



**NELSON ANALYTICAL LAB**  
 490 EAST INDUSTRIAL PARK DRIVE  
 MANCHESTER NH 03109  
 Phone: (603) 622-0200  
 Fax:

**ANALYTICAL RESULTS**

**Batch ID/Form:** 124040303.02 - TOTAL COLIFORM RULE      **Submitting Lab ID:** 1005  
**PWS ID/Name:** 1931010 - PLAISTOW WATER DEPT - PLAISTOW      **Report Date:** 04/04/2024  
**Collector:** B. MORSE      **Phone:** 603-362-5333      **Collect Date:** 04/02/2024 12:15:00

**Lab Sample ID:** 124040303.02      **Matrix:** WATER      **Received:** 04/02/2024 14:20:00  
**Sample Location ID:** 003      **Sample Type:** ROUTINE-SAMPLE      **Compliance Period:** APR 2024  
**Description:** 27 ELM ST KITCHEN SINK      **Receipt Temp.:** 11.1 C  
**Batch Chlorine Residual:** 0.89

Analyte	Results	Units	RDL	DF	Prepared Date	Analysis Date	Analyte Code	Analyst	Qual.
<b>Analytical Method:</b> 20214204		<b>Analyzing Lab:</b> 1005-NELSON ANALYTICAL LLC							
ESCHERICHIA COLI	ABSENT	P-A/100ML			04/02/2024 16:18:00	04/03/2024 10:55:00	2525		
TOTAL COLIFORMS	ABSENT	P-A/100ML			04/02/2024 16:18:00	04/03/2024 10:55:00	2500		
<b>Analytical Method:</b> Field Result									
TOTAL RESIDUAL CHLORINE	0.89	MG/L							

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