

Tuesday, June 15, 2021

CHRISTINA GOODWIN  
TOWN OF BRISTOL  
5 SCHOOL ST  
BRISTOL NH 03222

RE: Workorder: B103444 - EPABEACH  
Project ID: 8806005 - AVERY CROUSE BCH NEWFND LAKE - BRISTOL

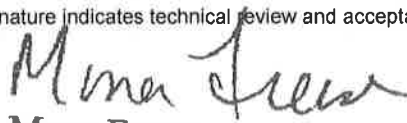
Dear CHRISTINA GOODWIN:

Enclosed are the analytical results for the sample(s) received by the laboratory on Thursday, Jun 10, 2021. Unless indicated as exceptions, the sample(s) met EPA requirements for hold times, preservation techniques, container types and other receipt conditions. Please contact us if you need measurement uncertainty values associated with radiological parameters. Results reported conform to the most current NELAC standard, where applicable, unless otherwise narrated in the body of the report. Any results reported for samples subcontracted to another laboratory are indicated on the report. Please refer to <https://www4.des.nh.gov/CertifiedLabs/Certified-Method.aspx> for a copy of our current NELAP certificate and accredited parameters.

We appreciate the opportunity to provide this analytical service for you. If you have any questions regarding this report or your results, please feel free to contact us. We value your feedback please send comments to [lucio.barinelli@dhhs.nh.gov](mailto:lucio.barinelli@dhhs.nh.gov).

The following signature indicates technical review and acceptance of the data.

Sincerely,



Mona Freese

Authorized Signature

Enclosures

## REPORT OF LABORATORY ANALYSIS

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without the written consent of the New Hampshire Public Health Laboratories.

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## DATA QUALIFIER DESCRIPTIONS

Workorder: B103444 - EPABEACH

Project ID: 8806005 - AVERY CROUSE BCH NEWFND LAKE - BRISTOL

The following are a list of some column headers and abbreviations with their meanings as used throughout the analysis report. Referring to them will assist you in interpreting your report.

RDL= The lowest value the laboratory calibrates its instrumentation for this parameter. Any instrumental estimate of results below the Report Limit is reported as Not Detected (ND).

DF= For some heavily contaminated samples, the laboratory must dilute samples to keep the final number within its calibration scale. This is referred to as the Dilution Factor. Final results and reporting limits are adjusted relative to the DF used.

QUAL= Indicates that the result has been qualified. Refer to the Analytical Report Comments and Qualifiers page for details.

LIMIT= Reflects the Maximum Contamination Level (MCL), if one exists, a secondary or recommended level or another State or Federal action level.

Surrogates = For some analyses, the laboratory adds a number of compounds to monitor analytical performance. These results are provided for your information.

> = Greater than

< = Less than

mg/L = milligrams per Liter

ug/L = micrograms per Liter

mg/kg = milligrams per kilogram

ug/kg = micrograms per kilogram

P-A = Present/Absent

CTS/100 mL = Counts per 100 milliliters

CFU = Colony forming unit

MPN = Most Probable Number

pCi/L = picoCuries per Liter

J = Estimated value; analyte detected at less than the Reporting Limit but greater than the laboratory's Method Detection Limit.

B = Analyte detected in the method blank for the batch of samples. Its presence in the sample may be suspect.

E = Estimated value; result exceeded the upper calibration level for the parameter.

Radiological results are expressed as a number + an uncertainty factor. Uncertainty is a calculated measure of the precision around the reported value.

All results for pH and residual chlorine samples analyzed more than 15 minutes after time of collection shall be considered QUALIFIED.

For assistance in interpreting your lab results and obtaining information regarding water treatment; go to [www.des.nh.gov](http://www.des.nh.gov) and search "Be Well Informed." Or go to <http://xml2.des.state.nh.us/DWITool/>.

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## SAMPLE SUMMARY

Workorder: B103444 - EPABEACH

Project ID: 8806005 - AVERY CROUSE BCH NEWFND LAKE - BRISTOL

Lab ID	Sample ID	Ref ID	Matrix	Date Collected	Date Received	Misc Info
B103444001	BCHNEWBRILF		WATER	6/10/2021 10:26	6/10/2021	
B103444002	BCHNEWBRICR		WATER	6/10/2021 10:30	6/10/2021	
B103444003	BCHNEWBRIRT		WATER	6/10/2021 10:34	6/10/2021	

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## ANALYTICAL RESULTS

Workorder: B103444 - EPABEACH

Project ID: 8806005 - AVERY CROUSE BCH NEWFND LAKE - BRISTOL

Lab ID: **B103444001**  
Sample ID: **BCHNEWBRILF**  
Description:

Matrix: WATER  
Sample Type: SAMPLE  
Collector : CARROLL BROWN

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
<b>Microbiology</b>								
Preparation Method: SM 9223B								
Analytical Method: SM 9223B								
E.Coli, MPN	71.7	MPN/100mL		1	6/10/2021 13:40	6/11/2021 10:00		

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## ANALYTICAL RESULTS

Workorder: B103444 - EPABEACH

Project ID: 8806005 - AVERY CROUSE BCH NEWFND LAKE - BRISTOL

Lab ID: B103444002

Matrix: WATER

Sample ID: BCHNEWBRICR

Sample Type: SAMPLE

Description:

