL TO: _____				P.O. NUMBER: _____											
STATION # (D)	SAMPLE IDENTIFICATION & LOCATION (E)	COLLECTED (F) DATE (G) TIME		SAMPLE TYPE (H) GRAB (I) COMP	MATRIX (J) SOLID (S) GROUND WATER (G) DRINKING WATER (D) WASTE WATER (W)	# OF CONTAINERS (K)	CONTAINER AND PRESERVATIVE (L) STEEL W/P (1)				ANALYSIS (M) ANALYSIS				
	<u>Max Caplan Grove</u>	<u>5/13/17</u>	<u>1050</u>	<input checked="" type="checkbox"/>	<u>G</u>	<u>1</u>	<u>1</u>	<div>STEEL W/P (1)</div> <div>ANALYSIS</div>				<div>ANALYSIS</div>			
		DATE	TIME												
		DATE	TIME												
		DATE	TIME												
		DATE	TIME												
		DATE	TIME												
N CUSTODY		SAMPLER: <u>SAUCE GARDNER</u>		DATE: <u>5/13/17</u> TIME: <u>1050</u>		MILITARY		SAMPLE CHECK LIST:				FIELD READING(S) & COMMENTS:			
		SIGNATURE: _____						RECEIVED WITHIN HOLD TIME RECEIVED IN GOOD CONDITION <input checked="" type="checkbox"/> YES OR NO							
RELINQUISHED:		DATE: <u>5/13/17</u> TIME: <u>1117</u>						TEMP BLANK <u>2.8</u> °C							
RECEIVED:		DATE: _____ TIME: _____						SHIPPED OR HAND DELIVERED							
RELINQUISHED:		DATE: _____ TIME: _____						SAMPLES WERE PROPERLY PRESERVED							
RECEIVED FOR LAB:		DATE: <u>5/13/17</u> TIME: <u>1117</u>						IF NO EXPLAIN:							
		DATE: <u>5/13/17</u> TIME: <u>1117</u>						GROUP # <u>22052287</u>				<u>5/25</u>			

# Chemserve Field Work Order

Customer Name: Town of Brookline

COC #: 124944

Hours of Operation: \_\_\_\_\_

Discharge Process: Batch ( ) or Continuous (☒)

Outfall ID: Max Cohen from

Sampling Technician: SG

<b>Flow Information:</b>		Meter (Y/N) _____
Totalizer Reading Start: _____	Totalizer Reading Finish: _____	
Date/Time: _____	Date/Time: _____	
Flow : _____ ( Gallons/GPD) ( ) Actual ( ) Estimated By: _____		

<b>AutoSampler Information:</b>		
Flow or Time Composite: _____ Automatic ( ) Manual ( )		
Pulse Rate : _____ ( gal. per pulse)	Pulses/sample: _____	# of Samples: _____
Composite Start Date/Time: _____		Composite Finish Date/Time: _____
Sample Interval: _____		Volume/Sample: _____
Composite Jug ( ) Individual Containers ( ) (Glass or Plastic)		

<b>Field Grab Information:</b>	
Single <input checked="" type="checkbox"/> Four Part ( ) Interval between grabs (minutes): _____	
Grab Start Date/Time: <u>5/23/22/1050</u>	Grab Finish Date/Time: <u>5/23/22/1050</u>

<b>Field Readings:</b>				
Analysis:	Result/Time	Result/Time	Result/Time	Result/Time