



Drinking Water and Groundwater Bureau Analysis Request Form

March 16, 2025

Page 2 of 2

INITIAL WATER QUALITY PARAMETERS - For Lead and Copper Program

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 Confirmation

For each site, please place an X in the box beneath the parameters requiring analysis.

Site ID	Sample Site Location	Date/Time Sample Taken	# of Bottles	Lead	Copper	Spec. Cond	Calcium	Alka-linity	Temp. (Field Analysis)	pH (Field Analysis)	Lab Sample ID
List Distribution Sites:											
				-NA-	-NA-						
				-NA-	-NA-						

Samples are required from all sources. Additional samples are required from the distribution system. The number of distribution samples is based on population:
 500 or less = 1 site; 501-3300 = 2 sites; 3301-10,000 = 3 sites; 10,001-100,000 = 10 sites; 100,001 or more = 25 sites.
 *If used in treatment process, testing required.

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:** _____