Collector : CARROLL BROWN

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
<b>Microbiology</b>								
Preparation Method: SM 9223B								
Analytical Method: SM 9223B								
E.Coli, MPN	6.3	MPN/100mL		1	6/10/2021 13:40	6/11/2021 10:00		



## ANALYTICAL RESULTS

Workorder: B103444 - EPABEACH

Project ID: 8806005 - AVERY CROUSE BCH NEWFND LAKE - BRISTOL

Lab ID: **B103444003**  
Sample ID: **BCHNEWBRIRT**  
Description:

Matrix: WATER  
Sample Type: SAMPLE  
Collector : CARROLL BROWN

Parameters	Results	Units	RDL	DF	Prepared	Analyzed	Limit	Qual
<b>Microbiology</b>								
Preparation Method: SM 9223B								
Analytical Method: SM 9223B								
E.Coli, MPN	10.9	MPN/100mL		1	6/10/2021 13:40	6/11/2021 10:00		



# NH PUBLIC HEALTH LABORATORIES - WATER ANALYSIS LAB LOGIN AND CUSTODY SHEET

(Laboratory Policy: Samples not meeting method requirements will be analyzed at the discretion of the DPHS, PHL.)

Samples must be delivered in a cooler with ice or ice packs.

LAB ACCOUNT (Billing) 8806005

One Stop Project: EPABEACH

NHDES Site Number \_\_\_\_\_

Description: AVERY-CROUSE BEACH - NEWFOUND LAKE

Town: BRISTOL

Temp. °C. \_\_\_\_\_

Collected by: \_\_\_\_\_

Contact & Phone #: Amanda McQuaid x10698

Sample Location / Station ID	Date Time Sampled	# of Containers	Matrix	E.Coli (swim)	Enterococci						Sampler Comments	Lab Login #
BCHNEWBRILF		1	A Q	X								
BCHNEWBRICR		1	A Q	X								
BCHNEWBRIRT		1	A Q	X								

Relinquished By \_\_\_\_\_ Date & Time \_\_\_\_\_ Received By \_\_\_\_\_ Date & Time \_\_\_\_\_

Relinquished By \_\_\_\_\_ Date & Time \_\_\_\_\_ Received For Laboratory By \_\_\_\_\_ Date & Time \_\_\_\_\_

Matrix: A=Air S=Soil AQ=Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water) Other: \_\_\_\_\_

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Data Reviewed By \_\_\_\_\_ Date: \_\_\_\_\_

Sec. 22.0 Rev. 9 09-20-2017

AQUEOUS SAMPLE RECEIPT CHECKLIST (TO BE COMPLETED BY DHHS DPHS PUBLIC HEALTH LABORATORY STAFF ONLY)

NA = Not Applicable

Physical Inspection of the sample containers and submitted paperwork	Yes	No	NA	Inspection Comments and Sample Information
<b>PROJECT (PWS) #</b> current?/ Name				Project (EPA) # or name_____
<b>Temperature</b> of the sample or temperature blank				Temperature_____ °C
Is the <b>Condition</b> of sample(s) acceptable? (Check for <b>leakage, breakage,</b> and volume)				
Was the <b>paperwork</b> submitted <b>adequate</b> and completely filled out? <b>Hold times</b> acceptable?				
Do the <b>paperwork</b> and sample <b>labels agree</b> ?				
<b>Preservation</b> listed on the sample bottle(s)?				
Do VOAs or Radon have <b>air bubbles</b> ?				
For <b>EPA 504.1 and 524.2</b> , was the lab-provided Field Reagent Blank returned with samples to the lab?				
How did the laboratory receive the sample(s)?				<input type="checkbox"/> <b>Hand delivered or</b> <input type="checkbox"/> <b>Mail</b>
Was the sample(s) received in a <b>cooler</b> ? What was used to lower the temp?				<input type="checkbox"/> <b>Ice</b> <input type="checkbox"/> <b>Cold Packs(s)</b> <input type="checkbox"/> <b>Nothing</b>
Complete the lines below if applicable				
Was the Client contacted by phone?  Reason_____				Date_____Time_____  Initials_____
Additional Comments:				
If present, was the Custody of Seal intact?				



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Town: BRISTOL

Temp. °C. \_\_\_\_\_

Collected by: \_\_\_\_\_

Contact & Phone #: Amanda McQuaid x10698

Sample Location / Station ID	Date Time Sampled	# of Containers	Matrix	E. Coli (swim)	Enterococci						Sampler Comments	Lab Login #
BCHNEWBRILF		1	AQ	X								
BCHNEWBRICR		1	AQ	X								
BCHNEWBRIRT		1	AQ	X								

Relinquished By \_\_\_\_\_ Date & Time \_\_\_\_\_ Received By \_\_\_\_\_ Date & Time \_\_\_\_\_

Relinquished By \_\_\_\_\_ Date & Time \_\_\_\_\_ Received For Laboratory By \_\_\_\_\_ Date & Time \_\_\_\_\_

Matrix: A=Air S=Soil AQ=Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water) Other: \_\_\_\_\_

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Was the sample(s) received in a <b>cooler</b> ? What was used to lower the temp?				<input type="checkbox"/> <b>Ice</b> <input type="checkbox"/> <b>Cold Packs(s)</b> <input type="checkbox"/> <b>Nothing</b>
Complete the lines below if applicable				
Was the Client contacted by phone?  Reason_____				Date_____Time_____  Initials_____
Additional Comments:				
If present, was the Custody of Seal intact?				