



**ANALYTICAL RESULTS**

**Batch ID/Form:** B401738 - TOTAL COLIFORM RULE

**Submitting Lab ID:** 3000

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

**Report Date:** 04/15/2024

**Collector:** LISA MEIER

**Phone:** 603-344-1114

**Collect Date:** 04/11/2024 07:35:00

**Lab Sample ID:** B401738001

**Matrix:** WATER

**Received:** 04/11/2024 08:46:00

**Sample Location ID:** 020

**Sample Type:** ROUTINE-SAMPLE

**Compliance Period:** APR 2024

**Description:** 6 BOATHOUSE LN

**Receipt Temp.:** 17 C

Analyte	Results	Units	RDL	DF	Prepared Date	Analysis Date	Analyte Code	Analyst	Qual.
---------	---------	-------	-----	----	---------------	---------------	--------------	---------	-------

**Analytical Method:** 9223B

**Analyzing Lab:** 3000-NEW HAMPSHIRE DHHS PUBLIC HEALTH LABORATORIES

ESCHERICHIA COLI	ABSENT	P-A/100ML			04/11/2024 09:41:00	04/12/2024 11:35:00	2525		
TOTAL COLIFORMS	ABSENT	P-A/100ML			04/11/2024 09:41:00	04/12/2024 11:35:00	2500		

**Analytical Method:** Field Result SM 9223B

RESIDUAL FREE CHLORINE	0.11	MG/L							
------------------------	------	------	--	--	--	--	--	--	--

This report is derived from the original 'Report of Laboratory Analysis' and is not intended as a replacement.