



# Drinking Water and Groundwater Bureau Analysis Request Form

April 28, 2025

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## BACTERIA Routines (Total Coliform Rule) 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: \_\_\_\_\_

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
001	NURSES OFFICE								
009	KITCHEN RIGHT HAND SINK								

**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.**