



Drinking Water and Groundwater Bureau Analysis Request Form

March 16, 2025

Page 1 of 1

Groundwater Rule - Triggered 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: _____

Sample Type: **Routine** **Make-up**

Results for the month of: _____ **Year:** _____

(Same month as TCR repeats)

Site ID	Sample Site Location	Date & Time Sample Collected	Lab Sample ID	Date & Time Sample SETUP / PREPARED	Date & Time Sample READ / ANALYZED	Total Coliform Count / P or A	E. coli 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							

NOTE: For every positive routine sample, take one groundwater sample from each listed source.

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:** _____

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.