



Drinking Water and Groundwater Bureau Analysis Request Form

CHEMICAL

Compliance Sample Site(s) per Master Sampling Schedule

PWS ID: 1612010

System Name: PARADISE SHORES

PWS Town: MOULTONBOROUGH

Collected By: _____

(Print Name)

Signature: _____

I certify that all samples taken are from the site(s) listed below and all information provided on this form to the lab is valid.

Date/Time Sample Collected: _____

Phone Number: _____

Locator ID#: 501

Sample Site Location: DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007

Sample Period: Q1 Q2 Q3 Q4 Year: _____

Sample Type: Routine Confirmation Make-up

Check Test(s) Requested	# of Containers	Lab Sample ID	Check Test(s) Requested	# of Containers	Lab Sample ID
NITRITE * (see note)			Compliance Gross Alpha (see note)***		
NITRATE * (see note)			Combined Radium		
VOC			Uranium mass		
SOC			PFAS		
IOC			Cyanide ** (see note)		
Manganese			OTHER:		

* NOTE: Samples collected for NITRATE/NITRITE analysis NEED to be collected prior to chlorination. Check with Lab.

** CYANIDE samples NEED to be collected prior to chlorination. Check with Lab.

*** In order to calculate Compliance Gross Alpha, a sample for Uranium must be taken on the same day.

FOR LAB USE: Temp C (upon receipt): _____ On Ice? Y / N Batch ID (if different than sample ID prefix): _____ List QUALIFIERS (if any): _____

Relinquished by: _____ Received by: _____ Date/Time: _____

Relinquished by: _____ Received at Lab by: _____ Date/Time: _____

Lab Conducting Analysis: _____ Signature: _____ Lab Accred. ID: _____ Phone: _____

Reporting Lab (if different): _____ Signature: _____ Lab Accred. ID: _____ Phone: _____

NOTE: THIS IS NOT A REPORTING FORM. Results to be reported must include all information specified in Env-Dw 719, Reporting Monitoring Data.

Results must be reported to DES within 2 business days of analysis completion unless acute contaminants are exceeded which must be reported within 24 hours.



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PWS Town: MOULTONBOROUGH

Collected By: _____

(Print Name)

Signature: _____

I certify that all samples taken are from the site(s) listed below and all information provided on this form to the lab is valid.

Date/Time Sample Collected: _____

Phone Number: _____

Locator ID#: 508

Sample Site Location: TAP PRIOR TO TANK/BLEND OF 008 010

Sample Period: Q1 Q2 Q3 Q4 Year: _____

Sample Type: Routine Confirmation Make-up

Check Test(s) Requested	# of Containers	Lab Sample ID	Check Test(s) Requested	# of Containers	Lab Sample ID
NITRITE * (see note)			Compliance Gross Alpha (see note)***		
NITRATE * (see note)			Combined Radium		
VOC			Uranium mass		
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