



# Drinking Water and Groundwater Bureau Master Sampling Schedule

March 16, 2025

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PWS ID: **1612010**

Name: **PARADISE SHORES**

System Type: **Community**

PWS Town: **MOULTONBOROUGH**

System Open: **JANUARY**

Closed: **DECEMBER**

Duration: **12 Months**

Questions? Please call (603) 271-3544.

## **TOTAL COLIFORM RULE (TCR)**

Sampling Months:

2 Routine sample(s) per sampling month

[Routine Analysis Request Form](#)

JAN FEB MAR APR MAY JUN

3 Repeat samples for each positive routine\*

[Repeat Analysis Request Form](#)

JUL AUG SEP OCT NOV DEC

2 Routine samples the month following a positive routine sample

\* GWR Triggered Monitoring also required

### Sample Site Number(s)

### Sample Sites

017

158 STATES LANDING RD

027

208 PARADISE DR

This schedule reflects your routine sampling requirements. Additional samples will be required following a positive bacteria result.

Questions? Please call (603) 271-2542

## **GROUNDWATER RULE (GWR)**

Use the Ground Water Rule forms for source samples (raw water) only.

[Triggered Monitoring \(TM\) Analysis Request Form](#)

[Investigative Monitoring \(IM\) Analysis Request Form](#)

Triggered Monitoring (TM): Effective December 1, 2009, use this form to collect samples from your source(s) after you have been notified of a positive bacteria sample collected in compliance with the TCR schedule noted above. You must collect 1 source sample from each well for each positive TCR sample. Use the TCR Repeats Form for all other bacteria repeat samples.

Investigative Monitoring (IM): Samples are required for groundwater systems that install new disinfection or new well(s) after December 1, 2009.

Questions? Please call (603) 271-0672 or (603) 271-2542.

*Note: This schedule is effective as of the date shown at the top. DES recommends that you review your Master Sampling Schedule on a regular basis to ensure that you have the most recent schedule before you collect your samples.*



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## **LEAD & COPPER RULE (LCR)**

Compliance Begin Date: 01/01/2025

Monitoring Frequency: Triennial

[Analysis Request Form](#)

Sample in Quarter: Q3 (Jul-Sep)

Round: 13

[Initial Water Quality Parameters Form](#)

Minimum Sites Required: 20

[All ACTIVE Lead and Copper Sites](#)

Samples Required: 10

This schedule will not reflect partial samples taken.

<u>Site Activity</u>	<u>Sample Site Number(s)</u>	<u>Sample Site(s)</u>
Active	002	16 BLACKBIRD LN /911
Active	004	90 SUNRISE DR
Active	006	16 BLUEBERRY LN
Active	008	38 EDEN LN
Active	010	30 SUNRISE DR
Active	012	125 SUNRISE DR
Active	014	87 SUNRISE DR
Active	016	23 GLEN FOREST DR
Active	018	8 BLACKBIRD LN
Active	020	8 BLUEBERRY LN
Active	022	9 BROOKSIDE CIR
Active	024	4 BLUEBERRY LN
Active	028	58 MT VIEW DR
Active	030	208 PARADISE DR
Active	038	24 LLESISURE DR
Active	040	19 BLUEBERRY LN
Active	042	43 SUNRISE DR
Active	044	PARADISE SHORES CLUB

Please advise this office of any site status changes BEFORE sampling. Questions? Please call (603) 271-2516

## **CHEMICAL MONITORING**

T = Taken in Assigned Quarter

Q = Assigned Quarter - system must collect samples

[Analysis Request Form](#)

Q1 = Jan, Feb, Mar

Q3 = Jul, Aug, Sep

Q2 = Apr, May, Jun

Q4 = Oct, Nov, Dec

<u>Year</u>	<u>Sample Site Number(s)</u>	<u>Sample Site(s)</u>	<u>Sampling Quarter</u>	<u>Special Conditions*</u>
2024	501	<b>DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007</b>		
		ARSENIC	---T2-T3-T4	Increased Sampling (After a Detection)
		INORGANIC CHEMICALS (IOC)	T1-----	
		NITRATE	T1-----	
		NITRITE	T1-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	-----	RENEW WAIVER
2024	508	<b>TAP PRIOR TO TANK/BLEND OF 008 010</b>		
		ARSENIC	T1----T3-T4	Increased Sampling (After a Detection)
		INORGANIC CHEMICALS (IOC)	---T2-----	
		NITRATE	---T2-----	
		NITRITE	---T2-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	-----	RENEW WAIVER
2025	501	<b>DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007</b>		
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
		COMBINED RADIUM (-226 AND -228)	Q1-----	

