TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
12-7-04	12:10

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo / Day / Year): 12 / 07 / 04

Time Collected: 11 : 20 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 04 Rock Street Quadrant 4

TYPE OF SYSTEM

Check One:

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____ (999)

Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☒

E. Coli per 100 ml:

Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. Smith

Date reported 12-8-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
SC0400297	
Date Received	**Time Received**
11-9-04	12:00

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 11 9 04

Time Collected: 11 :32 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 16 Placer

TYPE OF SYSTEM

Check One:

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

(999)

Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☒

E. Coli per 100 ml:

Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. Smith

Date reported 11-10-04

Pinos Altos

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
SC0400194	
Date Received	**Time Received**
10-5-04	12:00

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 10 05 04

Time Collected: 11 : 24 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 37 Main - Quadrant 2

TYPE OF SYSTEM

Check One:
☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____ (999)

Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:
☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:
☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos, NM. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present ☐ Absent ☒

E. Coli per 100 ml:
Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. S

Date reported 10-6-04

Pinos Altos

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
SC040062	
Date Received	**Time Received**
9-7-04	12:15

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 0 9 0 7 0 4

Time Collected: 11 : 45 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 33 Norton Street

TYPE OF SYSTEM

Check One:
☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____ (999)

Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:
☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:
☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos, N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present ☐ Absent ☒

E. Coli per 100 ml:
Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. Smith

Date reported 9-8-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
8-10-04	11:50

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 0 8 1 0 0 4

Time Collected: 11 : 17 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 87 Main

TYPE OF SYSTEM

Check One:

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____ (999)

Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☒

E. Coli per 100 ml:

Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S Sanchez

Date reported 8-11-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
7-6-04	12:15

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 0 7 0 6 0 4

Time Collected: 11 : 41 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 28 Ranger

TYPE OF SYSTEM

Check One:

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

(999)

Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☒

E. Coli per 100 ml:

Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst _____

Date reported 7-7-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
6-29-04	12:05

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 06 29 04

Time Collected: 11 : 30 ☒ AM ☐ PM

Collected By: Linda Davila

Collection Location: 17 Rock Street

TYPE OF SYSTEM

Check One:
☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

(999) Disinfected? ☒ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:
☒ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:
☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present ☐ Absent ☒ A

Fecal Coliforms per 100 ml:
Present ☐ Absent ☒ A

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S Smith

Date reported 6-30-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
6-1-04	1208

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo / Day / Year): 0 6 / 0 1 / 0 4

Time Collected: 11 : 30 ☐ AM ☑ PM

Collected By: L Davis

Collection Location: 38 Norton

TYPE OF SYSTEM

Check One:

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____ (999)

Disinfected? ☐ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☑ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☑ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos NM. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☑

E. Coli per 100 ml:

Present ☐ Absent ☑

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S S

Date reported 6-2-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
5-4-04	12:30

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 7 0 6 - 0 9

COLLECTION INFORMATION

Date Collected (Mo Day Year): 0 5 0 4 0 4

Time Collected: 12:10 ☐ AM ☐ PM

Collected By: K Rice

Collection Location: 20 Golden Ave.

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____
(999)

Disinfected? ☐ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:
☐ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 5027
Pinos Altos, NM 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present ☐ Absent ☒

Fecal Coliforms per 100 ml:
Present ☐ Absent ☒

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. Smith

Date reported 5-5-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.

INVOICE #

Date Received 4-13-04

Time Received 12/13/04

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.

County: Grant

WSS Code No. 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected — Mo 04 Day 12 Year 04

Time Collected 4:15 ☐ AM ☒ PM

Collected By: Klice

Collection Location: 39 Norton St.

