



**ANALYTICAL RESULTS**

**Batch ID/Form:** B308120 - TOTAL COLIFORM RULE

**Submitting Lab ID:** 3000

**PWS ID/Name:** 0211010 - BENNINGTON WATER DEPT - BENNINGTON

**Report Date:** 10/10/2023

**Collector:** MATT MILLER

**Phone:** 603-588-2433

**Collect Date:** 10/06/2023 08:30:00

**Lab Sample ID:** B308120001

**Matrix:** WATER

**Received:** 10/06/2023 10:41:00

**Sample Location ID:** 001

**Sample Type:** ROUTINE-SAMPLE

**Compliance Period:** OCT 2023

**Description:** TOWN HALL SCHOOL ST

**Receipt Temp.:** 12 C

| Analyte                                | Results | Units  | RDL | DF | Prepared Date          | Analysis Date          | Analyte Code | Analyst | Qual. |
|--|---------|--|-----|----|------------------------|------------------------|--------------|---------|-------|
| <b>Analytical Method:</b> 9223B        |         | <b>Analyzing Lab:</b> 3000-NEW HAMPSHIRE DHHS PUBLIC HEALTH LABORATORIES |     |    |                        |                        |              |         |       |
| ESCHERICHIA COLI                       | ABSENT  | P-A/100ML  |     |    | 10/06/2023<br>15:00:00 | 10/07/2023<br>12:34:00 | 2525         |         |       |
| TOTAL COLIFORMS                        | ABSENT  | P-A/100ML  |     |    | 10/06/2023<br>15:00:00 | 10/07/2023<br>12:34:00 | 2500         |         |       |
| <b>Analytical Method:</b> Field Result |         |  |     |    |                        |                        |              |         |       |
| RESIDUAL FREE CHLORINE                 | 0.01    | MG/L   |     |    |                        |                        |              |         |       |

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