



Drinking Water and Groundwater Bureau Analysis Request Form

March 16, 2025

Page 1 of 1

BACTERIA Routines (Total Coliform Rule) 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: _____

Sample Type: Routine

Results for the Month of: _____ Year: _____

Are Sample(s) Chlorinated? Yes No * For chlorinated samples please circle Free or Total. Default value will be Free.

Site ID	Sample Site Location	Date & Time Sample Collected	Free/Total Chlorine Residual (mg/L)*	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
017	158 STATES LANDING RD								
027	208 PARADISE DR								

Note: For systems collecting three additional routines, all samples must be collected from the distribution system and you must include at least one sample from the regularly scheduled site(s). Systems with fewer than three service connections may take multiple samples at the same site.

According to DES records, this system DOES NOT CHLORINATE. If the system is chlorinating, chlorine residual concentrations must be measured and recorded at the time of sample collection. If "full time" CHLORINATION is in place, please contact DES DWGB to update the appropriate records by email DWGBInfo@des.nh.gov or by calling (603) 271-2513.

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.