



# Drinking Water and Groundwater Bureau Master Sampling Schedule

April 28, 2025

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PWS ID: **2545020**

Name: **GOLDEN BROOK SCH**

System Type: **Non Community/Non-Transient**

PWS Town: **WINDHAM**

System Open: **SEPTEMBER** Closed: **JUNE**

Duration: **10 Months**

Questions? Please call (603) 271-3544.

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

Sampling Months:

2 Routine sample(s) per sampling month

[Routine Analysis Request Form](#)

MAR JUN SEP DEC

3 Repeat samples for each positive routine\*

[Repeat Analysis Request Form](#)

3 Routine samples the month following a positive routine sample

\* GWR Triggered Monitoring also required

### Sample Site Number(s)

### Sample Sites

001

NURSES OFFICE

009

KITCHEN RIGHT HAND SINK

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.

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

Compliance Begin Date: **01/01/2027**

Monitoring Frequency: **Triennial**

[Analysis Request Form](#)

Sample in Quarter: **Q4 (Oct-Dec)**

Round: **15**

[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	BUBBLER IN RM 002
Active	004	BUBBLER IN RM 004
Active	006	BUBBLER IN RM 006
Active	012	LEFT BUBBLER ADJACENT RM C200
Active	014	LEFT BUBBLER ADJACENT RM 10
Active	016	SINK 16
Active	024	SINK RM 001
Active	026	SINK RM 003
Active	030	SINK RM 007
Active	032	SINK 1ST FL TEACHERS LOUNGE
Active	034	LEFT BUBBLER ADJ RM B132
Active	036	SINK RM D105

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

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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**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

Year	Sample Site Number(s)	Sample Site(s)	Sampling Quarter	Special Conditions*
2024	501	DEP TAP/MAINT RM 15/VAULT AFTER TRTMNT/001		
		ARSENIC	T1-T2----T4	Increased Sampling (After a Detection)
		INORGANIC CHEMICALS (IOC)	-----T3---	
		NITRATE	-----T3---	
		NITRITE	-----T3---	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	-----T3---	RENEW WAIVER
		VOLATILE ORGANIC COMPOUNDS (VOC)	-----T3---	
2025	501	DEP TAP/MAINT RM 15/VAULT AFTER TRTMNT/001		
		ARSENIC	T1-Q2-Q3-Q4	Increased Sampling (After a Detection)
2026	501	DEP TAP/MAINT RM 15/VAULT AFTER TRTMNT/001		
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
		NITRATE	-----Q3---	
2027	501	DEP TAP/MAINT RM 15/VAULT AFTER TRTMNT/001		
		ARSENIC	Q1-Q2----Q4	Increased Sampling (After a Detection)
		INORGANIC CHEMICALS (IOC)	-----Q3---	
		NITRATE	-----Q3---	
		NITRITE	-----Q3---	
2028	501	DEP TAP/MAINT RM 15/VAULT AFTER TRTMNT/001		
		ARSENIC	Q1-Q2-Q3-Q4	Increased Sampling (After a Detection)
		NITRATE	-----Q3---	
		SYNTHETIC ORGANIC COMPOUNDS (SOC)	-----Q3---	
2030	501	DEP TAP/MAINT RM 15/VAULT AFTER TRTMNT/001		
		CYANIDE	-----Q3---	

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)**

Source Id	Source Description
001	BRW /500' W OF CNR OF BLDG
	SOC waiver expires on 10/01/2027. Participation could save money. Reapply.
	VOC waiver expires on 10/01/2027. Participation could save money. Reapply.

Questions? Please call (603) 271-2950.

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## **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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