



Department of Health and Human Services
Health and Environmental Testing Laboratory

47 Independence Drive

#12 State House Station

Augusta, ME 04330-0012

Phone: (207)287-2727 Fax: (207)287-6832

TTY: 1-800-606-0215

EPA ID: 2023ME02

Logged: 3/19/2024 10:23:35AM

Folder #: 2403752

Office Use Only:

Line Item

17157

Public

Released: 3/25/2024

No. of Samples in Folder:(1)

2403752-01 TG

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by the method listed, including preservation, preparation, and holding times, unless otherwise indicated.

Stephanic Mathias, Quality Assurance Officer

If we can be of further assistance to you, please call us at 287-1716.

Approved by:

Mackenzie C. Lee, M.S.
Inorganic and Microbiology Supervisor

Edward J. Adams, Ph.D.
Organic and Environmental Metals Supervisor

Kimberly Buffum
Radiochemistry Supervisor

If you would like your results quicker, and this report was delivered in the mail, email Mackenzie Lee (mackenzie.lee@maine.gov) with the client name on file (normally your name), sample number from this report, client ID (if applicable), and the preferred email address where reports should be sent and we will update your profile for future reports.

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Lab Sample#: 2403752-01	Sample Address:		Sample Point: DS-1		Surface:		Sample Date: 03/18/2024		Sample Time: 12:30:00	
Sample Matrix: DW-H2O										
Description: TCR-HAND SINK										
<u>Test (Method)/Analyte</u>	<u>Result</u>	<u>Unit</u>	<u>Qualifiers</u>	<u>MCL</u>	<u>RL</u>	<u>High Limit</u>	<u>Low Limit</u>	<u>Analysis Date</u>	<u>Analyst</u>	
<i>E. coli (9223 B)</i>	Negative							03/19/2024 11:46:00	E.F.	
<i>Coliform, Total (9223 B)</i>	Negative							03/19/2024 11:46:00	E.F.	

LAKE PARLIN LODGE
42 BRIANS WAY
NORRIDGEWOCK, ME 04957

TG 2403752
17157

This kit expires on: 3/14/2025

THIS FORM IS TO BE USED
FOR COMPLIANCE WATER SAMPLES ONLY
REPLACEMENT KIT
FOR REJECTED SAMPLE

TEMP (lab use only): 16.0° °C Date & Time Received at Lab: MAR 19 2024 8:42
Condition of bottle: OK: ✓ Not OK: _____ Initials: JK

MAINE DRINKING WATER PROGRAM (MDWP)
WATER TEST FOR: TOTAL COLIFORM / Escherichia coli (E.coli) BACTERIA

ADDRESS BELOW:
 ADDRESS CHANGE:
 SEND ADDITIONAL COPY TO:

LABORATORY INFORMATION:
 MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 47 INDEPENDENCE DRIVE, AUGUSTA, MAINE 04330
 GREENLAW BUILDING
 TELEPHONE NO.: 207-287-1717

STEP 1 Follow the instructions for collecting the sample(s) on the back of this form.
STEP 2 Fill in all the information below for the sample(s).
STEP 3 SIGN the form.
IMPORTANT! The sample(s) will automatically be rejected if all the sampling information is not provided, and this form is not signed.

INFORMATION IS REQUIRED for EACH BOTTLE in the ANALYTICAL TEST KIT:

BOTTLE NUMBER	Sampling Location(s), in accordance with MDWP approved Bacteria Sampling Site Plan. (This needs to be entered by sampler each time.)	Date Sample Collected	Time Sample Collected (AM/PM)	Does system water contain chlorine? (Please circle one)	CL2 RESIDUAL (IF REQUIRED)		Sampler's Initials
					FREE	TOTAL	
1	Hand Sample	03/18/24	12:30	YES/NO			JK
2				YES/NO			
3				YES/NO			
4				YES/NO			
5				YES/NO			
6				YES/NO			
7				YES/NO			
8				YES/NO			
9				YES/NO			
10				YES/NO			

Town where sample was collected (if different from label) _____ Comments: _____
 I certify that I collected this sample (s) at the location, date, and time indicated above, and that I collected the sample(s) in accordance with the sampling directions provided.

Signature: Joe Kruse Print Name for Data Entry at Lab: Joe Kruse Telephone: 207-318-2577