

## LABORATORY REPORT

Coventry Parks & Rec. Dept. Attn: Denise Cummiskey 1670 Flat River Road Parks & Recreation Dept. Coventry, RI 02816 
 Date Received:
 7/21/2020

 Date Reported:
 7/22/2020

 P.O. Number
 7/22/2020

Work Order #: 2007-11685

Project Name: BRIAR POINT BEACH

Enclosed are the analytical results and Chain of Custody for your project referenced above. The sample(s) were analyzed by our Warwick, RI laboratory unless noted otherwise. When applicable, indication of sample analysis at our Hudson, MA laboratory and/or subcontracted results are noted and subcontracted reports are enclosed in their entirety.

All samples were analyzed within the established guidelines of US EPA approved methods with all requirements met, unless otherwise noted at the end of a given sample's analytical results or in a case narrative.

The Detection Limit is defined as the lowest level that can be reliably achieved during routine laboratory conditions.

These results only pertain to the samples submitted for this Work Order # and this report shall not be reproduced except in its entirety.

We certify that the following results are true and accurate to the best of our knowledge. If you have questions or need further assistance, please contact our Customer Service Department.

Approved by:

Nicole :

Nicole Skyleson Data Reporting Manager

Laboratory Certification Numbers (as applicable to sample's origin state): Warwick RI \* RI LAI00033, MA M-RI015, CT PH-0508 Hudson MA \* M-MA1117, RI LAO00319

www.rianalytical.com

## **R.I.** Analytical Laboratories, Inc.

## Laboratory Report

Coventry Parks & Rec. Dept. Work Order #: 2007-11685 **Project Name:** BRIAR POINT BEACH

Sample Number: Sample Description: Sample Type : Sample Date / Time :	001 BRIAR PT BEACH GRAB 7/21/2020 @ 10:15					
PARAMETER Enterococci	SAMPLE RESULTS 31.6	DET. LIMIT 1.0	<b>UNITS</b> MPN/100 ml	METHOD IDEXX Enterolert	<b>DATE/TIME</b> <b>ANALYZED</b> 7/21/2020 11:42	ANALYST SG

											Fax		acummiskey@coventryn.org	Turn Around Time	X Normal EMAIL Report	5-7 Business days.	Rush – Date Due:	of 3 AluC asl1 de I		<ul> <li>X RIAL sampled; attach field hours</li> <li>X Shipped on ice 3. ACC</li> </ul>	rkorder N	ISO4, SH=NaOH, T=Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> , Z=ZnOAc Vater) Page of
								Project Information		Project Number:	Phone:	Ħ	addresses:	Time	1105				No		eipt °C	=H <sub>2</sub> SO <sub>4</sub> , SB=NaHSO <sub>4</sub> , _Lake (Surface Water)
								Proj	Briar Point Beach		ummiskey	01-0		Date	08-18-L				Yes		Temp. Upon Receipt	IO <sub>3</sub> , NP=None, S <sup>.</sup> /P=Wipe, O=
	x Code <sup>1</sup> cocci	Matrix Entero	× 0			_			Project Name: Briar PC	P.O. Number:	Report To: Denise Cummiskey	Sampled by: RIA <	Quote No:	Received By Signatures	Car	>			MCP Data Enhancement QC Package?			corbic Acid, NH4=NH₄CI, H=HCI, M=MeOH, N=HNO <sub>3</sub> , NP=None Water, S=Soil, SL=Sludge, A=Air, B=Bulk/Solid, WP=Wipe, O=_
	) noitev:	Prese	1ST NP											Received					CP Data E			I, NH4=NH₄( Soil, SL=Slu
2	or Con		0 7															nments	M			orbic Acid Nater, S=
RD *	ite 105 1331 568-0078	-							epartment					Time	1105			<b>Project Comments</b>	r S-3			vatives: A=Asc DW=Drinking \
TICAL ntal Service RECO	131 Coolidge St., Suite 105 Hudson, MA 01749-1331 800-937-2580 • Fax: 978-568-0078	Field Sample Identification	Briar Pt. Beach					nation	creation D			Fax:		Date	Celle/L				S-1, S-		: : ;	St=Sterile <u>Preser</u> V=Wastewater, I
LINE CUSTO		Field Sample	Briar P					Client Information	<b>Coventry Parks and Recreation Departme</b>	1670 Flat River Rd.	Coventry, RI 02816	401-822-9107	Denise Cummiskey	Relinquished By Signatures	J.J.	1			GW-1, GW-2, GW-3,			<u>Containers:</u> P=Poly, G=Glass, AG=Amber Glass, V=Vial, St=Sterile <u>Preservatives</u> : A=As <u>Matrix Codes</u> : GW=Groundwater, SW=Surface Water, WW=Wastewater, DW=Drinking
	41 Illinois Avenue Warwick, RI 02888-3007 800-937-2580 • Fax: 401-738-1970	Time Collected	1015							Address: 167(		Telephone: 401-		linquished <b>E</b>	2							Poly, שישושואא אלשרשמאני
CHA 41 II Warwich 800-937-258 Date Collected	pa	CEILER						Company Name:	Add	City / State / Zip:	Telep	Contact Person:	Be	/				Circle if applicable:			Containers: r=i Matrix Codes: C	