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Q1 = Jan, Feb, Mar

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Year	Sample Site Number(s)	Sample Site(s)	Sampling Quarter	Special Conditions*
2025	501	<b>DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007</b>		
		NITRATE	Q1-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	Q1-----	
2025	508	<b>TAP PRIOR TO TANK/BLEND OF 008 010</b>		
		VOLATILE ORGANIC COMPOUNDS (VOC)	Q1-----	
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
2025	508	NITRATE	---Q2-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	---Q2-----	
		VOLATILE ORGANIC COMPOUNDS (VOC)	---Q2-----	
2026	501	<b>DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007</b>		
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
		NITRATE	Q1-----	
		PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS)	Q1-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	Q1-----	
		URANIUM /(MASS units in ug/L)	Q1-----	
		VOLATILE ORGANIC COMPOUNDS (VOC)	Q1-----	
2026	508	<b>TAP PRIOR TO TANK/BLEND OF 008 010</b>		
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
		COMPLIANCE GROSS ALPHA (A.G.A. - URANIUM)	---Q2-----	
		NITRATE	---Q2-----	
		PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS)	---Q2-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	---Q2-----	
		URANIUM /(MASS units in ug/L)	---Q2-----	
2027	501	<b>DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007</b>		
		ARSENIC	---Q2-Q3-Q4	Increased Sampling (After a Detection)
		INORGANIC CHEMICALS (IOC)	Q1-----	
		NITRATE	Q1-----	
		NITRITE	Q1-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	Q1-----	
		VOLATILE ORGANIC COMPOUNDS (VOC)	Q1-----	
2027	508	<b>TAP PRIOR TO TANK/BLEND OF 008 010</b>		
		ARSENIC	Q1----Q3-Q4	Increased Sampling (After a Detection)
		INORGANIC CHEMICALS (IOC)	---Q2-----	
		NITRATE	---Q2-----	
		NITRITE	---Q2-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	---Q2-----	
		VOLATILE ORGANIC COMPOUNDS (VOC)	---Q2-----	
2028	501	<b>DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007</b>		
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
		NITRATE	Q1-----	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	Q1-----	
2028	508	<b>TAP PRIOR TO TANK/BLEND OF 008 010</b>		
		VOLATILE ORGANIC COMPOUNDS (VOC)	Q1-----	
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
2028	508	NITRATE	---Q2-----	

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Q1 = Jan, Feb, Mar

Q3 = Jul, Aug, Sep

Q2 = Apr, May, Jun

Q4 = Oct, Nov, Dec

<u>Year</u>	<u>Sample Site Number(s)</u>	<u>Sample Site(s)</u>	<u>Sampling Quarter</u>	<u>Special Conditions*</u>
2028	508	TAP PRIOR TO TANK/BLEND OF 008 010 SYNTHETIC ORGANIC COMPOUNDS (SOC)	---Q2-----	
		VOLATILE ORGANIC COMPOUNDS (VOC)	---Q2-----	
2029	508	TAP PRIOR TO TANK/BLEND OF 008 010 COMBINED RADIUM (-226 AND -228)	---Q2-----	
2030	501	DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007 CYANIDE	Q1-----	
2030	508	TAP PRIOR TO TANK/BLEND OF 008 010 CYANIDE	---Q2-----	
2032	501	DEP SAMPLING TAP/PUMPHOUSE/BLEND 006 007 COMPLIANCE GROSS ALPHA (A.G.A. - URANIUM)	Q1-----	

Only required radionuclides will be shown beyond the CURRENT compliance sampling schedule.

Questions? Please call (603) 271-6703 or (603) 271-3907.

\*Special Conditions: Note that SOCs sampling may not be required if renewal completed on time. If applicable, see SOCs/VOCs Monitoring Waivers below. Waste Management Involvement, contractor may sample, please call (603) 271-6542.

## **SOCs/VOCs MONITORING WAIVER(S)**

<u>Source Id</u>	<u>Source Description</u>	
006	BRW 5 /W OF UPR PH AT ACCESS RD STA 890' SOC waiver expires on 07/01/2024. VOC waiver denied on 11/02/2021.	Participation could save money. Reapply. Please refer to waiver letter for details.
007	BRW 6 /W OF UPR PH 250' SW ACCESS RD 360' SOC waiver expires on 07/01/2024. VOC waiver denied on 11/02/2021.	Participation could save money. Reapply. Please refer to waiver letter for details.
010	MT ROBERTS BRW 4/865'NE OF EMERSON PTH TNK SOC waiver expires on 07/01/2024. VOC waiver granted on 11/02/2021.	Participation could save money. Reapply. Renewal due 11/02/2024.
008	MT ROBERTS BRW 2/620'SE OF EMERSON PTH TNK SOC waiver expires on 07/01/2024. VOC waiver granted on 11/02/2021.	Participation could save money. Reapply. Renewal due 11/02/2024.

Questions? Please call (603) 271-2950.

## **GENERAL SYSTEM EVALUATION SAMPLES (GSES)**

[Analysis Request Form](#)

This form is to be used for non-scheduled samples collected in addition to your Master Sampling Schedule (MSS). DES will contact you ONLY if results indicate the exceedance of an acute contaminant MCL.

Questions? Please call (603) 271-6703 or (603) 271-3907.

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