TYPE OF SYSTEM

Check One:
☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify ____
(999)
Disinfected? ☒ Yes ☐ No Residual: ____ mg/L

TESTING REQUIRED

Check One:
☒ Total Coliforms - MF ☐ Fecal — MF

☐ Other ____

REASON FOR SAMPLING

Check One:
☒ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O Box 53027
Pinos Altos, NM 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present ☐ Absent ☒

E. Coli per 100 ml:
Present ☐ Absent ☒

Other ____

Other Source Water:

Fecal Coliforms: ____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within ____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other ____

Analyst: S. Smith

Date reported: 4-14-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
3-9-04	12:35

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA
SLD User Code No.:
County: Grant
WSS Code No.: 10609

COLLECTION INFORMATION

Date Collected (Mo Day Year): 03 09 04
Time Collected: 2:10 ☐ AM ☐ PM
Collected By: Luis
Collection Location: 28 Langer

TYPE OF SYSTEM

Check One:
☐ Community ☐ Non-Community ☐ Private Well
☐ Other - Specify _____ (999)
Disinfected? ☐ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:
☐ Total Coliforms - MF ☐ Fecal – MF
☐ Other _____

REASON FOR SAMPLING

Check One:
☐ Routine Sample ☐ Special Sample
☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAM DWCA
P.O. Box 53027
Pinos Altos, NM 88053

LABORATORY TEST RESULTS

Drinking Water:
Total Coliforms per 100 ml:
Present ☐ Absent ☒
Fecal Coliforms per 100 ml:
Present ☐ Absent ☒

Other _____

Other Source Water:
Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.
☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.
☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst O. Gonzalez
Date reported 3-10-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	**Time Received**
2-12-04	10:50

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 1 0 6 - 0 9

COLLECTION INFORMATION

Date Collected Mo	Day	Year	Time Collected	Collected By
0 2	1 2	0 4	10 : 10 ☐ AM ☐ PM	Kelie

Collection Location: 28 Lower

TYPE OF SYSTEM

Check One:

☐ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____ (999)

Disinfected? ☐ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☐ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☐ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos, NM 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☐

Fecal Coliforms per 100 ml:

Present ☐ Absent ☐

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. Smith

Date reported 2-13-04

TOWN OF SILVER CITY
P. O. Box 1188
Silver City, New Mexico 88062
(505) 538-3731

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received: 1-6-04	Time Received: 10:25

SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA

SLD User Code No.:

County: Grant

WSS Code No.: 106 - 09

COLLECTION INFORMATION

Date Collected (Mo Day Year): 01 06 04

Time Collected: 09 : 57 ☐ AM ☐ PM

Collected By: Bruce

Collection Location: 18 Rock ST

TYPE OF SYSTEM

Check One:

☐ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

(999)

Disinfected? ☐ Yes ☐ No Residual: _____ mg/L

TESTING REQUIRED

Check One:

☐ Total Coliforms - MF ☐ Fecal – MF

☐ Other _____

REASON FOR SAMPLING

Check One:

☐ Routine Sample ☐ Special Sample

☐ Repeat Sample ☐ Monitoring Sample (ED use only)

Send Report to the following (Names and Address)

PAMDWCA
P.O. Box 53027
Pinos Altos, NM 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:

Present ☐ Absent ☐

Fecal Coliforms per 100 ml:

Present ☐ Absent ☐

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF ☐

INVALID SAMPLE

If one of the following is checked, resample.

☐ TNTC Non-Coliforms
☐ Confluent Growth
☐ Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

☐ Sample too old. Not received within _____ hours of collection.
☐ Temperature violation (above 10° C)
☐ Form incomplete. See circled item.
☐ Date discrepancy.
☐ Leaking sample.
☐ Quantity insufficient for testing.
☐ Quantity too great to permit agitation.
☐ Other _____

Analyst S. Smith

Date reported 1-7-04

Soil **W**ater and **A**ir **T**esting **Lab**
New Mexico State University
BOX 30003
Las Cruces, NM 88003
(505)646-4422

Report # 040817121

Date: 08/17/04

ANALYTICAL REPORT

To: Pinos Altos MDWCA 534-9367
Attn: David Vandenberg
P.O. Box 53027
Pinos Altos, NM 88053 Purchase Order #

Below are the results for Lead/Copper Rule. (MDL=Method detection limit)

Sample I.D. **AB62587**

Sample Description: 30 Main St Post Office #1
Sample collection date: 07/06/04 Sample collection time: 07:00
Submittal date: 07/16/04 Submittal time: 10:10
WSS# 10609 Request ID No. Collector: MCCRUMBLEY
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Lead	200.8	1.0	ug/L	0.1	08/06/04	MBL
Copper	200.8	46.4	ug/L	0.4	08/06/04	MBL

