



Drinking Water and Groundwater Bureau
Analysis Request Form
BACTERIA (Total Coliform Rule)
REPEATS

March 29, 2024

Page 1 of 1

PWS ID: 2089010

Collected By: _____

(Print Name)

System Name: SANDOWN TOWN HALL FIRE STATION

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: SANDOWN

Phone Number: _____

Sample Type: Repeat

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
	(Original Hit Site)								
O-1	(Upstream Hit Site)								
O-2	(Dowstream Hit Site)								

**Use the GWR-TM analysis request form for source sample(s).

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.