



Drinking Water and Groundwater Bureau

March 16, 2025

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GENERAL SYSTEM EVALUATION SAMPLES ONLY ***

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: _____

Sample Type: Treatment Evaluation Other

If sample is chlorinated, please fill in Chlorine Residual (mg/L) column.

Sample Purpose/Comments: _____

Analysis Requested

Sample Site Location	Date & Time Sample Collected	Lab Sample ID	# of Containers	Parameters Requested						Free/Total (circle one) Chlorine Residual (mg/L)

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.

*** Samples that are representative of water being consumed, and indicate the presence of acute contaminants exceeding the MCL, shall be used for compliance purposes.

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: If acute contaminants are present/exceeded, results must be reported to DES within 24 hours.