



ANALYTICAL RESULTS

Batch ID/Form: B401339 - TOTAL COLIFORM RULE

Submitting Lab ID: 3000

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

Report Date: 03/21/2024

Collector: LISA MEIER

Phone: 603-344-1114

Collect Date: 03/19/2024 07:45:00

Lab Sample ID: B401339001

Matrix: WATER

Received: 03/19/2024 08:45:00

Sample Location ID: 20

Sample Type: ROUTINE-SAMPLE

Compliance Period: MAR 2024

Description: 6 BOATHOUSE LN

Receipt Temp.: 14 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			03/19/2024 10:36:00	03/20/2024 12:55:00	2525		
TOTAL COLIFORMS	ABSENT	P-A/100ML			03/19/2024 10:36:00	03/20/2024 12:55:00	2500		

Analytical Method: Field Result SM 9223B

TOTAL RESIDUAL CHLORINE	0.13	MG/L							
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This report is derived from the original 'Report of Laboratory Analysis' and is not intended as a replacement.