



ANALYTICAL RESULTS

Batch ID/Form: B400707 - TOTAL COLIFORM RULE

Submitting Lab ID: 3000

PWS ID/Name: 0081010 - ANDOVER VILLAGE DIST - ANDOVER

Report Date: 02/16/2024

Collector: LISA MEIER

Phone: 603-344-1114

Collect Date: 02/13/2024 08:05:00

Lab Sample ID: B400707001

Matrix: WATER

Received: 02/13/2024 09:28:00

Sample Location ID: 020

Sample Type: ROUTINE-SAMPLE

Compliance Period: FEB 2024

Description: 6 BOATHOUSE LN

Receipt Temp.: 12 C

Analyte	Results	Units	RDL	DF	Prepared Date	Analysis Date	Analyte Code	Analyst	Qual.
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Analytical Method: 9223B

Analyzing Lab: 3000-NEW HAMPSHIRE DHHS PUBLIC HEALTH LABORATORIES

ESCHERICHIA COLI	ABSENT	P-A/100ML			02/13/2024 10:05:00	02/14/2024 12:20:00	2525		
TOTAL COLIFORMS	ABSENT	P-A/100ML			02/13/2024 10:05:00	02/14/2024 12:20:00	2500		

Analytical Method: Field Result SM 9223B

TOTAL RESIDUAL CHLORINE	0.24	MG/L							
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This report is derived from the original 'Report of Laboratory Analysis' and is not intended as a replacement.