Sample I.D. **AB62588**

Sample Description: 50 Bear Creek Rd Kitchen #2
Sample collection date: 07/06/04 Sample collection time: 06:30
Submittal date: 07/16/04 Submittal time: 10:10
WSS# 10609 Request ID No. Collector: D VANDENBER
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Lead	200.8	0.4	ug/L	0.1	08/06/04	MBL
Copper	200.8	116.0	ug/L	0.4	08/06/04	MBL

Sample I.D. **AB62589**

Sample Description: 4783 HWY 15 #3 Bathroom #3
Sample collection date: 07/06/04 Sample collection time: 06:49
Submittal date: 07/16/04 Submittal time: 10:10
WSS# 10609 Request ID No. Collector: JEFF LEHMER
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Lead	200.8	0.6	ug/L	0.1	08/06/04	MBL
Copper	200.8	27.1	ug/L	0.4	08/06/04	MBL

Sample I.D. **AB62590**

Sample Description: 4789 HWY 15 Kitchen #4
Sample collection date: 07/05/04 Sample collection time: 07:45
Submittal date: 07/16/04 Submittal time: 10:10
WSS# 10609 Request ID No. Collector: JEFF LEHMER
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Lead	200.8	0.9	ug/L	0.1	08/06/04	MBL
Copper	200.8	242.4	ug/L	0.4	08/06/04	MBL

Sample I.D. **AB62591**

Sample Description: 8 Bear Creek Rd Kitchen #5
Sample collection date: 07/06/04 Sample collection time: 06:30
Submittal date: 07/16/04 Submittal time: 10:10
WSS# 10609 Request ID No. Collector: JEFF LEHMER
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Lead	200.8	1.3	ug/L	0.1	08/06/04	MBL
Copper	200.8	41.8	ug/L	0.4	08/06/04	MBL

Sample I.D. **AB62592**

Sample Description: 35 Norton Kitchen #6
Sample collection date: 07/05/04 Sample collection time: 08:10
Submittal date: 07/16/04 Submittal time: 10:10
WSS# 10609 Request ID No. Collector: SUSAN RICE
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Lead	200.8	0.9	ug/L	0.1	08/06/04	MBL
Copper	200.8	61.5	ug/L	0.4	08/06/04	MBL

Results relate only to the items tested. This report shall not be reproduced except in full, without the written approval of the laboratory. This laboratory is accredited by the American Association for Laboratory Accreditation (A2LA) and the results shown in this report have been determined in accordance with the laboratory's terms of accreditation unless stated otherwise in the report. Those tests not presently accredited are noted by a hyphen.

Please advise should you have questions concerning these data.
Respectfully submitted,

Laboratory Manager
(505)646-4422

Quality Water Report

PINOS ALTOS MDWC ASSOCIATION
JUNE 01, 2004

We're pleased to present to you this year's Annual Quality Water Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Our water source is ***THE TOWN OF SILVER CITY.***

Pinos Altos MDWC Association is pleased to report that our drinking water is safe and meets federal and state requirements..

We want our valued members to be informed about their water utility so if you have any questions about this report or concerning your water utility, please contact David Vandenberg, 534-9367. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the third Thursday of each month, 7:00 P.M. at the Pinos Altos Fire Station.

The Pinos Altos MDWC Assoc. routinely monitors for contaminants in your drinking water according to Federal and State laws. This table shows the results of our monitoring for the period of January 1st to December 31st, 2003. As water travels over the land or underground, it can pick up substances or contaminants such as microbes, inorganic and organic chemicals, and radioactive substances.

All sources of drinking water are subject to potential contamination by substances that are naturally occurring or man made. These substances can be microbes, inorganic or organic chemicals and radioactive substances. All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

In this table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:.

