



Drinking Water and Groundwater Bureau Analysis Request Form

March 16, 2025

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Groundwater Rule - Investigative Monitoring

PWS ID: 1612010

Collected By: _____

(Print Name)

System Name: PARADISE SHORES

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.

PWS Town: MOULTONBOROUGH

Phone Number: _____

Other

Sample Type:

X

Results for the Month of: _____ Year: _____

Site ID	Sample Site Location	Date & Time Sample Collected	Lab Sample ID	Date & Time Sample SETUP / PREPARED	Date & Time Sample READ / ANALYZED	<i>E. coli</i> Count / P or A	Method
G6	BRW 5 /W OF UPR PH AT ACCESS RD STA 890'						
G7	BRW 6 /W OF UPR PH 250' SW ACCESS RD 360'						
G8	MT ROBERTS BRW 2/620'SE OF EMERSON PTH TNK						
G10	MT ROBERTS BRW 4/865'NE OF EMERSON PTH TNK						

FOR LAB USE: Temperature C (upon receipt by lab): _____ 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: _____

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

Effective December 1, 2009, use this form for source samples required for new wells or wells with new disinfection.