



Drinking Water and Groundwater Bureau Analysis Request Form

April 28, 2025

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Groundwater Rule - Triggered Monitoring

PWS ID: 2545020

Collected By: _____

(Print Name)

System Name: GOLDEN BROOK SCH

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: WINDHAM

Phone Number: _____

Sample Type: **Routine** **Make-up**

Results for the month of: _____ **Year:** _____

(Same month as TCR repeats)

Site ID	Sample Site Location	Date & Time Sample Collected	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
G1	BRW /500' W OF CNR OF BLDG							

NOTE: For every positive routine sample, take one groundwater sample from each listed source.

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.