

## LABORATORY REPORT

Coventry Parks & Rec. Dept.  
Attn: Denise Cummiskey  
1670 Flat River Road  
Parks & Recreation Dept.  
Coventry, RI 02816

**Date Received:** 6/29/2021  
**Date Reported:** 7/1/2021  
**P.O. Number**

**Work Order #:** 2106-10605

**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:



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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

**R.I. Analytical Laboratories, Inc.****Laboratory Report**

Coventry Parks &amp; Rec. Dept.

Work Order #: 2106-10605

**Project Name:** BRIAR POINT BEACH

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**Sample Number:** 001  
**Sample Description:** BRIAR PT. BEACH  
**Sample Type :** GRAB  
**Sample Date / Time :** 6/29/2021 @ 12:15

<b>PARAMETER</b>	<b>SAMPLE RESULTS</b>	<b>DET. LIMIT</b>	<b>UNITS</b>	<b>METHOD</b>	<b>DATE/TIME ANALYZED</b>	<b>ANALYST</b>
Enterococci	6.2	1.0	MPN/100 ml	IDEXX Enterolert	6/29/2021 15:00	KAW



# CHAIN OF CUSTODY RECORD

41 Illinois Avenue  
 Warwick, RI 02888-3007  
 800-937-2580 • Fax: 401-738-1970 800-937-2580 • Fax: 978-568-0078

Date Collected	Time Collected	Field Sample Identification	Grab or Composite	# of Containers & Type <sup>C</sup>	Preservation Code <sup>P</sup>	Matrix Code <sup>M</sup>	Enterococci
6/29/21	12:15	Briar Pt. Beach	G	1ST NP		O	X

<b>Client Information</b> Company Name: <b>Coventry Parks and Recreation Department</b> Address: <b>1670 Flat River Rd.</b> City / State / Zip: <b>Coventry, RI 02816</b> Telephone: <b>401-822-9107</b> Fax: _____ Contact Person: <b>Denise Cummiskey</b>				<b>Project Information</b> Project Name: <b>Briar Point Beach</b> P.O. Number: _____ Project Number: _____ Report To: <b>Denise Cummiskey</b> Phone: _____ Fax: _____ Sampled by: <b>RIA</b> Email report to these addresses: <b>dcummiskey@coventryri.org</b> Quote No: _____			
Relinquished By Signatures	Date	Time	Received By Signatures	Date	Time		
<i>[Signature]</i>	6/29/21	1300	<i>[Signature]</i>	6-29-21	1300		
<b>Turn Around Time</b> Normal <input checked="" type="checkbox"/> EMAIL Report 5-7 Business days. Page 3 of 3 Rush - Date Due: _____							
<b>Lab Use Only</b> Sample Pick Up Only <input checked="" type="checkbox"/> RIAL sampled; attach field hours <input checked="" type="checkbox"/> Shipped on ice <i>13-30C</i> Workorder No: <i>2104-10605</i>							
<b>Project Comments</b> Circle if applicable: GW-1, GW-2, GW-3, S-1, S-2, S-3 <input type="checkbox"/> MCP Data Enhancement QC Package? Yes No Temp. Upon Receipt _____ °C							
Containers: P=Poly, G=Glass, AG=Amber Glass, V=Vial, ST=Sterile Preservatives: A=Ascorbic Acid, NH4=NH4Cl, H=HCl, M=MeOH, N=HNO3, NP=None, S=H2SO4, SB=NaHSO4, SH=NaOH, T=Na2SO3, Z=ZnOAC Matrix Codes: GW=Groundwater, SW=Surface Water, WW=Wastewater, DW=Drinking Water, S=Soil, SL=Sludge, A=Air, B=Bulk/Solid, WP=Wipe, O=Lake (Surface Water)							