- *Parts per million (ppm) or Milligrams per liter (mg/l)* - one part per million corresponds to one minute in two years or a single penny in $10,000.
- *Parts per billion (ppb) or Micrograms per liter* - one part per billion corresponds to one minute in 2,000 years, or a single penny in $10,000,000..
- *Treatment Technique (TT)* - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water. TT
- *Maximum Contaminant Level* - The "Maximum Allowed" (MCL) is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
- *Maximum Contaminant Level Goal* - The "Goal"(MCLG) is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
- *TTHMS* – This term means Total Trihalomethanes. These contaminants are byproducts of chlorination (for disinfection) of your drinking water.

TEST RESULTS

Contaminant (Unit Measurement)	Violation Y/N	Level Detected	Range of Detections	MCLG	MCL	Likely Source of Contamination
Microbiological Contaminants						
Total Coliform Bacteria	No	ND	0	0	presence of coliform bacteria in 5% of monthly samples	Naturally present in the environment
Disinfection ByProducts						
Haloacetic Acids (HAA5) ppb	N	3.3	1.9 – 5.7	60	60	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
TTHM (Total Trihalomethanes) ppm	N	.005	ND - .012	80	80	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
Inorganic Contaminants						
Arsenic (ppb)	N	1.15 (2002)	1.0 – 1.3	0[1]	10[1]	Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes
* * * * * 1. These arsenic values are effective January 23, 2006. Until then, the MCL is 0.05 mg/L and there is no MCLG.						
Barium (ppb) (2002)	N	3.05 (2002)	2.5 – 3.6	2,000	2,000	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Chromium (ppb)	N	4.25 (2002)	2.8 – 5.7	100	100	Discharge from steel and pulp mills; erosion of natural deposits
Copper (ppm) 6/25/02 Result, 9 samples tested, 90th Percentile Reported	N	.2479	.0093 – .2479	1.3	AL=1..3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
Fluoride (ppm)	N	0.98 (2002)	0.46 – 1.50	4	4	Erosion of natural deposits, discharge from fertilizer and aluminum factories
Lead (ppb) 6/25/02 Result, 9 samples tested, 90th Percentile Reported	N	1.5	0.4 – 1.5	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
Nickel (ppb) Unregulated Contaminant	N	1.74 (2002)	1.51 – 1.96	100	100	Erosion of natural deposits, discharge from fertilizer and aluminum factories.
Nitrate (ppm)	N	1.70	ND – 1.70	10	10	Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits
Selenium (ppb)	N	2.55 (2002)	1.9 – 3.2	50	50	Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines
Thallium (ppb)	N	0.42 (2002)	0.17 – 0.67	0.5	2	Leaching from ore-processing sites; discharge from electronics, glass, and drug factories

Radioactive Contaminants						
4. Beta/photon emitters (pCi/1)	No	2.80	2.80 – 2.30	0	50	Decay of natural and man-made deposits
5. Alpha emitters (pCi/1)	No	4.60	2.59 – 4.60	0	15	Erosion of natural deposits
6. Combined radium (pCi/1)	No	0.05	ND – 0.05	0	5	Erosion of natural deposits

What does this mean?

As you can see by the table, our system had no violations. We're proud that your drinking water meets or exceeds all Federal and State requirements. We have learned through our monitoring and testing that some contaminants have been detected. The EPA has determined that your water IS SAFE at these levels.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

The Source Water Assessment (SWA) Report is intended primarily to provide water utility companies, and water customers with information about the susceptibility of their water supplies to contamination. The report was provided to the Pinos Altos MDWC Assoc. Supply System for initial review and is now available at the State of New Mexico Environment Department Drinking Water Bureau, 525 Camino de Los Marquez, Suite 4, Santa Fe, NM 87505.

Copies may also be requested by emailing the Drinking Water Bureau at SWAPP@nmenv.state.nm.us or by calling (505)827-7536 (toll free 1-877-654-8720). Please include your name, address, telephone number and email address, and the name of the Water System. NMED-DWB may charge a nominal fee for paper copies.

In conclusion, the Pinos Altos Water System is well maintained and operated, and sources of drinking water are generally protected from potential sources of contamination based on well construction, hydrogeologic settings, and system operations and management. The susceptibility rank of the entire water system is high.

Although throughout the United States it is common to find potential sources of contamination located atop wellheads, continued regulatory oversight, wellhead protection plans, and other planning efforts continue to be primary methods of protecting and ensuring high quality drinking water.