



Drinking Water and Groundwater Bureau Analysis Request Form

March 16, 2025

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LEAD & COPPER

Compliance Sample Site(s) per Master Sampling Schedule

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: _____

Round: 13

Samples Required: 10

Compliance Period: 01/01/2025

Sample Type: Routine Make-up

**Lead / Copper samples must be taken in your assigned sampling period as listed on your Master Sampling Schedule.
If any of the sites below cannot be used, please replace them with alternates from your registered list.**

Site ID	Sample Site Location	Date & Time Sample Collected	Test Requested	Lab Sample ID	Date & Time Sample SETUP / PREPARED	Date & Time Sample READ / ANALYZED	Result mg/L	Method	RDL & MDL
002	16 BLACKBIRD LN /911		LEAD						
002	16 BLACKBIRD LN /911		COPPER						
004	90 SUNRISE DR		LEAD						
004	90 SUNRISE DR		COPPER						
006	16 BLUEBERRY LN		LEAD						
006	16 BLUEBERRY LN		COPPER						
008	38 EDEN LN		LEAD						
008	38 EDEN LN		COPPER						
010	30 SUNRISE DR		LEAD						
010	30 SUNRISE DR		COPPER						



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012	125 SUNRISE DR		LEAD						
012	125 SUNRISE DR		COPPER						
014	87 SUNRISE DR		LEAD						
014	87 SUNRISE DR		COPPER						
016	23 GLEN FOREST DR		LEAD						
016	23 GLEN FOREST DR		COPPER						
018	8 BLACKBIRD LN		LEAD						
018	8 BLACKBIRD LN		COPPER						
020	8 BLUEBERRY LN		LEAD						
020	8 BLUEBERRY LN		COPPER						



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022	9 BROOKSIDE CIR		LEAD						
022	9 BROOKSIDE CIR		COPPER						
024	4 BLUEBERRY LN		LEAD						
024	4 BLUEBERRY LN		COPPER						
028	58 MT VIEW DR		LEAD						
028	58 MT VIEW DR		COPPER						
030	208 PARADISE DR		LEAD						
030	208 PARADISE DR		COPPER						
038	24 LLESISURE DR		LEAD						
038	24 LLESISURE DR		COPPER						



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040	19 BLUEBERRY LN		LEAD						
040	19 BLUEBERRY LN		COPPER						
042	43 SUNRISE DR		LEAD						
042	43 SUNRISE DR		COPPER						
044	PARADISE SHORES CLUB		LEAD						
044	PARADISE SHORES CLUB		COPPER						

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.