CERTIFICATE OF ANALYSIS

Barnstable County Health Laboratory (M-MA009)

Report Prepared For:
Tom Cambareri
Cape Cod Commission
P O Box 226
Barnstable, MA 02630

Report Dated: 7/24/2017

Order No.: G17101399

Laboratory ID #: 17101399-01 **Description:** Water

Sample #: **Sample Location:** BFTA Influent PRW 4 **Collected:** 07/18/2017

Collected by: Customer **Received:** 07/18/2017

Test Parameters

ITEM	RESULT	UNITS	RL	MCL	METHOD #	ANALYST	TESTED	NOTE
Iron, Total	**0.61**	Units	0.020		EPA 200.8	CL	7/24/2017	

Attached please find the laboratory certified parameter list.

Approved By: (Lab Director) 07/27/2017

ND = None Detected RL = Reporting Limit MCL = Maximum Contaminant Level

3195 Main Street, PO. Box 427, Barnstable, MA 02630 Ph: 508-375-6605

CERTIFICATE OF ANALYSIS

Barnstable County Health Laboratory (M-MA009)

Recipient:	Tom Cambareri Cape Cod Commission P O Box 226 Barnstable, MA 02630	**Matrix:**	Water
		Sampled:	07/18/2017 14:20
		Received:	07/18/2017 15:00
		Collection Address:	BFTA Influent PRW 4
		Sample Location:	
Order#:	G17101399	**Description:**	BFTA
Lab ID:	17101399-01	**Date Analyzed:**	7/21/2017 @ 12:54
Sample #:		**Analyst:**	yn
Method:	SM 5310C	**Dilution Factor:**	1
Comment:			

Test Parameters

Parameter	Result mg/L	MCL mg/L	MDL mg/L	Parameter	Result mg/L	MCL mg/L	MDL mg/L
TOC	1.0		0.50				

Attached please find the laboratory certified parameter list.

Approved By: 07/27/2017
(Lab Director)

ND = None Detected RL = Reporting Limit MCL = Maximum Contaminant Level

CUSTOMER INVOICE

Barnstable County Health Laboratory

Invoice Date: 07/28/2017

Cape Cod Commission
Tom Cambareri
P O Box 226
Barnstable, MA 02630

Invoice #:	G17101399
PO #:	
Total Paid:	$0.00
Amount Due:	$105.00
Payment Terms:	Net 30 Days

Service	Procedure Description	Date Completed	QTY	Price	Invoice Amount
Laboratory	Iron, Total	07/24/2017	1	$25.00	$25.00
	TOC	07/24/2017	1	$80.00	$80.00

Grand Total: $105.00