



Drinking Water and Groundwater Bureau Analysis Request Form

April 28, 2025

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LEAD & COPPER

Compliance Sample Site(s) per Master Sampling Schedule

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: _____

Round: 15 Samples Required: 10

Compliance Period: 01/01/2027

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 | BUBBLER IN RM 002 | | LEAD | | | | | | |
| 002 | BUBBLER IN RM 002 | | COPPER | | | | | | |
| 004 | BUBBLER IN RM 004 | | LEAD | | | | | | |
| 004 | BUBBLER IN RM 004 | | COPPER | | | | | | |
| 006 | BUBBLER IN RM 006 | | LEAD | | | | | | |
| 006 | BUBBLER IN RM 006 | | COPPER | | | | | | |
| 012 | LEFT BUBBLER ADJACENT RM C200 | | LEAD | | | | | | |
| 012 | LEFT BUBBLER ADJACENT RM C200 | | COPPER | | | | | | |
| 014 | LEFT BUBBLER ADJACENT RM 10 | | LEAD | | | | | | |
| 014 | LEFT BUBBLER ADJACENT RM 10 | | COPPER | | | | | | |



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|---------|-----------------------------|------------------------------|----------------|---------------|-------------------------------------|------------------------------------|-------------|--------|-----------|
| 016 | SINK 16 | | LEAD | | | | | | |
| 016 | SINK 16 | | COPPER | | | | | | |
| 024 | SINK RM 001 | | LEAD | | | | | | |
| 024 | SINK RM 001 | | COPPER | | | | | | |
| 026 | SINK RM 003 | | LEAD | | | | | | |
| 026 | SINK RM 003 | | COPPER | | | | | | |
| 030 | SINK RM 007 | | LEAD | | | | | | |
| 030 | SINK RM 007 | | COPPER | | | | | | |
| 032 | SINK 1ST FL TEACHERS LOUNGE | | LEAD | | | | | | |
| 032 | SINK 1ST FL TEACHERS LOUNGE | | COPPER | | | | | | |



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|---------|--------------------------|------------------------------|----------------|---------------|-------------------------------------|------------------------------------|-------------|--------|-----------|
| 034 | LEFT BUBBLER ADJ RM B132 | | LEAD | | | | | | |
| 034 | LEFT BUBBLER ADJ RM B132 | | COPPER | | | | | | |
| 036 | SINK RM D105 | | LEAD | | | | | | |
| 036 | SINK RM D105 | | 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.